PRINTED: 05/22/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR BUPPLIER   WESTUHESTER MANOR AT PROVIDENCE PLACE   STREET ADDRESS, CITY, STATE, ZIP CODE 1798 WESTUHESTER DRIVE HIGH POINT, NO 27822	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		STRUCTION		E SURVEY PLETED
WESTCHESTER MANOR AT PROVIDENCE PLACE  WESTCHESTER MANOR AT PROVIDENCE PLACE  WHICH POINT, NC 27282  IND PROVIDENCE PLAN OF CORRECTION  (PA) ID SUMMARY STATEMENT OF DEFICIENCIES  F157 483.10(b)(11) NOTIFY OF CHANGES  SS=J (INJURY/DECLINE/ROOM, ETC)  A facility must immediately Inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to discrontinue an existing from of treatment); or a schilar mental with the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, he resident's legal representative or interested family member when there is a change in rom or rommate assignment as specified in paragreph (b)(1) of this section.  The facility must also promptly notify the resident should find the proton or interested family member when there is a change in rom or rommate assignment as specified in paragreph (b)(1) of this section.  The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.  The REQUIREMENT is not met as evidenced by:  Based on rocord review, staff interview, nurse pracitioner interview and physician interview the		346090				n.	
PRETX TAG REGULATORY OR ISC IDENTIFYING INFORMATION)  F 157 483.10(b)(11) MOTIFY OF CHANGES SS-J. (INJURY/IDECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician, and if known, notify the resident slegal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician; intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health and safety code Section status (i.e., a deterioration in health and safety code Section status (i.e., a deterioration in health and safety code Section status (i.e., a deterioration in health and s	WESTCHESTER MANOR AT PRO		ID	1795 W	VESTCHESTER DRIVE POINT, NC 27262	*	
A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician; intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in healt	PREFIX (EACH DEFICIENT		PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	ΒE	
	A facility must immed consult with the resident involving the injury and has the pointervention; a significantly (i.e., a new significantly); and consequences, or to treatment); or a decision the resident from the §483.12(a).  The facility must also and, if known, the resor interested family must also and, if known, the resor interested family must regulations as specification.  The facility must record the address and phonological representative of this REQUIREMENT by:  Based on record reviews	liately inform the resident; ent's physician; and if ident's legal representative y member when there is an e resident which results in tential for requiring physician cant change in the resident's esychosocial status (i.e., a n, mental, or psychosocial reatening conditions or ); a need to alter treatment end to discontinue an ment due to adverse commence a new form of ion to transfer or discharge facility as specified in  promptly notify the resident ident's legal representative ember when there is a mmate assignment as e)(2); or a change in Federal or State law or ad in paragraph (b)(1) of  rd and periodically update e number of the resident's r interested family member.  is not met as evidenced ew, staff interview, nurse	F	7	Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907  1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:  Resident #25 was discharged from facility to hospital on 3/23/13. Resident did not return to facility.  2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:  The facility is conducting a daily review of all resident progress notes and SBAR's for physician, responsible party and nurse administration notification and	e of	6/14/13

Any deficiency statement ending with an asterisk ("ydenotes a deficiency which the institution may be excused from correcting providing it is determined that

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		345090	B. WING	_		05/	17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		1	REET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IIGH POINT, NC 27262		1
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F 157	facility falled to notify the head injury and increase (Resident #25) reside injury. Resident #25 chematoma with a brain pressure on the brain sent to the hospital on expired 3/28/13.  Immediate jeopardy bidentified on 5/16/2013 immediate jeopardy is Findings included:  The record review indiadmitted on 2/14/13 at following an ischemic (a lack of blood supply Admission diagnosis in fracture of the lumbar dementia, previous storal surgical procedure the Resident #25's admiss Tylenol 650 mg (millighours as needed for put the record review reversible to the surgical procedure the record review reversible to the surgical procedure. The record review reversible to the surgical procedure the record review reversible to the surgical procedure. The record review reversible to the surgical procedure the record review reversible to the record review	the physician of a fall with used pain for 1 of	F	157	3. Measures will be put into place of systemic changes made to ensure that the deficient practice will not occur:  An in-service education program was conducted by the Director on Nursing or designee with all licensed and certified staff addressing change in condition and communication of such that require notification of the resident's physician, legal representative or family member and nursing.  Implementation and training on Situation, Background, Assessment, Recommendation/Request (SBAR) communication tool and utilization of therapy referral process. Training sessions completed on 5/30/13. Daily ID meeting to review, monitor and manage resident care. Director of Nursing or designee is completing a SBAR tracking log.	f	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION		E SURVEY PLETED
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	ROVIDER OR SUPPLIER ESTER MANOR AT PROV		STREET ADDRESS, CITY, STATE, ZIP GODE 1795 WESTCHESTER DRIVE HIGH POINT, NG 27262			1 00	11772013
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 157	one person assistance toileting.  Upon review of Residelectronic chart, there that the resident was constantly anxious. F 2/14/13 to 3/13/13 the problems charted and charted. On 2/21/13 / every 6 hours as need ordered. The resident 2/28/13, and 3/10/13 to her fall on 3/14/13.  The record review indiphysician saw and every 2/21/13. The evaluated denied pain.  The record review indicated 2/22/13 did incit related to use of psychological pain.  The record review stated 3/14/13 at 4:14 AM. The floor in her room be by Nurse #1 stated "f Attempted to go to bat back of her head. Net WNL (within normal lincompare a person's be assessment of level of	ent #25's medical chart and was no information noted a chronic pain issue or that rom admission date of resident had no behavior had no pain problems ativan 0.5 mg by mouth led for agitation was twas medicated on 2/27/13, with Ativan for agitation prior icated the medical aluated the resident on on stated that the resident on stated that the resident interventions for falls notropic medications for e and hospitalization. The planned for pain, mood problems, ed that the resident fell on the resident was found on y Nurse #2. A Nurses note all with head injury. The hroom unassisted. Hit uro (neurological) checks nits). "Neurological checks eseline to a current	F.	157	4. Indicate how the facility will monitor its performance:  The Director of Nursing or Assistant Director of Nursing will conduct a daily audit of generated SBAR communication tools for four (4) consecutive weeks. Residents will be assessed by generated SBAR communication tool to ensure that any changes in condition have been identified, properly evaluated and communicated to the appropriate people. Results will be presented to Quality Assurance team for recommendations and follow up for 6 months.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER LESTER MANOR AT PROV	VIDENCE PLACE		179	ET ADDRESS, CITY, STATE, ZIP CODE 05 WESTCHESTER DRIVE GH POINT, NC 27262		
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F 157	light, eye response to consciousness, speed response.  An interview on 5/15/-#1 revealed that Nurs the floor in her room. resident's room to ass and determined Residinjury. Nurse #1 state equal grips, no more tracerations, and did nother than the "bump.  The nurse's notes by 3/14/13 at 6:25 AM the progress and within nucomplained of pain an her head had hit the flat that time. According physician was notified facilities communication facilities communication for the communication of the	o stimuli, level of chipattern, and motor  13 at 11:20 AM with Nurse se #2 found the resident on Nurse #1 came to the sess the resident for injury dent #25 was without major ed that the resident had than normal confusion, no not appear to be harmed p " to the back of her head.  Nurse #2 indicated that on the neuro checks were still in formal limits. The resident round her head area where floor. No swelling was noted by the resident's fall via the dof the resident's fall via the floor board. During record inication notes on 5/15/13 at a 1/14/13 could not be 1/25. At that time the DON) was asked if she had a deation sheet, she stated that with the Director of Nursing ant Director of Nursing		157			

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	of Deficiencies F Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, .		CONSTRUCTION			PLETED
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		345090	B. WING				05/	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	/IDENCE PLACE		17	EET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IIGH POINT, NC 27252			
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F 157	bleeding, abnormal methe resident's baseline positioning of the extractions injuries then to placed on the commuseen by the physician facility was unable to regarding Resident #25's revealed no other not from a physician or Ni fall. The DON stated the nurse would have the facilities recognize indicated that the MD communication board rounds.  On 3/14/13 at 9:32 AMMAR indicated Reside Ativan 0.5 mg by mounds an interview or Nurse #2 indicated the checks were normal desident immediately is stated that the medical called unless neuro of or if the resident show time of the fall that receivaluation.  On 3/14/13 at 9:35 PM	the a skin tear that kept euro checks, deviation from e, dislocation or odd remities. If there were no the resident's fall would be unication board which was n or NP on a daily basis. The show any communication 25 on the communication bruary through May 2013 fall. The record review es in Resident #25's chart P for the dates following the her expectation would be contacted the physician per ed protocol. The ADON or the NP would see the ent #25 was medicated with oth for agitation.  In 5/15/13 at 11:12 AM, at the resident's neuro during her time with the following the fall. Nurse #2 al physician would not be hecks deviated from normal wed signs of injury at the quired immediate  Af the record review of the ent #25 was medicated with	F	157				

	OF DEFICIENCIES	(X1) PROVIDER/GUPPLIER/CLIA	(X2) MLX	TIPL	E CONSTRUCTION		(X3) DATE	SURVEY
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		34509D	B. WING			]	05	/17/2013
NAME OF PE	NOVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE			
WESTCHI	STER MANOR AT PROV	IDENCE PLACE		1	1795 WESTCHESTER DRIVE			
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F 157	Continued From page	. E	c	157				
L 191	• •			101				4
	A nursing note dated	alert, oriented, and verbally	İ		#			
	responsive." The no							
		nol 650 mg (milligram) and						
		ation) given for back pain						
	and anxiety respective							
	indicated that neuro c							
		y Nurse #2 on 3/15/13 at	1					
		e neuro checks were still in						
		it #25 was within normal						
		delayed injuries noted.			•			
		stated Resident #25 woke						
		out and complaining of back						
		Resident #25 Tylenol 650						
		ed Resident #25 started						
		in after 15 minutes and						
	#25 was then transfer	ie down again. Resident						
		Resident #25 began yelling						
		equesting to get out of bed						
		ain. Resident #25 was	1		A-			
		but continued to yell out						
		ırse #2 stated " resident						
	unsure of what help st	ne needs, not easily						
	redirected." The reco	ord review of Resident						
		rd indicated that she was						
	medicated with Tyleno	l at 4:10 AM. Nurse #2						
		5 Resident didn't yell and						
	call out that she was in	n pain prior to her falling.						
	An interview with Nurs	e #3 and Nurse #4 on						
		vealed that they would use	1					
		system to evaluate pain on						
	a resident who was se	verely cognitively impaired.						
1	Nurse #3 and Nurse #	4 both indicated a 0-10						
		e reliable on a resident who						
	is cognitively impaired							
			I					:

STATEMENT OF AND PLAN OF C	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY LETED
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		345090	B. WING			05/	17/2013
	VIDER OR SUPPLIER TER MANOR AT PROV	IDENCE PLACE		13	EET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE IIGH POINT, NC 27262		
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) GOMPLETION DATE
villah Fettang OFO FAvng(Caao FAvd ToT#h	hat it would be better his/her normal baseling have they changed single they changed single they changed single they changed single the resident was and place with no concesident's level of care the nurse's note.  On 3/15/13 at 7:18 PM Resident #25 was med to a mouth for a single they can be served by mouth for a single they can be served to a single they can be served	use the scale. They stated to judge the resident by the and compare it to how the and compare it to how the and compare it to how the and compare it to how the and compare it to how the and compare it to how the and incident.  But that on 3/15/13 at 3:29 at the bound of the self inplaints noted. The are or ADLs did not change the area of ADLs did not change at the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated again with Ativan agitation.  But the MAR indicated dicated for pain and that on 3/15/13 10:20 PM agitation.  But the MAR indicated dicated for pain and another specific again with Ativan agitation.  But the MAR indicated dicated for pain and another specific again with Ativan agitation.  But the MAR indicated dicated for pain and another specific again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated again with Ativan agitation.  But the MAR indicated aga	F	157			

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		345090	B. WING	<u> </u>		05	17/2013
*	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		1795	T ADDRESS, CITY, STATE, ZIP CODE I WESTCHESTER DRIVE H POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 157	head pain during her Occupational Therapil Physical Therapist As #25 was complaining nurse. The OT #1 staremember who the nubeen told of the reside.  The record review reverse from physical therapy "Pt (Patient) with c/o difficulty performing statements to the standing." The also indicated that the spoken with nursing statements was called a message was left to resident #25 was me 0.5 mg by mouth for a The record review reversely 17/13 at 05:48 AM in The record review reversely was contacted to the phone of the record review reversely 17/13 at 05:48 AM in the record review reversely 15 was contacted to the phone of the record review reversely 15 was me 0.5 mg by mouth for a 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/13 at 05:48 AM in the record review reversely 15/17/17/17/17/17/17/17/17/17/17/17/17/17/	st #1 revealed she t #25 as having had severe session on 3/16/13. st #1 (OT #1) told a sistant (PTA) that Resident and that they should tell the ated that she couldn't arse was or if the nurse had ent's increased pain.  realed a note on 3/16/13 that read lower back pain today with it to stand and unable to the physical therapy note e physical therapist had taff and included, "No egarding x-rays to rule out in nursing possibility of timprove." The Physical on 5/16/13 at 4:00 PM. A eturn the phone call, by e Physical Therapist had e call.  At the MAR indicated dicated again with Ativan gitation.  ealed a nurses note dated included that on the 3rd day #25 had no delayed injuries inue.	F	157			
		dicated again with Ativan					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		ESURVEY PLETEO
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	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	/IDENCE PLACE		17	EET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IIGH POINT, NC 27262		
n) a) in	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D	٠	PROVIDER'S PLAN OF CORRECTION	*****	(X5)
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F 157	Continued From page	<b>8</b>	F	157			
	0.5 mg by mouth for a			}			
	Pt crying out and statithan ever! My back! 'trials with minimal ass grasp parallel bar. 1 r 2nd trial. "please let notes indicated that a but the resident stated so bad. '"  During an interview or Occupational Therapis found Resident #25 cr	minute 1st trial, 30 seconds me sit down." OT #2 's back massage was done d " ' it helps but it still hurts					
<b>ж</b> аран адарында алабауууну Ауууну	what she wrote was a residents back pain as	true assessment of the selection before the selection that selection the selection that t		A Physical Control of the Control of		-	
	ibuprofen 800 mg table oral route once daily a	e Practitioner ordered " et give 1 tablet (800 mg) by is needed only to be given en /1st dose asap (as soon	The second secon	-			
- A A A A A A A A A A A A A A A A A A A	pain. A nurse's note e Nurse Practitioner (NP concerning an order fo	dicated with Ibuprofen for entry by Nurse #3 stated the P) saw Resident #25 or pain. Nurse #3 wrote, " cry and call staff for pain	erical data (del., — 1700 1700) del propositione esta del del del del del del del del del del	. And			
		of an interview with the  P) was obtained. The NP  esident and stated " If there					

	of deficiencies F correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		SURVEY PLETED
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		345090	B. WNG	<del></del>		05	/17/2013
,	ROMDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		:	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 157	didn't see her. " Durino physician notes or found in Resident #25 resident was seen by following her fall and it could not provide any showed the NP or the following her fall.  According to the residence of the resident #25 was not therapy or physical the return to occupational complained of severe #25 returned to physical pain noted during physical meeting her manability.  According to nurse's manability.	or progress notes then I ng the survey there were nurse practitioner notes 's chart to indicate the either the MD or NP nead trauma. The facility further documentation that MD saw Resident #25  ent's medical record, seen by occupational erapy on 3/17/13 but did therapy on 3/18/13 and pain. On 3/19/13 Resident all therapy on that day. sidered on 3/19/13 for all therapy related to naximum level of functional otes on 3/19/13 at 11:53 medicated with ibuprofen the foreign. A nurses noted tated "No change in level vior." The note also ent "Continues to yells ion "and made frequent to bathroom to her recliner.  The MAR indicated licated with Ativan 0.5 mg During record review of the order for Ativan was in the NP to Ativan 0.5 mg (under the tongue) every 6		157			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		1	REET ADDRESS, CITY, STATE, ZIP CODE 765 WESTCHESTER DRIVE HIGH POINT, NC 27262	, 00	11172013
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F 157	Continued From page		F	157			**** *** *** *** *** *** *** *** *** *
	she stated that she did	iew 5/15/13 at 10:05 AM I not remember Resident writing any orders for this					. N. B. Kart water. da
	resident was medicate PO for pain. No nurse 3/20/13 at 1:54 PM a r and oriented to self. N	the MAR indicated the ad with ibuprofen 800 mg is note was written. On nurse note stated "Alert to acute complaints nor in mpromising condition,"					
	3/21/13 a note was lef board about the family ibuprofen discontinued	l because of the resident 's pain whenever she uses it.					
	****	lent was medicated with O for pain. No nurse's					
Part III. The special section of the	on 3/21/13 and wrote a noted the resident " o behaviors of yelling an 3/14 - 3/19/13 per nurs	worker saw Resident #25 a note. The social worker ontinues to exhibit d crying per nurses notes ses notes 3/14 and 3/15 d with Ativan for " anxiety.					
	social worker indicated looking for her family b	5/15/13 at 9:25 AM the the resident was always ut didn't have any alling for her family that					

<u> </u>	COLON WEDICHINE CO.	MEDIONID OFFIAIOFO				CINCIN	J. Valu-0031
	of deficiencies F correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER	IDENCE PLACE		17	eet address, city, state, zip code 195 westchester drive IGH Point, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 157	alert and verbal. No s	f nurses note entry read " igns and symptoms of any	F	157			
	stop then yell later on of care or ADL's (activ	oon as staff talk to her she again. No change in level itles of daily living). "					
,	"Resident continues to pain. No change in le						
	Nurse Practitioner stat like pain medication) 2 (twice a day) and ever pain. Hold for sedation thoracic spine, "Re	3/22/13 and signed by the ed " Tramadol (narcotic 5 mg PO (by mouth) BID y 6 hours as needed for n. X-ray of lumbar and usulis from portable x-ray were sent to the facility on esults for any acute					
	written for Tylenol for a Tylenol 325 mg, 2 table PRN for break through Tramadol was disconti	nued. This order was director of nursing from the	And the state of t				
	assessed by this writer pain and scheduled Ty AM nurse #1 charted thated thated the series and was able to re	dent was lethargic and was ." "Resident c/o neck lenol was given." At 7:56 nat the resident was more acall friends and family cation board had a note to		The second secon		And the second s	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION		(X3) DATÉ SURVEY COMPLETED	
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	Nurse #7 obtained a orders because of the Nurse #7 's note inclusion complained of headad given pain medication 1:56 PM nurse #7 che finishing eating lunch, responsive, able to massisted resident in drawing almouth. Writer observatided weakness. Note MD. "  An interview with nurse am revealed the resident morning which wasn' resident had a rough resident didn't seem sample was collected sent out because of retract infections. By 1: able to eat lunch without mouth and was still let physician was called a resident to be transferred to emerger evaluation.  According to the admissive resident was sent for a Tomography) scan (who 3-dimentional image of was noted Resident #2	at 11:00AM. At 10:12 AM urine sample per standing resident 's new lethargy. uded, "Resident the this morning and was that was effective." At rited "resident in bed ate 25%. Alert and verbally ake needs known. Writer inking juice, resident had and juice dripping to her ed slurred speech and left fied supervisor, RP, and  e #7 on 5/15/13 at 11:00 ent was in bed in the t normal and heard that the sight. She noted that the "right." The urine per standing orders and sident's frequent urinary 00 PM the resident wasn't aut dribbling fluid down hargic. The on call medical and orders taken for the red to the hospital for 1:15 PM Resident #25 was acy department for  esion history and physical once at the hospital the CT (Computed	F1	67		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345090	B. WING			0:	C 5/17/2013
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the state of the s	pressure on the brain also found to be anear. There was black stool nature. The family repthat they were unawar related to dark stool he facility. The resident value packed red blood cells by a Neuro Surgeon a family the prognosis for underwent surgery. The place the resident in Homeasures only. Resident of the family was conducted of MD stated that he did about this residents fare expectation following a nurses would assess there were any injuries the fall involved head to only time a nurse would be whave neurological chain neuro checks. The doexpected the nurses to MD directly if a cognitivate and enxiety following a according to the residents eyes on them (residents eyes on them (residents).	smillimeters to the left place stem. The resident was alic with a hemoglobin of 5.8. noted but was not tarry in ported to the ER physician re of any bowel problems awing been occurring at the was transfused with 1 unit of s. The resident was seen and discussed with the problems awing been occurring at the was transfused with 1 unit of s. The resident was seen and discussed with the problems award to discussed with the problems are sident if she he decision was made to dispice care with comfort lent #25 died on 3/28/2013.  **Accilities medical physician on 5/16/13 at 2:45 PM. The not remember being told all. He stated that his a resident fall was that the he resident, determine if and start neuro checks if arouna. He stated that the did directly call him or the on hen the resident started to him or the on call wely impaired resident more pain following a fall es such as more agitation a fall. The MD stated that he of the Nurse Practitioner fall. He stated "If I lay the or put my hands on them e in the chart, "He stated	F	157			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PE	OVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		· · · · · · · · · · · · · · · · · · ·
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F 157	seen by himself or the stated "no, based on MD stated that if the non call MD and reported experiencing more particularly following the fall that it pick up on pupil change resident's arms and le picked up by him or him would have been sent (ER) for a CT scan of CT report from the host to the MD. The MD streport from the hospital residents) could be a commatoma and subsectified to her death. "  An interview with the MS/16/13 at 2:30 PM review member this resident."	rectly if the resident was NP following the fall he what is in this chart. "The urses had called him or the ed that the resident was in and more anxiety the would have been able to ges or focal defects of the gs. If these changes were s NP, then the resident to the Emergency Room the head at that time. The spital was read and shown aled that based on the CT all that "her fall (the cause of her subdural quent death. It is most m sure the fall contributed  liturse practitioner on yealed that she does not it, did not remember writing	F	7			
	she was called for ordersaw the resident. She	and that it is possible that ers and never physically stated that if there are no state she assessed the off visually assess the		***************************************		• .	
	resident prior to giving The NP stated that she	orders for the resident, doesn't normally write e doesn't evaluate but it					
	resident received 4 do fall and before she was evaluation. The MD st	the MD stated that the ses of Ibuprofen after her s sent to the hospital for ated it could have been a n Increase of a slow bleed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090	A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	IDENCE PLACE	s		05/17/2013
WESTCHESTER MANOR AT PROV			STREET ADDRESS, GITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	
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immediate cause of de hematoma due to (or a 483.15(a) DIGNITY At INDIVIDUALITY  The facility must prom manner and in an envi enhances each reside full recognition of his of the composition of his of his of the composition of his	Jated 3/28/13 stated the eath was a subdural as a consequence of) a fall. ND RESPECT OF  ote care for residents in a fromment that maintains or not's dignity and respect in or her individuality.  Is not met as evidenced  It record review, and als and staff, the facility ance with tolleting when dignity for 1 of 1 resident and for dignity.  It is not met as evidenced  It record review, and also and staff, the facility ance with tolleting when dignity for 1 of 1 resident and for dignity.	F 15	1. Corrective action will be accomplished for those resid found to have been affected the deficient practice:  Resident #17 had a voiding of initiated for a period of 10 da Resident referred to therapy possible bladder retraining. Resident also has a schedule urology appointment regarding the necessity to void frequen and recurrent urinary tract infections. Director of Nursin 5/27/13 spoke with resident with the charge nurse present and resident stated that she is no having any difficulty with staff providing assistance.  2. Corrective action will be accomplished for those resid having potential to be affected the same deficient practice:  Residents will be given assistance on request to meet their needs and maintain digit the resident need cannot be	iary ys. for d g on with t iity.
osteoporosis, decrease non-ambulatory. Inter- extensive assistance w The care plan dated 9/	ventions included ith toileting and transfers.		met at the immediate time an explanation will be given and estimated time of return to as with task.	an

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1		CONSTRUCTION		SURVEY PLETED
AND PLAN O.	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	NG_		İ	
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F 241	episodes of urinary in included utilize promp would prompt the resi 1-2 hours.  The MDS quarterly as indicated the resident.  The MDS annual asserindicated the resident not reject care - includ (ADL), required extensive assistance with The assessment furth required extensive assistance, and used Shewas frequently integrated in the assistance, and used Shewas frequently integrated in the assistance, and used Shewas frequently integrated in the assistance of the bath. The nurse aide (NA) are every 3 or 4 hours to 1 ring the bell she still thave to go to the bath in the bed wet. If you she will come to change in the bathroom hange the night before that I when I tell her I have says, It's not time ye take her place and she makes me feel terrible clothes. During the data	on as evidenced by frequent continence. Interventions sted voiding (meaning staff dent to use the toilet) every assessment dated 1/22/13 was frequently incontinent.  Sessment dated 5/13/13 was cognitively intact, did sting activities of deily living sive assistance and two-th transfers and toilet use. For indicated Resident #17 sistance with personal dy moving on and off the a stabilize with staff a wheelchair for mobility. Continent. The resident essment.  In Resident #17 stated, "I room almost every hour. It night - she won't come but nelp me to the bathroom. If won't come. When you wet the bed sooner or later ge it. There are two gowns nig up from last night and wet. She is so hateful. It is does the same thing. It	F	241	3. Measures will be put into place systemic changes made to ensure that the deficient prace will not occur:  Staff Development Coordinate and Social Workers will provide education to all Licensed and certified staff regarding the maintaining of residents rights and dignity. Training will inclustaff assisting with care with a emphasis on anticipating resident's needs and providing prompt care.  4. Indicate how the facility will monitor its performance:  Director of Nursing or Assistant Director of Nursing will intervied 10% of resident population weekly for four weeks to conflict that resident's dignity is maintained with ADL needs. Results will be presented to Quality Assurance team for recommendations and follow ut for 6 months.	ice or de de n )	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345090	B. WING			05	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	idence place		1	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
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F 241	the bathroom and dor wet. "  An observation on 5/1 solid lavender gown a hanging in the resider indicated they were the because she wet them nights.  On 5/16/13 at 8:25 am when the "other" N, worked at night she fin and lay wet in her bed The resident stated shanyone about being le On 5/16/13 at 9:15 am (DON) stated, "The eresident up as many ti someone else is receipappen that a resident basis or for an extended During a phone intervintation of the company of the world check on a resident #17's hall. Swould check on a resident paid would not tel to go to the bathroom, Regarding Resident # in the wheelchair by his bathroom, she holds on the tollet by herself when she is done."  On 5/16/13 at 10:48am stated, "When [Resid she needs help adjusting war in the stated, "When [Resid she needs help adjusting war in the stated, "When [Resid she needs help adjusting war in the war in the stated, "When [Resid she needs help adjusting war in the war in th	A/13 at 2:58 pm revealed a nd a floral lavender gown at's bathroom. She is gowns that were hung up in on the previous two.  In the resident indicated A and the "new" NA equently had to wet herself for lengthy periods of time. The had not spoken to expectation is NAs will get a smess as needed, unless lying care. It wouldn't at had to wait on a regular ed period of time. The won 5/16/13 at 9:45 am, orked 11p-7a on 200 hall, the also indicated she dent quickly if the call bell I a resident they had to wait she would get them up. 17, NA #7 stated, "She gets erself. I roll her to the in to the handralls and gets in the Restorative Nurse tent #17] gets off the toiletting her clothing and getting in She requires limited to	F	241			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING	DNSTRUCTION	(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT I		1795	STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262				
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March we recome and therapy evaluation with transfer and limited to extensite toileting."  F 242 SS=D MAKE CHOICES The resident has schedules, and her interests, assinteract with merrinside and outside about aspects of are significant to the significant to the side of t	off the tollet. After her fall in mended 2 person assistance uated. One person is sufficient toileting, but she does require we assistance especially with DETERMINATION - RIGHT TO the right to choose activities, ealth care consistent with his or essments, and plans of care; abers of the community both e the facility; and make choices his or her life in the facility that the resident.  ENT is not met as evidenced ation, record review, staff and is the facility failed to allow a a choice by not keeping fluids in allowing her to drink when she resident (Resident #49) ses.	F 241	1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:  Resident #49 was provided with fluids at bedside and was rescreened by Speech Therapy on 5/15/13. Resident was determined to be safe with nectar thick fluids. A cooler was placed at bedside with nectar thick liquids available at all times for resident.  2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;  A review of all residents identified as currently receiving thicken liquids was conducted on 5/27/13 to ensure placement of cooler with thicken liquids available at bed side.	6/14/13			

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	of Deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 242	assessment dated 4/1 was severely cognitive swallowing disorders, encouragement or cue feeding tube, was on a and received Speech  On 05/14/2013 at 11:4 "I get water sometimes a water pitcher or cup like to have fluids in he  On 5/14/13 at 11:40 ar resident's room reveal cooler for thickened lic  On 5/16/13 at 3:30 pm resident's room reveal cooler for thickened lic  On 5/17/13 at 6:42 am resident's room reveal cooler for thickened lic room.  On 5/17/13 at 6:43 am indicated water pitcher cartons of thickened lic bedside for residents " Resident #49 "has a fe doesn't have a pitcher.  On 5/17/13 at 6:45 am resident was not on an	/13 indicated the resident bly Impalred, had no required oversight, along with eating, had a a mechanically altered diet, Therapy that was ongoing.  10 am Resident #49 stated, as if I ask for it. I don't have as, "She indicated she would be room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.  If an observation of the ed no water pitcher or quids in the resident's room.		242	3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:  Staff education provided to Licensed and certified staff in regards to resident rights and maintaining dignity in providing fluids unless fluid restrictions have been determined by the resident's physician.  4. Indicate how the facility will monitor its performance:  Director of Nursing or Assistant Director of Nursing to interview 5 residents weekly for four weeks to confirm that residents have appropriate fluids at bedside. Results will be presented to Quality Assurance team for recommendations and follow up for 6 months.			
	On 5/17/13 at 6:55 am	Nurse #7 indicated						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	345090	B. WING			05	/17/2013
NAME OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVI	DENCE PLACE		17	EET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IIGH POINT, NC 27262		
PREFIX (EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOUL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
in her room and she wa area and assisted."  On 5/17/13 at 9:15 am "[Resident #49] eats an better at the majority of fluid restriction. I have r trouble drinking."  On 5/17/13 at 9:45 am indicated Resident #49 speech therapy on 4/2/liquids. She stated, "The treatment indicated that independent with the neighbour should have fluids at he should have fluid at their to drink themselves."  On 5/17/13 at 9:55 am I #49] comes out to the cobserved for safe eating liquids and drinks fine bethickened liquids are key cooler. Upon walking to resident's room, NA #9 I have a cooler for thickened thin liquids, or any other.  On 5/17/13 at 10:01 am was not aware that the reindependent with thick lift.  On 5/17/13 at 10:43 am cooler is kept at the bed	d the resident to be ske so fluids were not kept as "brought to the common the Dietician stated, ad drinks well, 50% or imeals. She is not on a not seen her with any  Speech Therapist (ST) #1 was discharged from 13 and was on nectar thick are evaluation and a state was safe and extar thick liquids. She are bedside. Everyone in bedside if they are able  NA #9 stated, "[Resident ommon dining to be and observing the indicated pt at the bedside in a blue of and observing the indicated resident did not need liquids, a pitcher for fluids in her room.  Nurse #7 indicated he resident was safe to be equids.  Nurse #6 indicated a	F	242			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345090	B, WING				l	C //17/2013
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	drink independently waldes can give fluids waldes can give fluids withe resident is on thin should be kept at the On 5/17/13 at 2:00pm observed in the commercial hardway, eating an without difficulty. The put water in my room An observation of the water pitcher on the bino visible cups. 483.25 PROVIDE CAI HIGHEST WELL BEIN Each resident must reprovide the necessary or maintain the highest mental, and psychoso accordance with the condition of the condition of the condition for 1 of 1 (Resustained a head injurity in the left placing stem. The resident was 3/23/13 for evaluation	e still keep one there so the when they go in the room. If liquid, a water pitcher bedside."  Resident #49 was son dining area, located on d drinking (juice and coffee) resident stated, "[Staff] just so I can get it when I want." resident's room revealed a edside table. There were RE/SERVICES FOR IG  ceive and the facility must care and services to attain t practicable physical, cial well-being, in omprehensive assessment  Is not met as evidenced ew, staff interview, nurse and physician interview the ize a significant change in esident #25) resident who y during a fall. Resident ural hematoma with a brain		309	2. (2. (2. (3. (4. (4. (4. (4. (4. (4. (4. (4. (4. (4	Corrective action will be accomplished for those resident found to have been affected by the deficient practice: Resident #25 was discharged from facility to hospital on 3/23/13. Resident did not return to facility. Corrective action will be accomplished for those resident naving potential to be affected be same deficient practice: The Director of Nursing is conducting a daily review of all esident progress notes and SBAR's for change of condition and post event evaluation since 5/4/13.	5	6/14/13

PRINTED: 05/22/2013 FORM APPROVED

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F 309	Continued From page	22	-	309			
F 308	i '		f	308			
	identified on 5/16/201				<ol> <li>Measures will be put into place</li> </ol>	۸ř	
	immediate jeopardy is	present and ongoing.		- 1	systemic changes made to	Ψ,	
	Findings included:				ensure that the deficient practic will not occur:	e	
	The record review ind	icated that the resident was			An in-service education program	n	
		t 2:13 PM for rehabilitation		- 1	was conducted by the Director		
	following an ischemic	cerebral vascular accident		- [	Nursing or Staff Development		
	(a lack of blood supply	/ in the brain).			Coordinator with all licensed an certified staff addressing chang		i i
		·			in condition and communication		
	Admission diagnosis i	ncluded hemiplegia, stroke,		1	of such that require notification		
ĺ		spine, lack of coordination,			the resident's physician, legal	_	
		omach ulcers that required			representative or family member and nursing.	ŀΓ	
ļ		hat burned the bleed so that		- 1	Implementation and training on		
	it would stop.				Situation, Background,		
	m 11 4 170.01	a stratic		1	Assessment,		
3	Resident #25's admiss	sion medications included:			Recommendation/Request (SBAR) communication tool and	i	
	Tylenol 650 mg (millig	rams) by mouth every 6		- [	utilization of therapy referral		
	hours as needed for p				process. Training sessions completed on 5/30/13. Nurses educated as to procedure for sh	ılfi	
ĺ	The record review revi	ealed that the Minimum			change reporting. Training will		j l
	Data Set (MDS) dated	2/21/13 Indicated Resident			be completed on 6/14/13.	n.	
]		nitively impaired. There			Nurses conducting a shift to shi review of progress notes to	II.	
		rs noted and there were no		1	monitor resident change of		
Ì		re were no pain problems		- 1	condition or other resident		
	noted. The resident re			- 1	events. Nurse management to		
[		es of daily living (ADL) with	}	1	conduct a 24 hour review of all progress notes, accident/incidet	nt .	
l	at least one person as			- 1	reports with review of SBAR's.	"	
-		insteady gait and required	ĺ		Daily IDT meeting to review,		
	one person assistance	ioi transier and for			monitor and manage resident		
	tolleting.				care. Director of Nursing is completing a SBAR tracking log		
ļ	Unon review of Reside	nt #25's medical chart and				•	
1		was no information noted					ļ
		chronic pain issue or that		- 1			
	the resident was					,	
ŀ	constantly anxious. Fr	om admission date of					
į.				,		ř	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
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		345090	B. WING			) 05/	17/2013
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F 309	problems charted and charted. The nurse's #25 would call for her dementia and new su involved with the resident was medicate 3/10/13 Ativan 0.5 as needed for agitation resident was medicate 3/10/13 with Ativan for 3/14/13.  The record review indephysician saw and every 2/21/13. The evaluation denied pain.  The record review indephysician saw and every 2/21/13. The evaluation denied pain.  The record review indephysician saw and every 2/21/13 and increased for the record review indephysician saw and every 2/21/13 and increased for the record review and dated 2/22/13 did increased for the record review stars and the record review stars and the record review stars and the floor in her room by Nurse #1 stated. The floor in her room by Nurse #1 stated. New the within normal limits also indicated the residuals indicated the residuals was within normal limits compare a person's by assessment of level of the state of the residuals and the res	e resident had no behavior I had no pain problems notes indicated Resident family because of her rroundings. The family was dent care on a daily basis. I mg by mouth every 6 hours in was ordered. The ed on 2/27/13, 2/28/13, and r agitation prior to her fall on licated the medical aluated the resident on ion stated that the resident licated that the care plan ude interventions for falls hotropic medications for ke and hospitalization. The planned for pain, mood problems.  Ited that the resident fell on The resident was found on by Nurse #2. A Nurses note fall with head injury. Ithroom unassisted. Hit uro (neurological) checks mits). "The nurse's note ident's range of motions its. Neurological checks aseline to a current f consciousness vital signs, pupil response to stimuli, level of	F	309	4. Indicate how the facility will monitor its performance:  Director of Nursing or Assistant Director of Nursing will conduct daily audit of generated SBAR communication tools for four (4) consecutive weeks. Residents will be assessed by generated SBAR communication tool to ensure that any changes in condition have been identified, properly evaluated and communicated to the appropriat people. Results will be present to Quality Assurance team for recommendations and follow up for 6 months.	e e ed	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MUI A, BUIL,		CONSTRUCTION		SURVEY PLETED
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PAME OF F	TOWN ON BUTTER			ł	795 WESTCHESTER DRIVE		
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F 309	#1 revealed that nurse the floor in her room. resident's room to as and determined Residingury. Nurse #1 state equal grips, no more that tacerations, and did not other than the "bump. The nurse's notes by 13/14/13 at 6:25 AM the progress and within not complained of pain are her head had hit the flat that time. According resident's responsible medical physician was fall via the facilities correcord review of the control of	I3 at 11:20 AM with Nurse a #2 found the resident on Nurse #1 came to the seess the resident for injury lent #25 was without major d that the resident had han normal confusion, no of appear to be harmed o" to the back of her head.  Nurse #2 indicated that on a neuro checks were still informal limits. The resident found her head area where foor. No swelling was noted g to Nurse #2's notes, the party was notified and the sentified of the resident's mmunication board. During formunication notes on the note for 3/14/13 could ident #25. At that time the ON) was asked if she had a cation sheet, she stated that ent was not medication	F	309			
	During an interview wi (DON) and the Assista (ADON) on 5/15/13 at indicated that the proto the charge nurse evalu after that, they assiste back to bed or bathroo	th the Director of Nursing nt Director of Nursing		THE PERSON OF TH		•	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		SURVÉY PLETED
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	should be notified and called if there were se resident. The DON ir injury would be a skin resident has neuro ch abnormal pain from the odd positioning of the no serious injuries the be placed on the communication regard communication board through May 2013 that Resident #25. The recother notes in Resider physician or NP for the The DON stated her enurse would have confacilities recognized prindicated that the MD communication board rounds.  On 3/14/13 at 9:32 AM MAR indicated Reside Ativan 0.5 mg by mout During an interview on Nurse #2 Indicated that checks were normal diresident immediately fo stated that the medical called unless neuro ch	lent to be safe, the family I the physician would be rious injuries to the indicated that a serious tear that keeps bleeding, a acks that are abnormal, e resident, dislocation or extremities. If there were in the residents fall would munication board which ician or NP on a daily basis. It to show any ling Resident #25 on the sheets from February t indicated a fall by cord review revealed no in #25's chart from a dides following the fall. expectation would be the stacted the physician per the cotocol. The ADON for the NP would see the on a daily basis while doing  If the record review of the int #25 was medicated with the for agitation.  5/15/13 at 11:12 AM, It the resident's neuro uring her time with the collowing the fall. Nurse #2 I physician would not be ecks deviated from normal and signs of injury at the	F	309			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	Continued From page	26	F	309			
	yelled out often. Nurs the 7 AM to 3 PM shift was no different to her A nurse's note entry by 1:18 PM included that in the resident's level of nurse's note indicated cried out but would set talked to her or white so the nurse's note also earlier and resident was	ndicated Resident #25 sing Assitant #1 who worked t stated that the resident r following her fall.  y Nurse #3 on 3/14/13 at there had been no change of care or behaviors. The the resident yelled and ttle down once others she was eating her meals, included, "Family visited as calmer." The record					
	Nurse #3 she stated the Resident #25 would call when asked if she call and after her fall she si resident was "very veher family" Stated she resident was complaint pain after her fall, just rand being verbal.  On 3/14/13 at 9:35 PM MAR Indicated Resident Ativan 0.5 mg by mouting the record review states 3/14/13 at 10:42 PM the oriented, and verbally resident was said and verbally resident was said and verbally residented, and verbally resident was said and verbally resident was said and verbally residented.	all out often for her family, led out all the time before tated yes. Stated that the arbal and always calling for le couldn't remember if the ling of back pain or head remembered her yelling out the record review of the lint #25 was medicated with the for agitation,		The second secon			

OF DEFICIENCIES						
CENTERS FOR MEDICARE & MEDICAID SERVICES  SYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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Continued From page mg (miligram) and Ati given for back pain an nurse's note indicated continued.  A nurse's note entry b 6:21 AM stated that the progress and Residen limits. There were no The nurse's note also up at 4:00 AM yelling pain. Nurse #2 gave I mg. Nurse #2 indicate yelling out again in pa stated she wanted to i #25 was then transfer nursing notes stated Fout again at 5:00 AM i because of her back p placed in a wheelchair when approached. No unsure of what help stredirected. "The recomedicated with Tyleno pain scale, with 10 bel Resident #25 was assing a 3 with a reassing a 3 with a reassing a 3 with a reassing a state of the sale of the page of the page of the page of the page of what help stredirected. The recomedicated with Tyleno pain scale, with 10 bel Resident #25 was assing a 3 with a reassing a sale page of the page	van (anxiety medication) id anxiety respectively. The ithat neuro checks  y Nurse #2 on 3/15/13 at ie neuro checks were still in it #25 was within normal delayed injuries noted, stated Resident #25 woke out and complaining of back Resident #25 Tylenol 650 ad Resident #25 started in after 15 minutes and ie down again. Resident red back to bed. The Resident #25 began yelling requesting to get out of bed vain, Resident #25 was but continued to yell out urse #2 stated "resident ne needs, not easily ord review of Resident red indicated that she was if at 4:10 AM using the 1-10 ing the most severe pain, essed as having back pain essment pain level of a 1.			DEFICIENCY)		
falling.  An interview with Nurs 5/17/13 at 3:00 PM rev the facial recognition s a resident who was se Nurse #3 and Nurse #	e #3 and Nurse #4 on vealed that they would use system to evaluate pain on verely cognitively impaired. 4 both indicated a 0-10		وبراء والمراوات والمتدار فالمارات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات			į
	SOVIDER OR SUPPLIER  ESTER MANOR AT PROV  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From page mg (milligram) and Ati given for back pain an nurse's note indicated conlinued.  A nurse's note entry b 6:21 AM stated that th progress and Residen limits. There were no The nurse's note also up at 4:00 AM yelling pain. Nurse #2 gave I mg. Nurse #2 indicate yelling out again in pa stated she wanted to i #25 was then transfer nursing notes stated F out again at 5:00 AM r because of her back p placed in a wheelchair when approached. No unsure of what help si redirected. "The rece #25's medication reco medicated with Tylend pain scale, with 10 bel Resident #25 was ass rating a 3 with a reass Nurse #2 indicated Re yell and call out that st falling.  An interview with Nurs 5/17/13 at 3:00 PM rev the facial recognition s a resident who was se Nurse #3 and Nurse #	ROVIDER OR SUPPLIER ESTER MANOR AT PROVIDENCE PLACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 27 mg (milligram) and Ativan (anxiety medication) given for back pain and anxiety respectively. The nurse's note indicated that neuro checks continued.  A nurse's note entry by Nurse #2 on 3/15/13 at 6;21 AM stated that the neuro checks were still in progress and Resident #25 was within normal limits. There were no delayed injuries noted. The nurse's note also stated Resident #25 woke up at 4:00 AM yelling out and complaining of back pain. Nurse #2 gave Resident #25 Tylenol 650 mg. Nurse #2 indicated Resident #25 tylenol 650 mg. Nurse #2 indicated Resident #25 tylenol 650 mg. Nurse #2 indicated Resident #25 tylenol 650 mg. Nurse #2 indicated Resident #25 tylenol 650 mg. Nurse #2 indicated Resident #25 must and stated she wanted to lie down again. Resident #25 was then transferred back to bed. The nursing notes stated Resident #25 began yelling out again at 5:00 AM requesting to get out of bed because of her back pain, Resident #25 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #25's medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 was assessed as having back pain rating a 3 with a reassessment pain level of a 1. Nurse #2 indicated Resident #25 Resident didn't yell and call out that she was in pain prior to her	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 27  Ing (milligram) and Ativan (anxiety medication) given for back pain and anxiety respectively. The nurse's note indicated that neuro checks continued.  A nurse's note entry by Nurse #2 on 3/15/13 at 6:21 AM stated that the neuro checks were still in progress and Resident #25 was within normal limits. There were no delayed injuries noted. The nurse's note also stated Resident #25 woke up at 4:00 AM yelling out and complaining of back pain. Nurse #2 gave Resident #25 Tylenol 650 Ing. Nurse #2 indicated Resident #25 started yelling out again In pain after 15 minutes and stated she wanted to lie down again. Resident #25 was then transferred back to bed. The nursing notes stated Resident #25 began yelling out again at 5:00 AM requesting to get out of bed because of her back pain. Resident #25 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #25's medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 was assessed as having back pain rating a 3 with a reassessment pain level of a 1. Nurse #2 indicated Resident #25 Resident didn't yell and call out that she was in pain prior to her falling.  An interview with Nurse #3 and Nurse #4 on 5/17/13 at 3:00 PM revealed that they would use the facial recognition system to evaluate pain on a resident who was severely cognitively impaired. Nurse #3 and Nurse #4 both indicated o -10	ROWIDER OR SUPPLIER  STER MANOR AT PROVIDENCE PLACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 27  Ing (milligram) and Ativan (anxiety medication) given for back pain and anxiety respectively. The nurse's note indicated that neuro checks continued.  A nurse's note entry by Nurse #2 on 3/15/13 at 6:21 AM stated that the neuro checks were still in progress and Resident #25 was within normal limits. There were no delayed injuries noted.  The nurse's note also stated Resident #25 woke up at 4:00 AM yelling out and complaining of back pain. Nurse #2 gave Resident #25 Tylenol 650 mg. Nurse #2 indicated Resident #25 tylenol 650 mg. Nurse #2 indicated Resident #25 began yelling out again at 5:00 AM requesting to get out of bed because of her back pain. Resident #25 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #25 medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 medication record indicated that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 medication severely capitively impaired.  An interview with Nurse #3 and Nurse #4 on 5/17/13 at 3:00 PM revealed that they would use the facial recognition system to evaluate pain on a resident who was severely cognitively impaired. Nurse #3 and Nurse #4 both indicated a 0-10	SOURCE OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 27 Ing (milligram) and Ativan (anxiety medicalion) given for back pain and anxiety respectively. The nurse's note indicated that neuro checks continued.  A nurse's note entry by Nurse #2 on 3/15/13 at 6,21 AM stated that the neuro checks were still in progress and Resident #25 was within normal limbs. There were no delayed injuries noted. The nurse's note indicated Resident #25 twoke up at 4:00 AM yelling out and complaining of back pain. Nurse #2 gave Resident #25 twoke up at 4:00 AM yelling out again to since and stated she wanted to lie down again. Resident #25 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #25 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #255 was placed in a wheelchair but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily redirected." The record review of Resident #255 wence the resident whose was except yell and call out that she was medicated with Tylenol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #256 was sessessed as having back pain rating a 2 with a reassessment pain level of a 1. Nurse #2 allocated Resident #257 Resident didn' tyell and call out that she was in pain prior to her falling.  An interview with Nurse #3 and Nurse #4 on 5/17/13 at 3:00 PM revealed that they would use the facile recognition system to avaluate pain on a resident who was severely contilively impaired. Nurse #3 and Nurse #4 allocated the sident indicated the sident whose as averely copinitively impaired.	SOURCER OR SUPPLIER STEER MANOR AT PROVIDENCE PLACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 27  mg (milligram) and Altivan (anxiety respectively. The nurse's note indicated that neuro checks were still in progress and Resident #25 tared yelling out agein in pain after 15 minutes and stated she was then transferred back to bed. The nurse's note also stated Resident #25 two day limit out again. Resident #25 tested yelling out again in pain after 15 minutes and stated she wheelchafe but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily recilieded." The record review of Resident #25 two placed in a wheelchafe but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily recilieded." The record review of Resident #25 two placed in a wheelchafe but continued to yell out when approached. Nurse #2 stated "resident unsure of what help she needs, not easily recilieded." The record review of Resident #25 two placed in a with Tylanol at 4:10 AM using the 1-10 pain scale, with 10 being the most severe pain. Resident #25 swas assessed as having back pain rating a 3 with a reassessment pain level of a 1. Nurse #2 indicated Resident #25 resident didn' tyell and callo ut that she was in pain prior to her falling.  An Interview with Nurse #3 and Nurse #4 on 5/17/13 at 3:00 PM rovealed that they would use the ledial recognition system to evaluate pain on a resident who was severely cognitively impaired. Nurse #3 and located to 10 to

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	would not be able to use that it would be better his/her normal baselin have they changed sit. Record review reveale PM a nurse's note writhat the resident was and place with no corresident's level of care nurse's note.  On 3/15/13 at 7:18 PM Resident #25 was med 0.5 mg by mouth for a Record review reveale Nurse #4 wrote "Resident #25 was med Tylenol 650 mg a pain and anxiety respeday 1 with neuro check at substation, extensive and tranfers. Family vilight in reach."  Record review reveale AM Nurse #2 wrote "with neuro checks condelayed injuries noted. The record review of Finotes indicated that on therapist #1 charted a #25 continued to "c/o	d because the resident use the scale. They stated in to judge the resident by the and compare it to how ince an incident.  ed that on 3/15/13 at 3:29 witten by Nurse #3 indicated alert and oriented to her self implaints noted. The en ADL change per the with the MAR indicated adicated again with Ativan agitation.  ed that on 3/15/13 10:20 PM sident alert, oriented, and PRN (as needed for) pain and Ativan given for back ectively. F/U (follow up) fall eks continuing. Ate supper we assistance with ADL's visits often, in bed with call and that on 3/16/13 05:45 and S/P (status post) fall day 2 impleted this shift and no	F	309				

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1		CONSTRUCTION		SURVEY PLETED
	345090	B. WING			i .	C /17/2013
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDEN	CE PLACE	<u> </u>	17	EET AUDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IGH POINT, NC 27262	1 00	71712010
PREFIX (EACH DEFICIENCY MUS	INT OF DEFICIENCIES THE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309  Continued From page 29 In an interview on 5/15/13 Occupational Therapist #1 remembered Resident #25 pain during her session on Therapist #1 (OT #1) told at Assistant (PTA) that Reside complaining and that they at The OT #1 stated that she who the nurse was or if the of the resident's increased  The record review revealed from physical therapy that r " Pt (Patient) with c/o lowe difficulty performing sit to st tolerate standing. " The physical that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated that the physical indicated in 5/1 message was left to return the first to return the phone call.  On 3/16/13 at 5:40 PM the first record review revealed 3/17/13 at 5:40 PM the first record review revealed 3/17/13 at 05:48 AM includes after her fall Resident #25 hinoted, no acute distress not to) monitor.  On 3/17/13 at 1:41 PM the first record review medicate  On 3/17/13 at 1:41 PM the first record review medicate  On 3/17/13 at 1:41 PM the first record review medicate  On 3/17/13 at 1:41 PM the first record review medicate	revealed she is having severe head 3/16/13. Occupational a Physical Therapist ent #25 was should tell the nurse. couldn't remember in nurse had been told pain. If a note on 3/16/13 read or back pain today with tand and unable to hysical therapy note sical therapist had and included, "No ding x-rays to rule out sing possibility of rove, "The Physical 16/13 at 4:00 PM. A the phone call, by resical Therapist had on.  MAR Indicated ad again with Ativan on.  a nurses note dated ad that on the 3rd day and no delayed injuries ated, will oft (continue)	L.	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		345090	B. WING				C 05/17/2013	
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE	· ·	STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST HE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 309	Pt crying out and stati than ever! My back! "trials with minime! ass grasp paralle! bar. 1 r 2nd trial. "please let 's notes indicated that but the resident stated so bad."  During an interview or Occupational Therapis found Resident #25 or day. Occupational the what she wrote was a residents back pain as specific dates and that after her fall.  On 3/18/13, the Nurse ibuprofen 800 mg table oral route once daily a after resident has eate On 3/18/13 at12:40 PN Resident #25 was med pain. A nurse's note e Nurse Practitioner (NP concerning an order for Resident continues to meds even if she just it on 5/15/13 at10:05 AN Nurse Practitioner (NP didn't remember the resident than the resident tha	gltation.  Inal therapist #2 charted " Ing " my back hurts worse Pt. performed 2 standing ist to reach forward to Ininute 1st trial, 30 seconds In sit down." The OT #2 It a back massage was done I " it helps but it still hurts  In 5/15/13 at 9:55 AM Ist #2 (OT #2) said she It ying out in the hallway that It true assessment of the It she did seem more in pain  I Practitioner ordered " I still the still seem more in pain  I Practitioner ordered " I still seem more in pain  I the MAR indicated I dicated with ibuprofen for Intry by Nurse #3 stated the I saw Resident #25 I pain. Nurse #3 stated " I ory and call staff for pain I received them."	#	30				

	OF DEFICIENCIES F CORRECTION	(X1) PRÓVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345090	B. WING				C /17/2013
	ROMDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		1	REET ADDRESS, CITY, STATE, ZIP CODE 1796 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 BEFICIENCY)					(K5) COMPLETION DATE
F 309	no physician notes or found in Resident #25 the resident was seen following her fall and it could not provide any showed the NP or the following her fall.  According to the resid Resident #25 was not therapy or physical the return to occupational complained of severe #25 returned to physic pain noted during physic pain noted during physic pain noted during her resident meeting her resident meeting her resident meeting her resident #25 was 800 mg for a complaine charted by Nurse #3 s of care, ADL's or behalincluded that the resid screams for attention requests to go from the During record review corder for Ativan was cl NP to Ativan 0.5 mg by (under the tongue) ever agitation. On 3/19/13 indicated Resident #25 Ativan 0.5 mg by moute	ng the survey there were nurse practitioner notes is chart that indicated that by either the MD or NP nead trauma. The facility further documentation that MD saw Resident #25  ent's medical record, seen by occupational erapy on 3/17/13 but did therapy on 3/18/13 and pain. On 3/19/13 Resident all therapy. There was no sical therapy on that day, sidered on 3/19/13 for all therapy related to nax functional capability.  otes on 3/19/13 at 11:53 medicated with ibuprofen t of pain. A nurses noted tated "No change in level wior." The note also ent "continues to yells and and made frequent to bathroom to her recliner.  of the physicien's order, the manged on 3/20/13 by the yell mouth or sublingual ery 6 hours as needed for at 3:51 PM the MAR to was medicated with	T. T. T. T. T. T. T. T. T. T. T. T. T. T	309			

	VIDER/SUPPLIER/CLIA TIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	345090	B. WING			05	C /17/2013
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE	PLACE		1	REET AODRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	<u> </u>	
(X4) ID SUMMARY STATEMENT O PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTII	PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION PATE
F 309 Continued From page 32 she stated that she did not rem #25 and did not recall writing a resident.  On 3/20/13 at 9:37 am the MA resident was medicated with ib PO for pain. No nurse 's note 3/20/13 at 1:54 PM a nurse no and oriented to self. No acute any apparent acute compromis  According to the MD's commun 3/21/13 a note was left on the oboard about the family wanting ibuprofen discontinued because history of an ulcer and pain who This was observed on 5/15/13.  On 3/21/13 at 8:56 am the reco Indicated that the resident was 800 mg of Ibuprofen PO for pai note were written on 3/21/13.  On 3/21/13 the social worker sa on 3/21/13 and wrote a note. T noted the resident " continues behaviors of yelling and crying i 3/14 - 3/19/13 per nurses notes resident was medicated with Ati "  During an interview on 5/15/13: social worker indicated the resid looking for her family but didn't i behaviors other than calling for she was aware of.  On 3/21/13 at 1:45 PM nurses r	R indicated that the suprofen 800 mg written. On te stated "Alert complaints nor in sing condition."  Inication board, on communication to have the e of the resident's enever she uses it. at 11:00 AM.  Indicated with n. No nurse 's sew Resident #25 the social worker to exhibit per nurses notes 3/14 and 3/15 twan for "anxiety.  Initiation board, on communication to have the series it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the series it. at 11:00 AM.  Initiation board, on communication to have it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have it. at 11:00 AM.  Initiation board, on communication to have it. at 11:00 AM.  Initiation board, on communication to have it. at 11:00 AM.  Initiation board, on communication to have it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.  Initiation board, on communication to have the uses it. at 11:00 AM.	F	309			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE GOMP		SURVEY PLETED
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	ROVIDER OR SUPPLIER			STR 1	REET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE AIGH POINT, NC 27262		05	/17/2013
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	apparent acute comp. Continue to yells but a stop then yell later on of care or ADL's (active On 3/22/13 at 1:13 PM "Resident continues in pain. No change in less in the pain of the pain medication) of the pain medication of the pain medication of the pain medication of the pain. Hold for sedation the pain medication of the pain. Hold for sedation the pain medication of the pain medication of the pain medication of the pain medication of the pain and scheduled Ty AM nurse #1 charted the pain and scheduled Ty AM nurse #1 ch	signs and symptoms of any romising condition. soon as staff talk to her she again. No change in level vities of daily living). "  M a nurse's note entry read to yell and scream of back evel of care or ADL's.  In 3/22/13 and signed by the ted "Tramadol (narcotic 26 mg PO (by mouth) BID by 6 hours as needed for each of the facility on results from portable x-ray is were sent to the facility on results for any acute  M a telephone order was writis every 8 hours and as = 650 mg PO every 6 to the signed by the MD. On rese #7 charted "At 5:45 was lethergic and was r." "Resident c/o neck elenol was given. "At 7:56 that the resident was more ecall friends and family P communication board, pard had a note to the ed 3/23/13 that was	lt.	309				

SYSTEMBLY OF CORRECTION    CONTROL		CT OF THE PROPERTY OF	MEDIOINS SEIGNAGE				OINDIA	0. 6000 0631
NAME UP PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE  SUMMANY STATELIST OF DESIGNACES  (AUI) PREFIX FROM PROVIDENCY MUST BE PRECEDED BY PULL FROM PLACE P				1 ' '				
MANE OF PROVIDER OR SUPPLIER  WESTCHESTER MANOR AT PROVIDENCE PLACE    VAID   PREPT   STREET ADDRESS, CITY, STATE, JIP CODE 1755 WESTCHESTER DRIVE   STREET ADDRESS, CITY, STATE, JIP CODE 1755 WESTCHESTER DRIVE   STREET ADDRESS, ALL OF CORRECTION   CONTRICTION   CONTRI								C
WESTCHESTER MANOR AT PROVIDENCE PLACE  (K4)ID PREFIX TAG  Continued From page 34 at 11:00AM. At 10:12 AM Nurse # 7 obtained a urine sample per standing orders because of the resident between the treatment of the prosecution of the resident was without and was will leichard; and shared that the resident had order that the resident had order that the resident had order that the resident had order that the resident had order that had physical report dated 3/23/13, once at the hospital the resident was ent for a CT (Computed Towards), was not fore to the lat physical report dated 3/23/13, once at the hospital to resident was ent for a CT (Computed Towards), was not fore to the lat physical report dated 3/23/13, once at the hospital to resident was sent for a CT (Computed Towards). At millimeter to the lat place.			345090	D. WING			05	/17/2013
FREETIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 34 at 11:00AM. At 10:12 AM Nursu # 7 obtained a urine sample per standing orders because of the resident *1 new lethargy. Resident complained of headache this morning and was given pain medication that was effective. At 1:56 PM nurse # 7 charted * resident in death and the difficulty swallowing and julce resident had difficulty swallowing and julce dippling to her mouth. Writer observed slurred speech and left sided weakness. Notified supervisor, RP, and MD. "  An laterview with nurse # 7 on 5/15/13 at 11:00 am revealed that the resident was in bed in the AM which wasn't normal and heard that the resident dich't sem? "ight." The urine sample was collected per standing orders and sent out because of resident's frequent urinary tract infections. By 1:00 PM the resident wasn't able to eat tunch without dribbing fluid down mouth and was still lethangier. The one all medical physician was called and orders taken for the resident to be transferred to be heaptied to repaired to emergency department for evaluation.  According to the admission history and physical report dated 3/23/13, once at the hospital the resident was and the resident was one to retain a 3-dimentional image of the brain/skull) where it was noted Resident #25 beat at 4 millimeter blick subdural hematoms that R millimeters to be left place.			IDENCE PLACE		1	795 WESTCHESTER DRIVE		
at 11:00AM. At 10:12 AM Nurse # 7 obtained a urine sample per standing orders because of the resident' is new lethergy. Resident complained of heedache this morning and was given pain medication that was effective. At 1:56 PM nurse #7 charled "resident in bed finishing eating lunch, ate 25%. Alert and verbally responsive, able to make needs known. Wilder assisted resident in drinking julce, resident had difficulty swellowing and julce dripping to her mouth. Wifter observed sturred speech and left sided weakness. Notified supervisor, RP, and MD."  An interview with nurse #7 on 5/15/13 at 11:00 am revealed that the resident was in bed in the AM which wasn't normal and heard that the resident didn't seem "right." The urine sample was collected per standing orders and sent out because of resident's frequent urinary tract infections. By 1:00 PM the resident wasn't able to set lunch without dribbling fluid down mouth and was still elthergic. The on call medical physician was called and orders taken for the resident to be transferred to the hospital for further evaluation. At 1:15 PM Resident #25 was transferred to emergency department for evaluation.  According to the admission history and physical report dated 3/23/13, once at the hospital the resident was sent for a CT (Computed Tomography) scan (which created a 3-dimentional image of the brainfakull) where it was noted Resident #25 had a 14 millimeter thick subdural hematoms that had caused a shift of Resident #25 fails millimeters to the left place	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	E	COMPLETION
F		at 11:00AM. At 10:12 urine sample per stan resident's new lether headache this morning medication that was e #7 charted "resident lunch, ate 25%. Alert able to make needs ke resident in drinking juit swallowing and juice of Writer observed slurre weakness. Notified su An interview with nurs am revealed that the new AM which wasn't norm resident had a rough need that the need th	AM Nurse # 7 obtained a ding orders because of the gy. Resident complained of g and was given pain ffective. At 1:56 PM nurse in bed finishing eating and verbally responsive, nown. Writer assisted ce, resident had difficulty tripping to her mouth. If the speech and left sided upervisor, RP, and MD. "  e #7 on 5/15/13 at 11:00 esident was in bed in the hall and heard that the hight. The urine sample ding orders and sent out frequent urinary tract of the resident wasn't able highlight down mouth. The on call medical and orders taken for the red to the hospital for 1:15 PM Resident #25 was ancy department for the cat the hospital the CT (Computed high created a shift of millimeters to the left place	11.	309			

CERTEL	O LOV MEDICAVE &	MEDICAID SERVICES			· · · · · · · · · · · · · · · · · · ·	- 11 C	7, 0000,0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	<u></u>	345090	B. WING			05/	17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	idence place		17	EET ADDRESS, CITY, STATE, ZIP CODE 196 WESTCHESTER DRIVE IGH POINT, NC 27262		-
N 45 15	SUMMARY STA	ATEMENT OF DEFICIENCIES	; ID	L	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		GOMPLÉTION DATE
F 309	Continued From page	: 35	! F	309			
	, -	nic with a hemoglobin of 5.8.	•				
		noted but was not tarry in					
		ported to the ER physician	ì				
		re of any bowel problems		ŀ			
		aving been occurring at the	•				
		was transfused with 1 unit of		1			
		s. The resident was seen		1			
	by a Neuro Surgeon a		ŧ	- 1			
	family the prognosis for		1			1	
		he decision was made to	1				
		lospice care with comfort lent #25 died on 3/28/2013.	1				
	measures only. Resid	1811L #25 0180 OH 3/26/20 F5.	:				
	An interview with the f	acilities medical physician					
		on 5/16/13 at 2:45 PM. The	į				
		not remember being told	İ				
	about this residents fa	<del>-</del>	•				
	expectation following a	a resident fall was that the	<b>‡</b>				
		the resident, determine if				į	
	÷ -	s and start neuro checks if	•				
		trauma. He stated that the	i				
		ld directly call him or the on	;				
		then the resident started to nges showing during the	1	- [			
	neuro checks. The do		į	1			
		contact him or the on call	;				
	MD directly if a cogniti					İ	
		more pain following a fall					
		jes such as more agitation	1	1			
]	and anxiety following a	a fall. The MD stated that	İ				
Ī		ent's chart that the resident		1			
		elf or the Nurse Practitioner		Į			
		fall. He stated " If I lay	į į	-	•		
-		t) or put my hands on them		l			
j		te in the chart. " He stated					
	that his expectation wa					į	
		ectly if the resident was					
	seen by nunseli or the	NP following the fall he					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345090	B. WING			05	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		11	REET ADDRESS, CITY, STATE, ZIP CODE 795 WESTCHESTER DRIVE IIGH POINT, NC 27262		
(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 SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DÉFICIENCY)		(X5) COMPLETION DATE
	MD stated that if the non call MD and reporte experiencing more paid following the fall that he pick up on pupil changeresident's arms and leepicked up by him or him would have been sent (ER) for a CT scan of the CT report from the host to the MD. The MD streport from the hospitaresidents) could be a chematoma and subsect likely the cause and I'm to her death. "  An interview with the Notifiers on the resident she was called for orders on the resident she was called for orders and the chart that the resident, then she didners death, then she didners on residents she was could happen if she was could happen if she was evaluation. The MD stated that she was evaluation. The MD stated that she evaluation. The MD stated that she evaluation. The MD stated that the stated that she could happen if she was evaluation. The MD stated that the stated that she evaluation. The MD stated that the stated that she could happen if she was evaluation. The MD stated that the stated that the stated that the could happen if she was evaluation. The MD stated that the stated that the stated that the could happen if she was evaluation. The MD stated that the stated that the could happen if she was evaluation. The MD stated that the could happen if she was evaluation. The MD stated that the could happen if she was evaluation. The MD stated that the could happen if she was evaluation. The MD stated that the could happen if she was evaluation.	what is in this chart. "The urses had called him or the ad that the resident was in and more anxiety he would have been able to use or focal defects of the gs. If these changes were is NP, then the resident to the Emergency Room the head at that time. The spital was read and shown ated that based on the CT all that "her fall (the cause of her subdural quent death. It is most in sure the fall contributed that it is possible that it is possible that it is possible that it is and never physically stated that if there are no state she assessed the orders for the resident. It is doesn't normally write it doesn't evaluate but it		309			
	from a traumatic injury hematoma.					1	

OFILE	O I OIT MEDIONITE OF	MEDIOMO DELLA PORO			<del></del>	~~~~	2. 0000-0001
	of deficiencies Foorrection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
		345090	B. WING			ſ	C #719942
_		040004				1 00	17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	TIDENCE PLACE		179	et address, city, state, zip code 16 westchester drive 5H Point, nc 27262		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCEO TO THE APPROPR DEFICIENCY)	3E	(X5) COUPLETION DATE
F 309	<b>,</b>	37 dated 3/28/13 stated the	F	309	F315		
F 315 SS=D	immediate cause of de hematoma due to (or a 483.25(d) NO CATHE RESTORE BLADDER Based on the resident assessment, the facilitaresident who enters the indwelling catheter is a resident's clinical condicatheterization was need who is incontinent of the treatment and services infections and to rest of function as possible.  This REQUIREMENT by:  Based on record reviet and resident interviews a supra-public catheter used an in dwelling care-evaluate and provide much normal bladder of 4 sampled residents were (Resident #17).  Findings included:  1) Resident #97 was a the diagnoses of hemit neurogenic bladder.  The most current Minir	eath was a subdural as a consequence of) a fall. TER, PREVENT UTI,  's comprehensive by must ensure that a se facility without an not catheterized unless the dition demonstrates that becassary; and a resident bladder receives appropriate as to prevent urinary tract are as much normal bladder  is not met as evidenced bow, observation and staff as the facility failed to secure are of of 1 of 5 residents who	F	315	1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:  Resident # 97 had her supra-public catheter secured to resident's leg on 5/17/13. Proper care which includes cleansing securing of catheter and sacuring of urinary drainage bag was provided with ADL care. Resident # 17 was placed on volding diary and a therapy referral was made. A consult appointment with the Urologist is schedule for 5/30/13. Resident is toileted as needed.  2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:  Resident's that currently have a catheter (suprapubic/indwelling) will be provided with a securing device at all times. The securing device will be removed during ADL care and replaced once care is complete. Charge nurses will check for placement and proper function each shift.		6/14/13

OFILITY	O I OILINEDIONICE &	TEDIOTIS CERTICES					I	***************************************
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTE			SURVEY LETED
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		345090	B. WING				05/	17/2013
,,	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	'idence place		179	-	, CITY, STATE, ZIP CODE ESTER DRIVE NG 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X.	(EA	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BI SS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	Review of the physici Supra-pubic catheter of 9:54am, Nursing Assistant #4 had indic supra-pubic catheter a strap to secure the tubindicated the female recatheter straps and microtheter straps to the catheter straps to the catheter straps to the catheters.  During interview on 5/indicated she had never secure the supra-pubic During an interview on Resident # 97 indicated anything to secure her abdomen or her leg. Was when she called a Observation revealed centimeters) of clear young an interview on Nursing Assistant #5 in a supra-pubic catheter strap to secure Assistant #5 returned a she had gotten clarification.	d an indwelling catheter.  Jan's order dated 5/10/13, to gravity drainage.  Ind observation on 5/17/13 at stant #3 and Nursing sated Resident #97 had a sand never used a catheter oling. Nursing Assistant #3 esidents do not use sale residents use the leg for the indwelling  17/13 at 9:58 am Nurse #5, wer seen an anchor to sic catheter tubing.  In 5/17/13 at 10: 11 am, if she had never had in supra-public tubing to her when the tubing pulled that and had the bag emptied, the bag had 600 cc (cubic yellow urine and taunt a unbandaged incision. She is emptied.  In 5/17/13 at 10:13 am, indicated Resident #97 had and she did not require a	F	315		Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:  Education provided to Licensed and certified staff regarding the securing (anchoring) and placement of catheter and proper catheter care. Also educated regarding perennial care with incontinent residents to assist in the prevention of urinary tract infections.  Indicate how the facility will monitor its performance:  Director of Nursing or Assistant Director of Nursing will monitor 5 residents per week for four weeks to ensure the securing of supra-public or indwelling catheter.  Results will be presented to the Quality Assurance team for recommendations and follow up for 6 months.		
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	/22/3/10	TICLE	= ACMOTOMOTION	IN SUDATE	SURVEY
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION .		PLETED
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	<b>.</b>	345090	D. VVIIVG	_		05	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	/idence place		1:	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NG 27262		
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5 24E	Carllinged From page	- 00	-	246			
FOID	Continued From page		F	315			
		n 5/17/13 at 10:27 am,		!			]
	i -	ne nursing steff had just		- 1			
	, –	o catheter care because of		!			
	the increases in urinar	be used most of the time		1			
		avity bag to prevent trauma.		1			
		vould be used with a supra-		1	}		1
•	public catheter to the a			ļ			
ļ		sident was getting dressed		I			[
	or bathing.			1			
	S intoniou o	- 8147/42 of different hiteran		1			
		n 5/17/13 at 1:51pm, Nurse public catheter doesn't use		}			
		lan would write the order for		-			]
	it to be secured.	all House thing the greet is.					right de la contraction de la
	During an interview or	a 6/17/12 of 1.66 nm					
		e would not write an order					***************************************
	_	or a supra-pubic catheter.		1			
		ty policy and nursing would		-			
	determine how to secu						
	During an Interview oถ	1 5/17/13 at 2:46pm.					
		licated an Island strap or an	-				
į	-	e used at all times with a					
1	supra-pubic catheter, i			- 1			
		rite the order to secure an		]			
		was secured per facility		Ì			
}		udgment. The expectation					
	was for the catheter to	be secured.		-			
	2) Resident #17 was a	admitted to the facility on					
1	3/10/05 and had diagn						
		tract Infection, diabetes,					
1	osteoporosis, fatigue a	ind stroke.			-		
-	The Minimum Data Se	ot (MDS) annual					
	assessment dated 9/10	0/12 indicated the resident					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		SURVEY PLETED
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		345090	9. WING	·		05/	17/2013
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F 315	was frequently inconti urinary toileting program to improve or symptoms, including L. The care plan dated 9 required assistance w. (ADL) task performant osteoporosis, decreas non-ambulatory. Interextensive assistance w. The care plan dated 9 alteration in elimination episodes of urinary included utilize prompi would prompt the residual program, was and revealed the residual incontinence at 2 am at the MDS nurse note of Resident does not part on occasion to determible adder program. Resof bowel and bladder princontinent episodes. The MDS quarterly assindicated the resident vand was not on a urinary and was not on a urinary and revealed the resident vand was not on a urinary and was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand was not on a urinary of the MDS quarterly assindicated the resident vand vand vand vand vand vand vand vand	inent and was not on a am (a behavior training or eliminate incontinent urinary frequency).  2/11/12 revealed the resident vith activities of deily living one related to a diagnosis of sed mobility, and being erventions included with tolleting and transfers.  2/11/12 revealed an on as evidenced by frequent continence. Interventions of the tollet of t	<u> </u>	315			

	OF DEFICIENCIES F CORRECTION	IDENTICIOATION ANIMOEDI			E CONSTRUCTION	(X3) DATI	(X3) DATE SURVEY COMPLETED	
			A. BUILL	ING_			C	
 		345090	B. WING			1	/17/2013	
	ROVIDER OR SUPPLIER	IDENCE PLACE		1	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262			
(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 SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
	started on an antibiotic on 4/13/13.  A nurse 's note indica started on an antibiotic on 5/12/13.  The MDS annual asset indicated the resident not reject care - includ (ADL), required extensive asset assessment further equired extensive asset hygiene, was not stead toilet, was only able to assistance, and used a She was not on a urina was frequently inconting participated in the esset toilet. Interventions in voiding to promote black.  On 5/14/13 at 2:52 pm have to go to the bather the curse aide at night.	4/11/13 stated, " nary urgency and still nalysis]. "  ted Resident #17 was c for a urinary tract infection  ted Resident #17 was c for a urinary tract infection  ssment dated 5/13/13 was cognitively intact, did ing activities of daily living sive assistance and two- n transfers and toilet use, or indicated Resident #17 istance with personal rity moving on and off the stabilize with staff a wheelchair for mobility, ary tolleting program and nent. The resident essment.  13/13 revealed altered ted to urinary tract infection included encourage frequent dider emptying.  Resident #17 stated, " I com almost every hour.		315				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL		E CONSTRUCTION	(X3) DATE	C. 0800-039 ( E SURVEY PLETED
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		345090	B. WING			i	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	idence place		1:	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
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	On 5/16/13 at 9:15 em (DON) stated, "The eresident up as many tisomeone else is receil happen that a resident basis or for an extended basis or for an extended basis or for an extended buring a phone intervinted to go to the bathroom, She also indicated she voiding with Resident #17, NA #7 stated, "Since back and get here to the handrails and gets come back and get here to 5/16/13 at 10:48 and stated, "When [Resid she needs help adjustit back in the wheelchair extensive assistance we restroom getting off the March we recommend and therapy evaluated with transfer and tolleting."  On 5/16/13 at 1:24 pm whether to place a resident interdisciplinary to "We do a 3-day review habits, completing bow have always known [Resomeone up and down a recent change." She	the Director of Nursing expectation is NAs will get a simes as needed, unless ving care. It wouldn't thad to wait on a regular ed period of time. " ew on 5/16/13 at 9:45 am, orked 11p-7a on 200 hall, She also indicated she dent quickly if the call bell if a resident they had to wait she would get them up. edid not do prompted #17. Regarding Resident ne gets in the wheelchair by a bathroom, she holds on to on the toilet by herself. It is when she is done." In the Restorative Nurse ent #17 gets off the toilet ing her clothing and getting in She requires limited to with pivoting and in the estoilet. After her fall in ed 2 person assistance. One person is sufficient ing, but she does require sistance especially with the DON indicated that dent on a toileting program eam decision. She stated, we of the resident 's toileting rel and bladder logs. I	L.	315			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSYRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	for a toileting program On 5/16/13 at 2:00 pm resident had not been program for the past y day Voiding Diary don the resident only had to On 5/16/13 at 2:05 pm [medication prescribed urinary frequency] at the UT is were to "acutely resident's chronic freanatomical and would develop a toileting proof On 5/16/13 at 2:26 pm Nursing (ADON) indicated void or refuse, at if they need a bowel or indicated the MDS nur resident should do a prefusal did not mean the participate or would not On 5/16/13 at 2:40 pm regarding Resident #1' indicated the resident sometimes and would to be taken to the bath She would refuse some betaken to bathroom, then determine whether program. She was only a days. Her incontinent between. The voiding she was complaining of bathroom on time. We times she was incontined ecision as an interdisc	n the DON indicated the placed on any toileting year and referenced the 3-lee November 2012 when two incontinent episodes. In the physician indicated the d for bladder spasms and the time of Resident #17's y treat frequency but the equincy was most likely require the facility to orgam."  In the Assistant Director of ated the voiding diary was owing when the resident and was used to determine or bladder program. She would determine if the erogram and that occasional the resident did not want to be benefit from a program.  Nurse #6 was interviewed 7's voiding diary. She "would be continent push the call bell then have be a when it was time to We do the diary for 3 days are to put the resident on a ly incontinent twice in those at episodes are few and in diary was done because of not making it to the example of the first woment. We made the		315			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		TE SURVEY MPLETEO
		245000	B, WING				C
		345090	D, WHYG			0	5/17/2013
	ROVIDER OR SUPPLIER	IDENCE PLACE		179	ET ADDRESS, CITY, STATE, ZIP CODE 95 WESTGHESTER DRIVE GH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ÐE	COMPLETION DATE
F 315	incontinent episodes at On 5/16/13 at 3:00 pm she did not remember the voiding diary or a lishe would participate was offered to her.  On 5/17/13 at 6:30 am takes care of Residenting her call bell to go not do prompted voiding 483.25(i) DRUG REGI UNNECESSARY DRUE Each resident's drug runnecessary drugs. A drug when used in exclupilicate therapy); or if without adequate monindications for its use; adverse consequences should be reduced or combinations of the resident, the facility may who have not used antigiven these drugs unle	and her occasional refusals a Resident #17 indicated anyone talking to her about bladder program and stated in a tolleting program if one in NA #1 indicated when she tallet #17, she waits for her to to the bathroom and does and.  MEN IS FREE FROM IGS  egimen must be free from an unnecessary drug is any ressive dose (including for excessive duration; or sitoring; or without adequate or in the presence of sitoring; or without adequate or in the presence of sitorinued; or any resons above.  Insive assessment of a residents alpsychotic drugs are not se antipsychotic drug		315	F329  1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice:  Residents #29, #76, #95 and #18 were reviewed for changes in behavior and side affects of prescribed medication. No adverse side effects noted. New behavior flow sheets implemented on 5/15/13 to include behaviors and side effects. A call was placed to the Medical Director for		6/14/13
	as diagnosed and doct record; and residents v drugs receive gradual of behavioral intervention	vho use antipsychotic dose reductions, and			resident #53 and an order was obtained for a Vitamin B12 level on 5/16/13, Lab obtained on 5/21/13. Physician provided results and made changes to medication as indicated.		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345090	B. WING			1	C 17/2013
NAME OF PR	OVIDER OR SUPPLIER	<u> </u>	k	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
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WESTONE	ESTER MANOR AT PROV	IDENCE PLACE		H	IGH POINT, NC 27262		
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F 329	Continued From page	45	F	329	•		
	by: Based on observation interview with staff the behaviors by not comp sheet each shift for 4 antidepressants or an 76, 95, and 18) and falevel on a resident tak (Resident #53).  Findings included:  1)Resident #29 was a diagnoses that include falls, and depression.  The Minimum Data Se assessment dated 4/2 was cognitively intact, occasionally, had a diagnose and participated. The care plan dated 4 #29 received an anti-droutine basis and state to time. Interventions i effects of medication, physician, and record.  During an interview on Assistant Director of N Staff Development Co that monitoring of behaviors.	e facility falled to monitor pleting the behavior flow of 8 residents reviewed with a tipsychotics (Resident #29, ailed to obtain a vitamin B12 king Vitamin B12 for 1 of 5 admitted on 4/18/13 with ad weakness, history of the test (MDS) admission et (MDS) admission did feel down or depressed agnosis of depression, a for depression for 7 of 7 at in the assessment.			2. Corrective action will be accomplished for those residents having potential to be affected by the same deficient practice:  An audit of all residents receiving antidepressants or antipsychotics completed to ensure behaviors and effects are being monitored and proper completion of behavior flow sheets on 5/15/13. An audit of all residents receiving oral vitamin B12 will be conducted. Physician will review and respond as necessary. The Medical Director and the pharmacy provider collectively review and revise pharmacy lab protocol as indicated.		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY PLETED
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	ROVIDER OR SUPPLIER ESTER MANOR AT PROV			STREE	ET ADDRESS, CITY, STATE, ZIP CODE 16 WESTCHESTER DRIVE 3H POINT, NC 27262	<u> </u>	<u>/17/2013</u>
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	indicated that if there is nurse should initial the there were behaviors a behavior was seen and that behavior was seen and that behavior in the number of containing the behavior 200 halls, the ADON in were not documented. The Documentation of 2013 revealed there with indication behavior was first shifts, 10 of 14 seet third shifts. The behavior physician orders indicated prescribed an antidepredepression.  During an interview on #5 stated, "We should shift on the documentatiney don't have any be do have a behavior that the progress notes."  2) Resident #76 was a diagnoses that include The Minimum Data See assessment dated 2/20 was moderately cognitional diagnosis of depression.	havior" sheet. They further were no behaviors the e sheet every shift and if staff should indicate what had make a detailed note of urse's notes. After review of Behaviors notebook or sheets for both 100 and indicated that behaviors as expected.  If Behavior sheet dated May were no staff initials or as assessed for 10 of 14 wood shifts, and 5 of 14 wood shifts, and 5 of 14 woor sheet and current ated the resident was ressant to be taken daily for a 5/15/13 at 6:32 am, Nurse document behaviors every ation of behaviors sheet. If shaviors, we initial. If they at shift, we write a note in admitted on 12/21/10 with ad anxiety and depression.  If (MDS) annual 0/13 indicated the resident tively impaired, had a shed had no behavioral nedication for depression.	F.	329	3. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur:  Licensed and certified staff will be educated in regards to resident monitoring of behavior and the need to monitor effects of medication by the Director of Nursing, Assistant Director of Nursing or Staff Development Coordinator. Staff including RN's, LPN's, Nursing Aldes, Social Workers and therapists will be educated on the communication between departments to identify behaviors and the effects of medication. The staff will be educated on non-pharmacological interventions to attempt prior to medications. Licensed staff will be educated on the use of the required AlM's testing every 6 months and with changes in medication. The implementation of a new behavior monitoring sheet and education on use of monitoring tool will be provided to licensed staff.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
		345090	B. WING				C 17/2013	
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		17	EET ADDRESS, CITY, STATE, ZIP CODE 195 WESTCHESTER DRIVE 1GH POINT, NC 27262			
(X4)1D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRES TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRU DEFICIENCY)		(X5) COMPLETION DATE	
F 329	The care plan dated of exhibited socially inapprovidenced by inapprogestures towards fem interventions included in the medical record frequency of behavior indicated the resident Interventions included pattern, document, an physician.  The care plan dated of twas on an antidepress of depression. Interventional pattern, do physician, and monitor medication.  During an interview or Assistant Director of Nasistant Director of Nasistant Director of Nasistant Director of Natif Development Contat monitoring of behavior and indicated that if there were behaviors behavior was seen and that behavior in the nutte Documentation of containing the behavior of the Documented The Documentation of 2013 revealed there were was seen and the Documented The Documentation of 2013 revealed there was seen and 2013 revealed there was see	/1/13 Indicated the resident oppopriate behavior as priate sexual comments and ale residents and staff.  It to monitor and document the intensity, duration, or s. The care plan also was on an antidepressant.  It to assess behavioral direport concerns to direport concerns to /1/13 Indicated the resident sant related to a diagnosis entions included assess cument, report concerns to refor side effects of for side effects of a 5/15/13 at 6:20 am, the lursing (ADON) and the ordinator (SDC) indicated enviors should be done on the documented on the avior should indicate what direct every shift and if staff should indicate what direct exercises notes. After review of Behaviors notebook or sheets for both 100 and indicated that behaviors as expected.  Behavior sheet dated May	F	329	4. Indicate how the facility will monitor its performance:  Director of Nursing or Assistant Director of Nursing will review 10% of residents weekly for four weeks who are receiving antidepressants or antipsychotics to ensure behaviors and effects are being monitored and documented using behavior flow sheets.  Results will be presented to the Quality Assurance team for recommendations and follow up for 6 months.			

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE			1	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262			
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	shifts. The behavior si orders indicated the re antidepressents to be and anxiety.  During an interview or #5 stated, "We should shift on the documente they don't have any be do have a behavior the the progress notes."  During an interview on #9 indicated she worke #76's hall, was assigned unable to state what si should be monitored with medications. When as behaviors were document it in the behaviors were document it in the behaviors document it in the behaviors days. I guess I will she those days. I guess I will she indicated that her days in May.  The Documentation of on 5/15/13 at 8:20 am been added on 5/15/13.	ond shifts, and 5 of 14 third neet and current physician esident was prescribed 3 taken dally for depression a 5/15/13 at 6:32 am Nurse document behaviors every ation of behaviors sheet. If shaviors, we initial. If they at shift, we write a note in a 5/15/13 at 7:23 am Nurse and first shift on Resident and to the resident, and was a fee effects or behaviors with the use of psychotropic sked how a resident's earlied she stated, "We avior notebook." Upon Documentation of Behavior 5, and noting 12 days were 1, "I should have initialed will go back and do that." initials were not on any  Behavior sheet revealed Nurse #9's initials had a for 8 days in May.		329	-		
	The Minimum Data Sel assessment dated 4/19	t (MDS) annual 0/13 indicated the resident					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	WESTCHESTER MANOR AT PROVIDENCE PLACE			1	REET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		_	
(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	(X5) COMPLETION DATE	
	behavioral symptoms, and antidepressant for participated in the assign of the care plan dated for resident was at risk for psychotropic medication included to monitor for such as dizziness and physician for any behaviors and the care plan dated for resident was on an an antipsychotic medication and delusions. Interve for mood, behaviors, a medications and report During an interview on Assistant Director of N Staff Development Contact monitoring of behavior and shift and should be cach shift and should be commentation of Behavior was seen and that behavior in the nuthe Documentation of interview of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing the behavior of the containing th	tively impaired had fon and dementia, had no received an antipsychotic r 7 of 7 days, and essment.  //15/12 indicated the r falls related to on use. Interventions r side effects of medications of drowsiness, and notify the avioral changes.  //15/12 indicated the tidepressant and on related to depression intions included to monitor and side effects of the physician.  //15/13 at 6:20 am, the fursing (ADON) and the ordinator (SDC) indicated aviors should be done on the documented on the "avior" sheet. They further were no behaviors the staff should indicate what it make a detailed note of rese's notes. After review of Behaviors notebook r sheets for both 100 and adicated that behaviors as expected.  Behavior sheet dated May	F	329				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345090	B. WING_				C 17/2013
	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS, CITY, STATE, ZIP CODE  1795 WESTCHESTER DRIVE  HIGH POINT, NC 27282				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE AGTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(XS) COMPLETION DATE
F 329	first shifts, 5 of 14 sec shifts. The behavior sl orders indicated the re antidepressant and ar daily for depression are daily for depression are daily for depression are daily for depression are daily for depression are daily for depression are daily for depression are daily for depression are depression and they don't have any be do have a behavior that the progress notes."  During an interview or #9 indicated she work #95's hall, was assign unable to state what is should be monitored with the medications. When as behaviors were document it in the behaviors were document it in the behaviors document it in the behaviors document it in the behaviors days. I guess I will she stated those days. I guess I will she indicated that her days in May.  The Documentation of on 5/15/13 at 8:20 ambeen added on 5/15/13.	as assessed for 12 of 14 ond shifts, and 5 of 14 third heet and current physician esident was prescribed an antipsychotic to be taken and delusions.  a 5/15/13 at 6:32 am Nurse document behaviors every ation of behaviors sheet. If chaviors, we initial. If they at shift, we write a note in  a 5/15/13 at 7:23 am Nurse ed first shift on Resident and to the resident, and was ide effects or behaviors with the use of psychotropic sked how a resident's mented she stated, "We avior notebook." Upon Documentation of Behavior of, and noting 12 days were d, "I should have initialed will go back and do that." initials were not on any  Behavior sheet revealed Nurse #9's initials had of for 8 days in May.  dmitted on 10/25/10 with d Alzheimer's and	F 3				

<u> </u>	CO OI OIL MEDIO MERCE	hinning his designation				A 14 10 11	0. 0000-0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	i	34509D	B. WING			İ	C
		V4000	B. 17410	1		<u>  05</u>	/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	DENGE PLACE		1	REET ADDRESS, CITY, STATE, ZIP CODE 796 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-RÉFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	was severely cognitive of Alzheimer's and del symptoms, received a anti-depressant for 7 c in the assessment.  The care plan dated 9 resident was at risk for psychotropic medication monitor for side effects dizziness and drowsin.  The care plan dated 9 resident was receiving on a regular basis and hallucinations and delta included to record behalf of behaviors, monitor of delusions, document as physician.  During an interview on Assistant Director of N Staff Development Couthat monitoring of behalf and should it Documentation of Behalf indicated that if there wourse should initial the there were behaviors and that behavior in the nuithe Documentation of the sum of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the pocumentation of the property of t	at/13 indicated the resident aly impaired, had diagnoses pression, had no behavioral in anti-psychotic and of 7 days, and participated  /10/12 indicated the ralls related to use of a con. Interventions included a of medications such as ess.  /11/12 indicated the rantipsychotic medication had periods of usions. Interventions aviors, monitor for patterns for hallucinations or and report concerns to the condinator (SDC) indicated aviors should be done on the decommented on the rantipsychotic medicated aviors should be done on the decommented on the avior should indicate what it make a detailed note of rese's notes. After review of dehaviors notebook is sheets for both 100 and dicated that behaviors	F	329			

<u> </u>	OLONGING OF A	MICOIONID GELVIOLO					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	СОМ	E SURVEY PLETED
	,	245000	B, WING			Į.	C :47/2043
· · · · · · · · · · · · · · · · · · ·		345090	p, vrase		איני איני איני איני איני איני איני איני	บอ	117/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	/IDENCE PLACE		178	ET ADDRESS, CITY, STATE, ZIP CODE 95 WESTCHESTER DRIVE GH POINT, NC 27262		
				<del></del> -	<del></del>	1.6	T
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 329	Continued From page	. 63	F	329			
1 020	1			320			
		of Behavior sheet dated May	1	;			
	1 ·- ·	were no staff initials or as assessed for12 of 14 first		!			1
		as assessed for 12 or 14 linst shifts, and 5 of 14 third		•			1
		sheet and current physician		•			
ĺ		esident was prescribed an					
		n antipsychotic to be taken		:			
	daily for hallucinations			•			1
	depression.	1 main 2		į			
				ì			1
		n 5/15/13 at 6:32 am Nurse					1
		d document behaviors every		!			
ļ		tation of behaviors sheet. If		ì			
		ehaviors, we initial. If they	İ	i			1
	E .	eat shift, we write a note in		!			
	the progress notes."			;			
	During an interview or	n 5/15/13 at 7:23am Nurse		i			
		red first shift on Resident		i I			
İ	}	ned to the resident, and		i			
	was unable to state w	=		1			1
		monitored with the use of		į			
	psychotropic medicati	ions. When asked how a		1			
	resident's behaviors w			į			
	stated, "We document			į			
	notebook," Upon ins			•			
İ		havlor sheet for Resident		1			
	, ,	ys were not initialed, she		j			1
		initialed those days. I		]			1
		nd do that." She indicated					
	that her initials were n	not on any days in May.		i			
	The Documentation of	f Behavior sheet revealed		1			
		Nurse #9's initials had					.]
	been added on 5/15/1						
	<i>i</i>	• •					
		admitted on 10/28/11 with					
	diagnosis including Vil	tamin B12 deficiency. A					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB I	VO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION		TE SURVEY MPLETED
_		345090	B. WING				C 5/17/2013
	ROVIDER OR SUPPLIER ESTER MANOR AT PROV	IDENCE PLACE		1798	TADDRESS, CITY, STATE, ZIP CODE SWESTCHESTER DRIVE H POINT, NC 27262		
(X4) IÖ PREFIX TAG	(EACH DEFICIENC)	NEMENT 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 APPROVIDERICIENCY)	BE	(X5) COMPLETION DATE
	were no orders writter Vitamin B12 level draw 5/13/13.  Review of the hospital indicated Resident #53 Vitamin B12 on 2/24/1 readmitted to the facili physician order on adr 1000 mcg PO daily." physician order for Vita The record review of F from 5/16/12 to 5/13/13 resident had a Vitamin hospital records dated Vitamin B12 level note An interview with Nursi revealed that the electi have a Vitamin B12 lev provide a Vitamin B12 lev provide a Vitamin B12 lev provide a Vitamin B12 on Resident #53 after t Vitamin B12 medication During an interview on physician stated that an B12 should have a Vita monitor the level and a accordingly.  During an interview on Director of Nursing stat was residents that were	records dated 2/24/13 a had been placed on 3. The resident was to no 2/24/13. The mission read " Vitamin B12 There were no changes in amin B12 since admission.  tesident #53's lab results a did not indicate that the B12 level drawn. The 2/24/13 did not have a d in their lab reports.  a #1 on 5/17/13 at 7:14 AM ronic lab report did not level that had been drawn being started on the no.  5/17/13 at 12:00 PM the ny resident taking Vitamin B12 level drawn to	£	32			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLÉTED
		345090	B. WNG		06/	05/2013
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE			17	EET ADDRESS, CITY, STATE, ZIR CODE 195 WESTCHESTER DRIVE NO 1981 IGH POINT, NC 27262	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5)* COMPLETION DATE
K 000	conducted as per Tl at 42CFR 483.70(a) Health Care section publications. This be construction, one st automatic sprinkler	de(LSC) survey was the Code of Federal Register i; using the 2000 Existing of the LSC and its referenced uilding is Type II (211) ory, with a complete	K	000	Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907	71
K 029 SS=D	One hour fire rated fire-rated doors) or a extinguishing syster and/or 19.3.5.4 prot the approved automoption is used, the a other spaces by smedoors. Doors are sefield-applied protecti	construction (with ¾ hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When latic fire extinguishing system areas are separated from the plates that do not exceed bottom of the door are	ΚC	29	<ol> <li>K-029</li> <li>Corrective action will be accomplished for those residents found to have been affected by the deficient practice:         The central supply corridor door along with the soiled linen doors on 200 and 400 halls were repaired to ensure that they would close, latch and seal properly.     </li> <li>Corrective action will be</li> </ol>	7/20/13
THE THE PROPERTY OF THE PROPER	Surveyor. 10904 Based on observation following was noted:  1) The Central supply wedged open and when the wedged wedged was surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed to the surveyed surveyed surveyed to the surveyed surv	ly corridor door was found ould not close, latch and seal			accomplished for those residents having potential to be affected by the same deficient practice: The Maintenance Director or designee will complete an audit of all facility doors to ensure they close, latch and seal properly. Repairs completed as indicated.	(XE) DATE

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

Administrator

6/17/13

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

B-PASS 030007

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(X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 0303 - REPLACEMENT BLDG 345090 06/05/2013

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE

WESTC	HESTER MANOR AT PROVIDENCE PLACE	HIGH POINT, NC 27262				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)			
K 029	Continued From page 1 rooms located on 200 and 400 hall would not close latch and seal.	K 0	place or systemic changes made to ensure that the deficient practice will not occur:			
K 045 SS=E	A2 CFR 482.41(a) NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Surveyor. 10904 Based on observation on Wednesday 6/5/13 the	K 04	The Maintenance Director or designee will complete a monthly inspection of 25% of facility doors to inspect for proper closing, latching and sealing. Repairs will be completed as indicated.  4. Indicate how the facility will monitor its performance: Results will be presented to Quality Assurance team for recommendations and follow up for 3 months.			
	following was noted:  1) At 100 Hall exit the exterior discharge lighting consisted of a single bulb fixture. Illumination of means of egress including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness  2) The exit pathway leading from the sensory garden to the public way was not properly illuminated.  Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.		1. Corrective action will be accomplished for those residents found to have been affected by the deficient practice: An additional fixture (bulb) was added to the 100 hall exit exterior. Additional lighting was placed in the sensory garden to provide proper illumination to the public way.			

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(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 03 - 0303 - REPLACEMENT BLDG 345090 B. WING 06/05/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE WESTCHESTER MANOR AT PROVIDENCE PLACE HIGH POINT, NC 27262 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 045 Continued From page 2 K 045 Corrective action will be accomplished for those 42 CFR 483.70(a) residents having potential to be affected by the same deficient practice: The Maintenance Director or designee will complete an audit of all hall exit exteriors and pathways leading to public ways to ensure proper lighting in place. Additional lighting will be installed as indicated. Measures will be put into place or systemic changes made to ensure that the deficient practice will not occur: The Maintenance Director or designee will complete a monthly inspection of exterior lighting to ensure proper functioning of fixtures with repairs or replacement as indicated. 4. Indicate how the facility will monitor its performance: Results will be presented to Quality Assurance team for recommendations and follow up for 3 months.