PRINTED: 08/02/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		LETED
		345246	B. WNG				20/2013
	ROVIDER OR SUPPLIER MANOR NURSING CAP			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	Resident #1 vomited Immediate jeopardy 5:15 PM when the fa implemented an accompliance. The fact compliance at a lower (an isolated deficiency potential for more that immediate jeopardy) systems put into plact completion of emplo 483.25 (F323) at J Immediate Jeopardy Resident #13 eloped staff's knowledge that	began on 06/19/13 when dark colored liquid, was removed on 07/20/13 at cility provided and eptable credible allegation of cility remains out of er scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of ce are effective and	F	000			
	07/20/13 when the faimplemented a credi The facility remains scope and severity I deficiency, no actua than minimal harm to jeopardy) to ensure place and completion 483.25 (F-329) at J Immediate Jeopardy Resident #1 vomited Immediate jeopardy 5:15 PM when the faimplemented an accompliance. The facompliance at a low	acility provided and ble allegation of compliance. out of compliance at a lower evel of D (an isolated arm with potential for more that is not immediate monitoring of systems put in n of employee training. If began on 06/19/13 when didark colored liquid. If was removed on 07/20/13 at acility provided and beptable credible allegation of cility remains out of the systems of complexity of D			TITLE		(X6) DAŢE
LABORATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGNATUR	RE		Ru Don	8	3/14/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that can be patients. (See instructions.) Except for nursing homes, the findings stated above are disclosure to 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 disclosured to 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 Original Signature Date: 8/9/13

99) Previous Versions Obsolete

Event ID: JFJ811

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

Facility ID: 923052

AUG 1 5 2013 If continuation sheet Page

by:

1 of 37

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2010-200-200	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C
		345246	B. WNG		07/20/2013
	OVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630	
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 000	potential for more that immediate jeopardy) systems put into place completion of employ	ey, no actual harm with an minimal harm that is not to ensure monitoring of the are effective and the training.	F 0		
F 309 SS=J	Each resident must r provide the necessar or maintain the higher mental, and psychos	eceive and the facility must ry care and services to attain est practicable physical,		To ensure that each resident receive a the facility provides the necessary car and services to attain or maintain the highest practicable physical, mental a psychosocial well-being in accordance with their comprehensive assessment and plan of care for compliance with Tag F309 483.25 "Provide Care/Services for highest well being the following plan of action was implemented:	re und re
	by: Based on record revinterviews, the facilit the need for medical who was vomiting danosebleed and was coumadin (blood this coumadin therapy. Immediate Jeopardy Resident #1 vomited Immediate jeopardy 5:15 PM when the faimplemented an accompliance. The faccompliance at a low (an isolated deficien potential for more the	resident #1). began on 06/19/13 when a lark colored liquid. was removed on 07/20/13 at acility provided and eptable credible allegation of cility remains out of er scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of		 Nurse #1 who failed to notify the MD of resident's nosebleed was terminated. Charge Nurse that failed to asses and call MD regarding resident's nosebleed was counseled in writing. The facility QI Nurse completed audit of all residents who were currently on Coumadin. Coumadin audits will continue weekly on an ongoing basis by the QI Nurse and/or Charge Nurse Coumadin audit results will be discussed in the inter-disciplinary meeting each Thursday. Any educational opportunities identified will be immediately addressed by the QI Nurse and/or Charge Nurse. Report on the Coumadin audit results was presented to the QAP Committee. 	7/23/2013 ss 7/24/2013 an 7/19/2013 ne 8/31/2013 r 8/31/2013

F 309 Continued From page 2 completion of employee training. The findings included: Resident #1 was admitted to the facility on 10/18/12 with diagnoses that included end stage kidney disease, high blood pressure, diabetes, peptic ulcer (stomach) disease, a history of vomiting blood and atrial thrombosis (the formation of a blood clot inside a blood vessel F 309 Continued From page 2 Continued From page 2 Completion of employee training. F 309 Resident #1 was admitted to the facility on 10/18/12 with diagnoses that included end stage kidney disease, high blood pressure, diabetes, peptic ulcer (stomach) disease, a history of vomiting blood and atrial thrombosis (the formation of a blood clot inside a blood vessel RESIDENT TAG REFIX TAG PREFIX TAG REACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) 8. Coumadin audit finding actions taken will be pre the QAPI Committee on basis until compliance is consistently maintained. Coumadin reports will the included in the quarterly to the QAPI Committee. 9. Residents that were on Chad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded to the facility on the QAPI Committee. Shad skin assessments concluded to the quarterly to the QAPI Committee. Shad skin assessments concluded to the quarterly to the QAPI Committee on the Q	C (X3) DATE SURVEY		(XI) THOUSE TOUR WILLIAMS		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	
CAMELOT MANOR NURSING CARE FAC CAMELOT MANOR NURSING CARE FAC 100 SUNSET ST GRANITE FALLS, NC 28630	07/20/2013			345246		
F 309 Continued From page 2 completion of employee training. The findings included: Resident #1 was admitted to the facility on 10/18/12 with diagnoses that included end stage kidney disease, high blood pressure, diabetes, peptic ulcer (stomach) disease, a history of vomiting blood and atrial thrombosis (the formation of a blood clot inside a blood vessel F 309 Continued From page 2 Continued From page 2 Completion of employee training. F 309 Resident #1 was admitted to the facility on 10/18/12 with diagnoses that included end stage kidney disease, high blood pressure, diabetes, peptic ulcer (stomach) disease, a history of vomiting blood and atrial thrombosis (the formation of a blood clot inside a blood vessel RESIDENT TAG REFIX TAG PREFIX TAG REACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) 8. Coumadin audit finding actions taken will be pre the QAPI Committee on basis until compliance is consistently maintained. Coumadin reports will the included in the quarterly to the QAPI Committee. 9. Residents that were on Chad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded in the quarterly to the QAPI Committee. Shad skin assessments concluded to the facility on the QAPI Committee. Shad skin assessments concluded to the quarterly to the QAPI Committee. Shad skin assessments concluded to the quarterly to the QAPI Committee on the Q	E	0 SUNSET ST		E FAC		
Continued From page 2 completion of employee training. The findings included: Resident #1 was admitted to the facility on 10/18/12 with diagnoses that included end stage kidney disease, high blood pressure, diabetes, peptic ulcer (stomach) disease, a history of vomiting blood and atrial thrombosis (the formation of a blood clot inside a blood vessel F 309 R 309 Actions taken will be preticule actions taken will be preticuled on basis until compliance is consistently maintained. Coumadin reports will the included in the quarterly to the QAPI Committee. 9. Residents that were on Chad skin assessments concheck for signs and sympholeculing and continues to complete on a daily base.	SHOULD BE COMPLETE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		Y MUST BE PRECEDED BY FULL	(EACH DEFICIENC)	PREFIX
immediately if signs and of bleeding exists and w reported to M.D. immediately intection of Nursing (MDS) dated 04/22/13 indicated Resident #1 was cognitively intact for daily decision making. The MDS further indicated Resident #1 required supervision with eating, limited assistance with transfers and hygiene and was totally dependent on staff for bathing. A review of a care plan with a review date of 03/20/13 indicated a potential for abnormal bleeding due to coumadin. The approaches indicated in part to report abnormal lab values to physician, monitor for abnormal bleeding (tarry stools, bleeding gums, blood in urine) and report bruising. A review of physician's orders dated 05/23/13 indicated coumadin 5 milligrams (mg) by mouth A review of a Medication Administration Record (MAR) dated 05/23/13 through 05/31/13 indicated Resident #1 received coumadin 5 mg by mouth immediately if signs and of bleeding exists and w reported to M.D. immed at report Thursday morning's interdisciplinary meeting 12. Results of the skin assess were reported to the QAL Committee and will be requarterly until full comp been consistently mainta 13. All residents with Coums were re-entered into the medication administration (E-MAR) system to spec parameters for Coumadin administration by the lice nurses only to administer Coumadin doses; MD is to be notified greater than 3.0 unite otherwise specified	sented to a quarterly en be lab report oumadin inpleted to otoms of be is. iffied symptoms II be ately. will weekly to 8/31/2013 ments iffied iance has ined. din orders lectronic in record iffy new insed 7/19/2013 sed oe held if an 3.0. for values ss oer M.D.	actions taken will be presented to the QAPI Committee on a quarterly basis until compliance is consistently maintained Coumadin reports will then be included in the quarterly lab report to the QAPI Committee. 9. Residents that were on Coumadin had skin assessments completed to check for signs and symptoms of bleeding and continues to be completed on a daily basis. 10. Charge Nurse will be notified immediately if signs and symptoms of bleeding exists and will be reported to M.D. immediately. 11. The Director of Nursing will review results and report weekly to Thursday morning's interdisciplinary meeting. 12. Results of the skin assessments were reported to the QAPI Committee and will be reported quarterly until full compliance has been consistently maintained. 13. All residents with Coumadin orders were re-entered into the electronic medication administration record (E-MAR) system to specify new parameters for Coumadin administration by the licensed nurse. 14. Parameters set for: Licensed nurses only to administer Coumadin doses; Coumadin doses to be held if INR value greater than 3.0.		nitted to the facility on ses that included end stage blood pressure, diabetes, n) disease, a history of trial thrombosis (the clot inside a blood vessel of blood through the rterly Minimum Data Set 3 indicated Resident #1 was daily decision making. The d Resident #1 required ng, limited assistance with e and was totally dependent and with a review date of potential for abnormal madin. The approaches eport abnormal lab values to or abnormal bleeding (tarry ns, blood in urine) and report on's orders dated 05/23/13 milligrams (mg) by mouth ation Administration Record 13 through 05/31/13 indicated	The findings included Resident #1 was adn 10/18/12 with diagno kidney disease, high peptic ulcer (stomach vomiting blood and a formation of a blood that blocks the flow o circulatory system). The most recent qua (MDS) dated 04/22/1 cognitively intact for MDS further indicate supervision with eati transfers and hygien on staff for bathing. A review of a care pl 03/20/13 indicated a bleeding due to cour indicated in part to re physician, monitor fo stools, bleeding gum bruising. A review of physicia indicated coumadin daily. A review of a Medic (MAR) dated 05/23/ Resident #1 receive	F 309

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		V4 NON-1704V - 4000	TIPLE CONSTRUCTION NG	COMPLETED		
		345246	B. WNG _		07/20/2013	
	ROVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630		
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F 309	05/29/13, received dareported date of 05/3 (High) with a reference seconds and (INR) 2 range of 0.89 -1.16. results provide inform titrate the dosage of A review of a MAR do 06/20/13 indicated R coumadin daily by marked this morning. During an interview of Nurse #3 who was a 7:00 AM to 7:00 PM Resident #1 vomited did not remember be vomiting. He stated had a history of stom reported dark coloregotten his attention. A review of a treatment center dated 06/20/10 Dialysis "other commis nurse from the facing Resident #1 vomited vomit was dark but mand upon arrival at the date of the committed that the deen vomiting for "Treatment Data" into 100 provided the committed that	PT)/ International R) with a collect date of ate of 05/30/13 and a 1/13 indicated (PT) 23.9 ce range of 11.5 to 14.1 .33 (High) with a reference (The PT/INR blood test nation for the physician to Coumadin). ated 06/01/13 through esident #1 received	F3	15. This practice is continuing an monitored by the licensed not a daily basis. 16. Any deviation from this systewill be reported directly to the Charge Nurse and will be reported to the Director of Nursing will importanges as needed for the system operate effectively. 18. DON will report effectiveness in the QAPI Committee and quarterly until full compliance consistently maintained. 19. On 7/19/2012 the Administration of Coumadin. Nursing Staff began to in-ser all nursing staff on the administration of Coumadin. Nurses were not permitted work until they received inservice training. Contents of this inservice inc. New Coumadin Log; PT/INR results and how Coumadin affects coaguatimes; Nurses only to give Coumadin; The E-MAR software the alerts the medication aid the nursed has to administ the Coumadin; Medication Aides trained the new procedure of on nurses to administer Coumadin; New parameters set on EMAR software for Coumadministration; Signs and symptoms of bleeding, abnormal INR results and when to notif physician;	arse on em ne boorted lement stem to s of system will report the has been attive vice r/20/2013 attine luded: luded: attion attie that ster d on ly chadin	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (X2) M			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING				С	
		345246	B. WING			07/20/2013		
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F 309	completed it at 1:56 Resident #1 was ale had no nausea or vo Dialysis indicated no observations develo Resident #1 was dis During a phone inte with a dialysis nurse received dialysis tre Wednesday and Fri further explained Re dialysis center on T received a treatmen dialysis treatment o because the facility vomiting a dark bro Resident #1 stated days and it was a d further stated a lab drawn on 06/20/12 (Low) with a referer was no PT/INR draw for his monthly PT/I and he did not have center to cause the results were. She e the facility mid after confirmed Residen nosebleed while in A review of a nurse PM and written by #1 continued on co notes further indica dialysis and labs w noted to have a no Nurse #2 packed n	PM. The notes revealed of the denied complaints and omiting. A section titled Post - onew complaints or ped during dialysis and other ped during dialysis and other ped back to the facility. Priew on 07/19/13 at 9:22 AM as see explained Resident #1 atments on Monday, day of each week. She esident #1 was seen in the hursday 06/20/13 and at because he missed his in Wednesday 06/19/13 had reported Resident #1 was win liquid. She stated he had been vomiting for 3 ark brown cola color. She test for a hemoglobin was and the results were 12.0 ince range 14.0-18.0 but there win because he was not due NR until the end of June 2013 as symptoms at the dialysis in to question what his PT/INR explained he was sent back to renoon on 06/20/13 and at #1 did not have vomiting or a	F	309	20. New Tool Developed: Hall Nurse Daily Coumal Log reviewed; Signs and symptoms of bleeding noted at the both of the new Hall Nurse Date Coumadin Log. 21. Education continues for new nursing employee during orientation, staff meetings and team meetings on signs and symptoms of bleeding related Coumadin dosing and expectate set by the Director of Nursing communication of any abnormations and symptoms of bleeding communication of any abnormations and symptoms of bleeding communicated to the MD immediately by the Charge Nurse monitors PT/IN on a daily basis and implement adjustment to Coumadin as ordered. 22. Charge Nurse monitors PT/IN on a daily basis and implement adjustment to Coumadin as ordered. 23. Hall nurses to document daily nursing notes; The daily dose of Coumation Next scheduled PT/INR of the daily morning nursing reviews all orders in the daily morning nursem meeting to ensure accurate to the daily morning nursing team meetings to ensure accurate in the daily morning nursing team meetings to ensure are implemented and new orders for Coumadin charare implemented and new orders for labs are being processed appropriately	tom nily I hall to tion that nal ng nrse R's ts in din; din late. I rsing cy. g re nges	8/31/2013 8/31/2013 8/31/2013 8/31/2013	

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	LIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED
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		345246	B. WINO		REET ADDRESS, CITY, STATE, ZIP CODE	07/20/2013
NAME OF P	ROVIDER OR SUPPLIER			100	SUNSET ST	
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F 309	tomorrow. The notes pack to bridge of nos stop bleeding. The n were temperature 98 98, Respirations 16, oxygen saturation per During a phone inter Nurse #2 verified shows 7:00 PM and was as nurse on 06/20/13. had vomited a dark to concerned because history of stomach be #1 went to dialysis to they would send him back to the facility the explained Nurse Aid Resident #1's room wheelchair and was stated her first responsible to pack in his told Resident #1 to until the next day. Swas very pale and so to ask them if they and was told they do due for his monthly talked to Nurse #3 was about Resident #1 to the facility physician to make since the cophysician. She explained to PM. She stopiece of gauze and Resident #1's nose	s also indicated to place ice se for 3 minutes; noted to otes revealed vital signs 8.6 degrees Fahrenheit, Pulse blood pressure 120/76 and	F	309	26. The Facility QI Nurse will complete weekly audits of Coumadin log which includes: ➤ Labs and dates; ➤ Diagnosis for Coumadin ➤ Coumadin dose and changes 27. The QI nurse will audit staff response time to abnormal labs and/or signs and symptoms of abnormal bleeding and will report weekly audits in the morning nursing team meetings on Thursdays of each week. 28. Results of the QI Nurse Coumadin Audit which includes the staff's response to ensure well-being of each resident was presented to the facility's QA/PI Committees and quarterly reports to the Committee will continue until compliance is maintained. 29. Lab reports to include Coumadin Audit findings will be presented to the QA/PI Committee on a quarterly basis.	8/31/2013 n s

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER MANOR NURSING CAR	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ADDRESS DESCRIPTIONS TO THE	SHOULD BE COMPLETION
F 309	night. She explained nosebleed during shi night shift nurse. During an interview of NA #4 she verified si 11:00 PM shift on 06 Resident #1. She explained to the facility for 4:00 PM on 06/20/13 Resident #1's room arrived at the facility and when she walke nose was "gushing be red blood was running face and in his beard fingertips. She state and weak and she with the nurse came to R. During an interview transport aide (TA # went to the dialysis Wednesday and Friusually left the facility he took Resident #1 morning 06/20/13 be appointment on 06/afternoon. He state back to the facility if room. He confirmed any vomiting or nos him on 06/20/13. He looked weak and pathe transport back to the facility if the took Resident #1 nooked weak and pathe transport back to the facility if room. He confirmed any vomiting or nos him on 06/20/13. He looked weak and pathe transport back to the facility if the facility if the facility is not ship of the facility if the facility is not ship of the facility if the facility is not ship of the	Is she reported Resident #1's ift report at 7:00 PM to the on 07/19/13 at 2:53 PM with the worked on the 3:00 PM to 1/20/13 and was assigned to explained Resident #1 came of dialysis between 3:30 and 8. She stated she went to about 10 minutes after he because his call light was on din his room she saw his colood." She explained brighting out of his nose, was on his diand was all over his directly and told Nurse #2 and tesident #1's room. on 07/19/13 at 3:14 PM with 2) he explained Resident #1 center on Monday, day of each week and they be around 9:15 AM. He stated to dialysis on Thursday ecause he had missed his 19/13 and picked him up that did when he got Resident #1 he took the resident to his did Resident #1 did not have bebleed when he transported efurther stated Resident #1 alle and was very quiet during	F	309	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			100/10000000000000000000000000000000000	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
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F 309	nurse. He explained from dialysis Nurse # from his nose and wa liquid. Nurse #3 state but did not assess hi had a communication center but it didn't 't bleeding or labs. He followed through and or physician's assistanceded to do but he seriousness of what. A review of a nurse's 12:29 AM indicated from a coumadin 5 mg. as a cindicated nose had a and right nostril was were no complaints acute distress. During an interview NA #5 she explained 06/21/13 on the 7:00 when she went in to one nostril plugged was out of the other bleeding. She further Resident #1 up on Four feel well, was has said he needed help him because usually assistance. She expression of the council of the went to dialysis.	when Resident #1 returned #2 reported he had bleeding as vomiting dark brown ed he looked at Resident #1 m. He explained Resident #1 n sheet from the dialysis have any notes about stated he should have I called the facility physician ant to find out what they didn't recognize the	F	309	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C	
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F 309	Nurse #2 stated when O6/21/13 Resident #1 color was paler but he to her. She further shall was also a character with the was also a character with the dialysis center. She to the dialysis center sent to the hospital for the dialysis nurse stated dialysis center on From they did not put him because he was letted and was slow to resignestions. She exploses to be sent to the ER draw any labs at the knew labs would be the During an interview Director of Nursing aware of Resident #1 dark colored vomitting was her expectation and monitor resident and obtain whateve needed for the resident was the resident was the resident was nursing staff to more changes in condition the medical provided During an interview Nurse #1 she verification was pale to have the provided puring an interview was was staff to more changes in condition the medical provided puring an interview was was staff to more changes in condition the medical provided puring an interview was was staff to more changes in condition the medical provided puring an interview was was staff to more changes in condition the was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was staff to more changes in condition the was was was staff to more changes in condition the was was was was also as was was was was was was was was was	In she returned to work on a looked worse and his skin he was alert and responded tated she talked with Nurse harge nurse about Resident se #1 had talked to the explained Resident #1 went ragain that morning and was from the dialysis center. Inview on 07/19/13 at 9:22 AM led Resident #1 came to the dialysis machine hargic, had labored breathing pond to dialysis staff's lained Resident #1 requested and confirmed they did not redialysis center because they drawn in the ER. In on 07/19/13 at 4:35 PM the (DON) stated she was not led on the confirmed they did not redialysis center because they drawn in the ER. In on 07/19/13 at 4:35 PM the confirmed they did not have confirmed they did not redialysis center because they drawn in the ER. In on 07/19/13 at 4:45 PM the lated it was his expectation for and assess residents for nand to communicate with	F	309			

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STATEMENT C AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				MPLETED C
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	ROVIDER OR SUPPLIER MANOR NURSING C			STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630			
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F 309	brown cola colored the day before. She to dialysis because the resident at the day the dialysis ce Resident #1 was so the review of a nurse 10:45 AM indicated reported Resident hospital for evaluating A review of a nurse PM indicated a called at the hospital that admitted to the interior A review of a nurse PM titled "addended the hospital called Resident #1's blood #1 "was not in good A review of a hospital called Resident #1's blood #1 "was not in good A review of a hospital called Resident #1 was a ferview of a hospital called the hospital called Resident #1 was a ferview of a hospital called graph in the properties of the province of the prov	esident #1 was vomiting a dark I liquid and had a nose bleed he stated Resident #1 was sent e she felt a physician would see dialysis center but later that nter called her and told her ent to the hospital. e's note dated 06/21/13 at d dialysis center called and #1 had been sent to the tion and treatment. e's note dated 06/21/13 at 5:44 Il was received from a physician t Resident #1 had been ensive care unit. e's note dated 06/21/13 at 6:44 um" indicated a physician from I the facility and reported that od was "too thin" and Resident	F	309			

STATEMENT OF DEFICIENCIES		0.51	LE CONSTRUCTION		C C	
		345246	B. WNG		0	7/20/2013
	ROVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	and given fresh froze Vitamin K for severe clotting). The notes was grossly bleeding (throat) and possible fresh frozen plasma priority. The notes reless and less responsarrest and was prone 06/21/13. The facility's Directo Administrator were repopardy for Reside The facility provided compliance on 07/20 following intervention facility to remove the Resident # 1 was act as a dialysis patient On 06/19/13 Reside liquid. No orders we nosebleed, PT/INR, physician was not nosebleed and cour was not held by staff was admitted to the and expired on this On 07/19/13 the fact Nurse completed a residents with order proper dosage admit proper lab result day of any acute episod	en to the intensive care unit en plasma and intravenous coagulopathy (no blood further indicated Resident #1 grom his upper pharynx gastrointestinal tract and was of important nature and evealed Resident #1 became usive and had a respiratory punced dead at 7:24 PM on or of Nursing and Assistant notified of Immediate nt #1 on 07/19/13 at 4:26 PM. a credible allegation of 0/13 at 4:53 PM. The ns were put into place by the elimited to facility on 10/18/12 with chronic kidney failure. In #1 vomited dark colored ere received to address or acute episode. Facility of office on 06/20/13 of madin dose of 5 milligrams of the commadin to determine inistration of coumadin and tes. There was no indication es to address. No ficits with PT/INR lab results	F 30			

STATEMENT C	OF DEFICIENCIES CORRECTION	IDENTIFICATION AND IMPER		TIPLE CON		(X3) DATE SURVEY COMPLETED	
AND I DAN OF	Service Hand	A CONTRACTOR OF THE STATE OF TH	7. 501201				С
		345246	B. WNG				07/20/2013
	ROVIDER OR SUPPLIER	RE FAC		100 S	ET ADDRESS, CITY, STATE, ZIP CODE UNSET ST NITE FALLS, NC 28630		
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F 309	signs and symptom completed daily on therapy. The facility skin assessments of weekly to morning rathursdays. If the Quabnormalities she wourse or Director of	13 skin assessments for	F	309			
	were re-entered intradministration reconew parameters for the licensed nurse. only to administer doses to be held if MD is to be notified unless otherwise specific distributions.						
	the Administrative administration of conservice included: results and how contime and nurses or eMAR alerts the mode has to administer the Aides were trained nurses administeries at on e-mar softwood administration. Signation about the coumadin Log reviews administration. New to coumadin Log reviews administration.	sing staff was inserviced by Nursing Staff on the Dumadin. Content of this Inew Coumadin log, PT/INR Inew Coumadin log, PT/INR Inew Coumadin. The Inew Coumadin. The Inew Coumadin. The Inew Coumadin. The Inew Coumadin. Medication Inew Coumadin. Medication Inew Coumadin. New parameters Inew Coumadin. New parameters Inew Coumadin. New parameters Inew Coumadin. Inew Coumadin. Insurant Symptoms of bleeding, Insurant Symptoms of bleeding, Insurant Symptoms of bleeding, Insurant Symptoms of bleeding, Insurant Symptoms of bleeding of bleeding related					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE S	ETED .
		345246	B. WING	-		07/2	20/2013
	ROVIDER OR SUPPLIER	RE FAC		1	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SUNSET ST PRANITE FALLS, NC 28630	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	set by the Director of communicate any of symptoms to the Phy Expectations set with assessment by an R based on MD order. PT/INRs on a daily be adjustment to coumat to document daily in of coumadin, the last date for the PT/INR accoumadin. Hall nurs log up to date and mid daily basis and will recoumadin administrate assess the resident symptoms and notify orders for interventic permitted to work un inservice training. Starting on 07/22/13 coumadin orders in meetings to ensure review coumadin log team meetings to encoumadin changes a orders for labs are but the properties of the pr	and have had the expectation Nursing that they will the abnormal signs and visician immediately. In nurses to document full N and interventions initiated Charge Nurse to monitor vasis and implement adin as ordered. Hall nurses nursing notes the daily dose the PT/INR result and the next and the diagnosis for the vises will keep the coumadin visitation documentation on a visitation of a cute visitation of	F	309			

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1100		ONSTRUCTION	COMPLETED	
		345246	B. WNG_			5455	0/2013
	OVIDER OR SUPPLIER	RE FAC	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630		SUNSET ST		
(X4) ID PREFIX TAG	JEACH DESICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE	(X5) COMPLETION DATE
F 309	which includes the s well-being of each re the facility's Quality July 25, 2013. Immediate jeopardy 5:15 PM when inten revealed awareness residents who receiv bruising or bleeding to obtain medical int The nursing staff co inservice training on residents in the facil revealed nurses not documents regardin There were no resid vomiting, bruising of 483.25(h) FREE OF HAZARDS/SUPER The facility must en environment remain as is possible; and	rse coumadin Audit weekly taff's response to ensure sident will be presented to improvement Committee by was removed on 07/20/13 at views with nursing staff of expectations to assess red coumadin therapy for or changes in condition and erventions for the resident. Infirmed they had received 07/20/13. Record reviews of ity that were on coumadines and assessment gotheir current condition. Itents identified who had rebleeding. FACCIDENT VISION/DEVICES sure that the resident insides as free of accident hazards each resident receives on and assistance devices to		323	To address the requirement of F323 Free of Accident Hazards/Supervisic assistance devices and to ensures tha resident environment remains as free hazards as is possible; and each resic adequate supervision and assistance prevent accidents. The following ac was implemented: 1. To correct the cited deficiency.	on/and at the e of accident dent receives devices to tion plan	
	by: Based on observa interview and staff prevent 1 of 7 sam residents, who wer	NT is not met as evidenced tions, record review, resident interviews the facility failed to pled cognitively impaired assessed as being at risk for citing the facility and leaving			 To correct the cited deficiency, resident #13 who eloped from the facility without staff's knowledge the following action was taken: Resident #13 was placed of three to one supervision. Resident #13 was reassessed for Elopement risk 	he ge : n	7/16/2013 7/19/2013

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUC		COMPLETED	
AND PLAN OF	CORRECTION	Joenna Santa	A. BUILDING	,		С	
		345246	B. WNG			07/20/2013	
	OUTDED OR CURRITED			STREET ADDR	RESS, CITY, STATE, ZIP CODE		
	ROVIDER OR SUPPLIER			100 SUNSET	ST		
CAMELOT	MANOR NURSING CA	RE FAC		GRANITE F	ALLS, NC 28630		
WA) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD B		
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TAG	REGULATORY OR				DEFICIENCY)		
		74U0	F 9	20			
F 323	Continued From pag	ge 14	F 3	2.3	Social Worker began search for		
	the facility's grounds	Resident #13 eloped from			facility where the resident wo		
	the facility and left th	ne facility's grounds on		l.	allowed to smoke.	7/19/20	
	1 07/14/13 and 07/15/	13 while unsupervised. Un		N.	Resident was discharged		
	07/14/13 Resident #	113 was found by staff at a			another facility that allow		
	private residence 0.	3 miles away from the facility			residents to smoke	7/19/20	
	and on 07/15/13 Re	sident #13 was found by starr		3.	Nurse #1 was terminated due	to	
	walking next to a ro	adway approximately 0.2		3.	failure to follow elopement p		
	miles away from the	e facility. (Resident #13)			randre to follow cropement p	1122120	
				4.	All facility staff were educated	d and	
	Immediate Jeopard	y began on 07/14/13 when		İ	continue to be educated in nev		
	Resident #13 elope	d from the facility without		i i	employee orientation, staff		
	staffs knowledge th	nat he was outside without			meetings, and on nursing hall		
	supervision, Immed	liate jeopardy was removed on		1	huddles meeting on facility's		
	07/20/13 when the	facility provided and			elopement procedures.	8/31/20	
	implemented a cred	lible allegation of compliance.		1 -			
	The facility remains	out of compliance at a lower		5.	Wander-guard devices and bra		
1	scope and severity	level of D (an isolated		1	are made available to all staff		
	deficiency no actua	al arm with potential for more			members by being stored in the medication room.	8/31/20	
1	than minimal harm	that is not immediate			medication room.	0/31/20	
	ieonardy) to ensure	e monitoring of systems put in		6.	Nursing staff members have be	een	
	place and completi	on of employee training.	E	0.	assigned and trained on the us		
	i .				the wander-guard tester to che		
	The findings includ	ed:			resident's with wander-guards		
	1			Ì	proper operation of the device		
	Review of the facil	ity's "Wandering and			(Secure Care device) and brace	elets	
	Floroment Reside	nts" Policy and Procedure,	1		every two hours.	7/19/20	
	which was revised	on July 2011, specified the	•				
	following:			7.	All residents that have been as		
	•	De le w			as potential for wandering that		
	"A. Residents are	assessed on admission for			not need bracelets are also che		
1	nossible elonemer	nt potential. If considered a			q 30 minutes .for their location		
1	concern, the secur	re guard bracelet will be placed			the facility by an assigned nur	sing	
	on the resident."	22	i		staff member	v doily	
					Staff are assigned or staffing sheets	7/19/2	
	"2 All residents w	earing the secure guard			Starring sheets	//19/2	
	bracolate will be re	outinely monitored as to location	•	8.	All residents were reassessed t	for	
	in the facility Staff	f assigned to routinely monitor	i	0.	elopement risk by administrat	1	
	the resident will er	nter the activity in the Electronic	i	į	staff and care plans were upo		
	Medical Record."			1	to reflect assessment	7/18/20	

CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA TOTAL PROVIDER/SUPPLIER/CLIA TOTAL PROVIDER/SUPPLIER/CLIA TOTAL PROVIDER/SUPPLIER/CLIA TOTAL PROVIDER/SUPPLIER/CLIA TOTAL PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			С
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	OVIDER OR SUPPLIER MANOR NURSING CAP	RE FAC	100	EET ADDRESS, CITY, STATE, ZIP CODE SUNSET ST ANITE FALLS, NC 28630		
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F 323	O7/09/13. The resided Assessment" complete problems with short impaired cognitive so Review of Resident Risk Assessment" risk due to being a risk due to 07/09/13 to 07/18/14 entries: O7/09/13 at 7:07 Pl confusion keeps st road and smoke ar restaurant) Four pocket resident stag gave me permission stay here without to 07/14/13 at 4:38 A leave whenever he smoke up the hill." O7/15/13 4:48 AM in facility 5 days a surroundings. He whenever he can the hill."	dmitted to the facility on ent's "Nursing Admission eted on 07/09/13 specified term memory and severely kills for daily decision making. #13's 07/09/13 "Elopement evealed he was an elopement new admission to the facility, gnition with poor decision able to ambulate maying visual or auditory #13's nursing notes from 3 revealed the following M: "Resident is alert but has eating that he can walk up the end go to (a fast food ad 2 packs of cigs and lighter in the decision to search, states he cannot end." M: "He still makes attempts to even and goes outside to	F 323	 The ADON updated the fwander-guard list to incle resident's with wander-guard list is contupdated as new residents admitted and assessed. Facility Maintenance and staff checked all resident wander-guards for placen operation. Audit revealed wander-guards to be functured properly. Checks are completed by staff every two hours and on the Wanderings and E Risk Resident audit sheet Staff member to report variations to Charge N Electronic care guides we by IT staff to trigger check documentation by nursing every q30 minutes on ear assessed for the need for guards ensuring that each present in the facility and Wander-Guard. Director of Nursing review Wandering and Elopemer forms for documentation every morning in the morninterdisciplinary team medical the properties of the need for guards ensuring that each present in the facility and wander-Guard. Director of Nursing review and Elopemer forms for documentation every morning in the morninterdisciplinary team medical the present of the preduced to 7 day x 4 weeks. 	Nursing swith ment and dall tioning mursing recorded lopement any urse are updated ks and gassistants of resident Wander-resident is wearing a west the training eting eting eting eting to the training eting to the training eting eting to the training eting eting eting to the training eting eting eting eting training eting	7/18/2013 8/31/2013 7/19/2013 7/19/2013 8/31/2013

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STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	14 350 1650	G		COMPLE	ETED
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	resident this is an all resident attempted to assist, resident toler 07/16/13 at 4:19 PM. He is one on one cat to protect from wand 07/18/13 at 6:11 PM resident while he we placed lighter on shithis nurse that resident that he was or cigarettes. Resident that he was or cigarettes. Resident that he was or cigarettes. Resident has had admission to facility 07/15/2013. Both the walked to a house people that live the from them and sm picked up both time wanderguards plathem. Resident has times due to high Review of Reside revealed staff did resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident s Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident's Wande PM to 07/15/13 at Interview with Nurveyaled that Resident PM to 07/15/13 at Interview with Nurveyaled that Resident PM to 07/15/13 at Interview with Nurveyaled that Resident PM to 07/15/13 at Intervie	d (sic) to ankle explained to arm to make the staff aware if o exit the building without ated well." I: "Resident ambulates, alert. are now, wears wanderguard dering off again." II: "Confiscated a lighter from as taking a shower. Resident abover ledge, sitter informed dent had lighter. Re-educated s not allowed to have a lighter dent states that he continue to monitor." It #13's "Elopement Risk bleted 07/18/13 specified; two elopements since y. One on 07/14/2013 and one imes resident left facility and nearby, where he knows the ere. he (sic) gets a cigarette okes. Resident has been less. Resident has had several ced and resident removes as been placed on 1:1 care at all risk for elopement." Int #13's medical record not document any checks of the reguard from 07/13/13 at 10:00 to 11:00 PM. In the second of the facility and agrounds while unsupervised on a grounds while unsupervised on a carrying while unsup	F3	17. 18.	Check to be completed on a dashift basis and documented by nursing assistants on the electromedical record q30 mins and hrs. for appropriate functionin the wander-guard. Charge Nurse will audit weekly x weeks for compliance, the monthly thereafter and requarterly to the QA/PI Committee. until compliant maintained. Director of Nursing reported releopement prevention checks to QAPI Committee QAPI Committee QAPI Committee Qarterly reports will be to the QA/PI Committee compliance is maintained. Inservices on the facility's existing wandering resident and elopement policy were present staff by the facility's Staff Development/Quality Improven Nurse. Staff were educated to immediately report any residen cannot be located to the Charge Screening prior to admission by the Interdisciplinary Team. Director of Nursing to ensure the potential resident is appropriately placed and can be cared for by facility staff is on ongoing. Evidenced by initials signatures on coversheet of FL signifying review.	the ronic q2 q2 q2 q q2 q q2 q q4 qq q	8/31/2013 8/31/2013 7/25/2013
	"Resident has had admission to facilit 07/15/2013. Both the walked to a house people that live the from them and smale picked up both time wanderguards plathem. Resident has times due to high Review of Reside revealed staff did resident's Wande PM to 07/15/13 at Interview with Nurevealed that Resident Reside	two elopements since y. One on 07/14/2013 and one imes resident left facility and nearby, where he knows the ere. he (sic) gets a cigarette okes. Resident has been les. Resident has had several ced and resident removes as been placed on 1:1 care at all risk for elopement." Int #13's medical record not document any checks of the r-guard from 07/13/13 at 10:00 t 11:00 PM. In the second of the result of th		19.	existing wandering resident and elopement policy were present staff by the facility's Staff Development/Quality Improve Nurse. Staff were educated to immediately report any residen cannot be located to the Charge Screening prior to admission by the Interdisciplinary Team. Director of Nursing to ensure t potential resident is appropriately placed and can be cared for by facility staff is on ongoing. Evidenced by initials signatures on coversheet of FL	ment It that It Nurse. It he and/or	And the state of t

FORM APPROVED

DEPARTM	ENT OF HEALTH AN	ND HUMAN SERVICES						APPROVED 0938-0391
CENTERS	FOR MEDICARE & I	MEDICAID SERVICES	(X2) MUL	TIDI E C	ONSTRI		(X3) DATE S	
STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI				COMPL	ETED
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	Continued From page on 07/14/13 the facility's grounds immediately drove to located him at a privipate when she located when she located him at a privipate when she located him at a privipate when she located him at a privipate when she facility on 07/16:45 PM and observed wander-guard in planother Wander-guard in planother Wander-guard brack when she returned stated that she did of Nurses (DON) of #13's 07/14/13 elothe only interventic staff on 07/14/13 the eloping again was staff to monitor the stated that on 07/11 notified that Resid facility's grounds. 07/15/13 she and the resident and the side of the roal #1 stated that the injury and was trated that when stated that when	ity was notified by an outside dent #13 was observed off s. Nurse #1 stated that she of find Resident #13 and vate residence. Nurse #1 stated Resident #13 he was ch of the private residence by visible signs of injury. Nurse ransported Resident #13 back 14/13 at around 6:30 PM to ved that he did not have a acc. Nurse #1 stated that hard should have been placed allowing his 07/14/13 ff could not locate a chelet to place on Resident #13 him to the facility. Nurse #1 not notify the facility's Director of Administration of Resident pement. Nurse #1 explained for that was implemented by the prevent Resident #13 from to instruct the on duty nursing the resident closely. Nurse #1 stated that on a transport aide went to locate they found him walking next to a transport aide went to lo	F	323	20.	Facility doors were checked by maintenance staff and found to functioning properly. All doors checked two times a shift by a designated staff mem which is noted on the daily sch. These checks are being documented on the Door Functioning Monitoring start and Elopement system including any variances will reviewed by the QA/PI Com on a quarterly basis until ful compliance is maintained	ber edule. Alarm heet	7/19/2013 8/31/2013 8/31/2013
	upon Resident #1	13's return to the facility on aced a Wander-guard bracelet on se #1 stated that the facility's						
	0.000 SO	- Obsolote Event ID:	JFJ811	F	acility ID	923052 If co	ntinuation sh	eet Page 18 of 3

DEPARTM	ENT OF HEALTH AN	ID HUMAN SERVICES					RM APPROV NO. 0938-03	
CENTERS STATEMENT OF	FOR MEDICARE & I	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	30 00	TPLE CONSTR			ATE SURVEY OMPLETED	
AND PLAN OF C	ORRECTION				2		C	
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	Interview with the fa 2:40 PM revealed the assessed on his address a high risk for elope Wander-guard brace #13 as a preventative witing the facility approperty. The DON to check that the reensure that he was Wander-guard was that staff was also resident checks. The 107/14/13 and 07/11 a Wander-guard in eloped off of the faknowledge. The DO7/14/13 and 07/11 Resident #13's Was in place and the these two elopems 07/16/13. The DO have notified her into ensure that president #13. The had informed her 07/14/13 she would be with the president #13. The had informed her 07/14/13 she would be with the president #13. The had informed her 07/14/13 she would be with a Wander with the president #13. The had informed her 07/14/13 she would be with a Wander with the work was a warm of the wor	d of Resident #13's 4/13 and 07/15/13 until the cility's DON on 07/18/13 at hat Resident #13 was mission date of 07/09/13 to be ments. On 07/09/13 a elet was placed on Resident we measure to keep him from and eloping off the facility's stated that staff were directed sident every thirty minutes to in the facility and that his in place. The DON specified directed to document these and DON confirmed that on 5/13 Resident #13 did not have place when he successfully cility's grounds without staff's ON also stated that on 5/13 staff failed to check ander-guard to ensure that it hat staff did not notify her of ents until the morning of N specified that staff should mmediately of both elopements event further elopements by a DON further stated that if staff of Resident #13's elopement on all have came to the facility and entered to place on the resident	F	323				
	on one supervision another elopeme. Wander-guard br	ing staff to implement direct one on of Resident #13 to prevent ont. The DON stated that acclets were available in the 13, but staff working on this date are to locate them within the			D; 923052	If continuati	on sheet Page	19 of :

PARTMENT OF HEA	LTH AND HUMAN SERVICES				M APPROVED O. 0938-0391
NTERS FOR MEDICA EMENT OF DEFICIENCIES PLAN OF CORRECTION	ARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DAT	E SURVEY PLETED
	345246	B. WNG			7/20/2013
ME OF PROVIDER OR SUPP	LIER	i	EET ADDRESS, CITY, STATE, ZIP C	ODE	
MELOT MANOR NURS		1	SUNSET ST ANITE FALLS, NC 28630		
			PROVIDER'S PLAN OF	CORRECTION	(X5)
	MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL FORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	DATE
F 323 Continued Fr	om page 19	F 323			
facility.					
On 07/18/13 interviewed. facility's grouthe road to go The resident facility on the almost run or road which I on 07/19/13 Resident #1 07/14/13 and the resident location who 07/14/13 we approximate front door. Resident #1 two lane road and the road to the road and the road to the road and the road to th	at 6:15 PM Resident #13 was Resident #13 stated he had left the ands on two occasions to walk down the telegrates from a man he knew. It specified that when he left the defirst occasion (on 07/14/13) he was over by a car as he walked along the had no sidewalks. But at 3:38 PM Nurse #1, who located and of of the facility's grounds on down of the facility's grounds on down on the facility's grounds on down on the facility's grounds on the ere Nurse #1 found Resident #13 on the location where Nurse #1 found facility's the location where Nurse #1 found facility's grounds on 07/15/13 was along the side of a ladway which had no sidewalks, with a facility for the location where Nurse #1 found facility for the limit of thirty five (35) miles per mas 0.2 miles away from the facility's				
front entrain	at 9:58 AM an interview was with NA #3. NA #3 stated that she the facility's D-Hall, where Resident d, on 07/14/13 from 6:00 AM to 7:00 B reported that on 07/14/13 she was not that Resident #13 had eloped from the ing the afternoon of 07/14/13. NA #3 call if Resident #13 was wearing a ward on 07/14/13. NA #3 also specified g her shift on 07/14/13 she was not to check on Resident #13 more for to provide him with additional on to prevent him from eloping again.				

DELAKTIV	CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-0391		
STATEMENT O	FOR MEDICARE & DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 SS SS		ISTRUCTION	(X3) DATE S COMPL	ETED
AND I SHOT		345246	B. WNG _			07/2	0/2013
NAME OF PE	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE UNSET ST		
CAMELOT	MANOR NURSING CAI			GRAI	PROVIDER'S PLAN OF CORRECTION	I I	(X5)
(X4) ID PREFIX TAG	- LOUIDECICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	×	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETION DATE
F 323	conducted with Nurs stated that she work where Resident #13 07/15/13 during the #1 stated that on 07 resident Resident # cigarettes to the nur 07/14/13 Resident to usually on the front and she did not recomposed that Resid facility on 07/14/13 facility, she did not on him more often supervision to prev reported that she dhaving a Wander-geloped from the fact of the Wander-guards, estimated to che wander-guard and did not recall Resis Wander-guard on On 07/19/13 at 25 conducted with Noworked on the fact #13 resided, on 0 PM. NA #2 Stated 07/15/13 Residen transport aide for that at around 5:00 #13 his medication was from his	PM an interview was sing Assistant (NA) #1. NA #1 and Assistant (NA) #1. NA #1 and 7:00 PM to 7:00 AM shift. NA 7/14/13 she found cigarettes in 13's room and took the rese. NA #1 explained that on #13 was on the go constantly, porch or the facility's gazebo all Resident #13 wearing a selet on this date. NA #1 ent #13 eloped from the and when he returned to the recall being informed to check or to provide any additional ent further elopements. NA #1 id not recall Resident #13 juard in place until after he cility for the second time on ated that nursing assistants ck residents, wearing very thirty minutes to make	F	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

OMB NO. 0938-0391

DEPARTM	ENT OF HEALTH AN	ND HUMAN SERVICES				RM APPROVED IO. 0938-0391
CENTERS	FOR MEDICARE &	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DAT	TE SURVEY
STATEMENT OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	The control of the co	3	COV	MPLETED
ANDICE						С
		345246	B. WNG			7/20/2013
NAME OF PR	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	2	
ALMELOX	MANOR NURSING CAR	RE FAC		100 SUNSET ST GRANITE FALLS, NC 28630		
CAMELOI				PROVIDER'S PLAN OF COR	RECTION	(X5)
(X4) ID	- LOUI DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL OF THE PROPERTY OF THE OR MATION!	ID PREFIX	(EACH CORRECTIVE ACTION	SHOULD BE	COMPLETION
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	
			-			
		0.4	F 3	23		
F 323	Continued From pag	le 21	1 3	23		
	Resident #13 had re	turned from his appointment. hen she went to find Resident				
	1 1140 - ha was informe	ad hy a resident, who was	i			
	I an the facility	r's front porch, that he had	•			
	Decident #131	Malking toward the roadway.		•		
	the un stated that ch	ne renoried to Nuise # 1 that	i			
	Resident #13 was m	nissing. NA #2 explained that and Resident #13 in the facility's		% %		
	Nurse #1 went to fir van and returned w	th the resident in				
	revimately ten n	ninutes. NA #2 stated that		8		
	Docident #13 did no	ot have a yvander-guard in				
	alace when he reful	rned to the facility, but stall	į.			
	-1- and another Mai	nder-quard on the resident's				
	ankle upon his retu	rn to the facility on 07/15/13.				
	Observations on 07	7/18/13 at 5:02 PM of the	1			
	Carried A Hollway	evit door, which has a				į
	Monder-quard alar	m, revealed the door's alarm				•
	i did not activate whi	en tested by the facility's				
	i sintananca staff	Staff had to adjust the doors				
	Wander-guard alar	m sensitively in order for the roperly. Interview with the				
	! ta allitula maintenar	ice staff on U// for the at 3.03				
	DM roughlad the fa	cility's Wanger-guard door	•	•		
	-lesso word check	ted daily to ensure proper				
	function, but these	checks were not documented				1
	by staff.		1			
	The facility's Direct	tor of Nurses and Assistant				
	A desinistrator WOR	a notified of the Immediate	į			
	Joopardy for Resid	dent #13 on 7/18/13 at 4:25 PW.				
l l	The facility provide	ed a credible allegation of	į			
	compliance on 07	/19/13 at 4:00 PW. The				
	following intervent	tions were put into place by the				
	facility to remove	the Immediate Jeopardy:	į			
	Desident #13 W29	admitted to the facility on	i	- And Committee of the		
	AZIONIAS and Was	assessed as having severely	İ			
	impaired skills for	daily decision making and				

FORM APPROVED

CENTERS FOR MEDICARE & NEDICAID SERVICES CAN PROVIDE TO DEFICIENCES AND PLAN OF CORRECTION A SURPLIES AND PLAN OF CORRECTION A SURPLIES CANDELOT MANDER OF PROVIDER OR SUPPLIER CAMELOT MANDARY STAFFMENT OF UPDICED OR THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR MEDICARY OR SUPPLIER CAMELOT MANDARY STAFFMENT OF UPDICED OR THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR SUMMARY STAFFMENT OF UPDICED OR THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR SUMMARY STAFFMENT OR SHORT THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR SUMMARY STAFFMENT OR SHORT THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR SUMMARY STAFFMENT OR SHORT THILL STAFF OR THE ACTION SHANDLE DEFICIENCY TAG FOR SHANDLE OR SHANDLE OR SHANDLE DEFICIENCY TAG FOR SHANDLE DEFICI	EPARTM	ENT OF HEALTH AN	ID HUMAN SERVICES				RM APPROVED NO. 0938-0391
STREET ADDRESS, CITY, STAYLE, ZIP CODE 100 SUNSET ST GRANTIE FALLS, NC 28830 FROUNDERS STAYLE AND FOR SECURIORS (C4) ID SUMMARY STAYLEMENT OF DEPOCHACES (CASH DEPOCHACY OR ILSE IDENTIFYING INFORMATION) FREETY TAG CONTINUED FROM 1980 22 being an elopement risk. On 07/10/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility without the stiffs knowledge, and was located approximately 0.30 miles away from the facility without the stiffs knowledge, and was located approximately 0.30 miles away from the facility without the stiff showledge. On 07/16/13 Resident #13 had exide the facility and left the facility in the facility and was brought back to the facility from exident had removed his Wander-guard without staffs knowledge. Resident #13 had exided the facility and left the facility in the facility and was brought back to the facility of the other process staff did not notify the Director of Nurses until 07/16/13 that Resident #13 had exide the facility and left the facility grounds on 07/14/13 and 07/15/13. On 07/16/13 Resident #13 was placed on the resident to keep him from exiting the facility without staff's knowledge. Resident #13 had exide the facility and left the facility of the process	ATEMENT OF	DEFICIENCIES	1711 PROVIDER/SUPPLIENCEIA				MPLETED
DAMELOT MANOR NURSING CARE FAC (P4)D PHETK FAG F 323 Continued From page 22 being an elopement risk. On 07/09/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility by the charge nurse and the staff determined that the resident had removed his Wander-guard which allowed him to exit the facility by the charge nurse. Staff did not notify the Director of Nurses (all 07/16/13. On 07/16/13. And exited the facility and left the facility by recharge nurse. Staff did not notify the Director of Nurses and on three to one resident to staff supervision and a Wander-guard whist placed on three to one resident to staff supervision and a Wander-guard whist again placed on three to one resident to staff supervision and a Wander-guard whist again placed on three to one resident to staff supervision and a Wander-guard whist again placed on three to one resident to staff supervision and a Wander-guard whist again placed on three to one resident. Staff supervision on or 17/16/13 and was then placed on one to one direct staff supervision. On 07/16/13 the facility will hout staff's knowledge. The facility will hout staff's knowledge that Resident #13 are spaced on three to one resident. Staff supervision and a Wander-guard whist placed on one to one direct staff supervision. On 07/16/13 the facility will hout staff's knowledge. The facility will hout staff's knowledge and the resident #13 was placed on one to one direct staff supervision. On 07/16/13 the facility will hout staff's knowledge. The facility will hout staff's knowledge and the resident #13 was placed on one to one direct staff supervision. On 07/16/13 the facility will hout staff's knowledge and the resident #13 and was then placed on one to one direct staff supervision. On 07/16/13 the facility investigation determined that Resident #13 are placed on one to one direct staff supervision. On 07/16/13 the facility is placed to one to one direct staff supervision. On 07/16/13 the facility is placed to the resid		o Si Pangangangang ar	345246				
PAMELOT MANOR NURSING CARE FAC (p410) PRETIX (REACHEPRICENCY NUST BE PRECEDED BY PULL REGULATORY OR LSCIDEMITYING INFORMATION) F 323 Continued From page 22 being an elopement risk. On 07/09/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility without the staff's knowledge. On 07/14/13 Resident #13 filt has brought back to the facility, Resident #13 apain exited the facility and the facility solvent without staff's knowledge. On 07/15/13 Resident #13 apain exited the facility and left the facility so grounds without staff's knowledge. On 07/16/13 Resident #13 apain exited the facility and left the facility by the charge nurse and the staff determined that the resident had removed his Wander-guard which allowed him to exit the facility's grounds without staff's knowledge. Resident #13 as located approximately 0.20 miles away from the facility and sub rought back to the facility by the charge nurse. Staff did not notify the Director of Nurses until 07/16/13 that Resident #13 and axited the facility and left the facility's grounds work and of 1/15/13. On 07/16/13 Resident #13 was placed on three to one resident to staff supervision and a Wander-guard was again placed on the resident to keep him from exiting the facility without staff's knowledge. The facility's investigation determined that Resident #13 are investigation determined that Resident #13 and removed his Wander-guard on 07/16/13 and was then placed on one to one direct staff supervision. On 07/18/13 the facility's Assistant Director of Nurses (ADON) completed an "Clopement Risk Assessment" for Resident #13 which identified him as being at high risk for elopement. Staff will keep Resident #13 on one to the test staff supervision.	AME OF PR	OVIDER OR SUPPLIER		1			
SUMMARY STATEMENT OF DEFICIENCES (CACH DORSOLD AS EPHECEDED BY PULL PRETX TAG) F323 Continued From page 22 being an elopement risk. On 07/09/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility without the staff's knowledge, on 07/14/13 Resident #13 was brought back to the facility. Resident #13 was brought back to the facility to thout staff's knowledge, on 07/14/13 Resident #13 was brought back to the facility without staff's knowledge. On 07/15/13 Resident #13 was brought back to the facility signounds without staff's knowledge. On 07/15/13 Resident #13 was located approximately 0.30 miles away from the facility of the charge nurse and the staff determined that the resident had removed his Wander-guard which allowed him to exit the facility of the Director of Nurses until 07/15/13 Resident #13 was located approximately 0.20 miles away from the facility and was brought back to the facility by the charge nurse. Staff did not notify the Director of Nurses until 07/15/13. On 07/15/13 Resident #13 had exited the facility and left the facility's grounds on 07/14/13 and 07/15/13. On 07/15/13 Resident #13 was located approximately 0.20 miles away from the facility and was brought back to the facility of Nurses until 07/15/13. On 07/15/13 Resident #13 had exited the facility and the facility and the facility of the Director of Nurses (ADON) completed that Resident #13 are moved his Wander-guard on 07/16/13 and was then placed on one to one direct staff supervision. On 07/16/13 the facility's Assistant Director of Nurses (ADON) completed an "Elopement Risk Assessment" or Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead that Resident #13 on one to lead t			25.54.0	1			
SUMMARY STATEMENT OF DEFICIENCY GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 22 being an elopement risk. On 07/09/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility without the staffs knowledge. On 07/14/13 Resident #13 left the facility and the facility's grounds, without staff's knowledge, on 07/14/13 Resident #13 again exited the facility and left the facility by the charge nurse and the staff determined that the resident had removed his Wander-guard which allowed him to exit the facility's grounds without staff's knowledge. Resident #13 was located approximately 0.20 miles away from the facility and left the facility's grounds on 07/14/13 and was brought back to the facility by the charge nurse. Staff did not notify the Director of Nurses until 07/16/13 that Resident #13 was placed on three to one resident to staff supervision and a Wander-guard was again placed on the resident to keep him from exiting the facility without staff's knowledge. The facility's investigation determined that Resident #13 removed his Wander-guard on 07/16/13 and was then placed on one to one direct staff supervision. On 07/16/13 the facility's Assistant Director of Nurses (ADON) completed an "Elopement Risk Assessment" for Resident #13 which identified him as being at high risk for elopement. Staff will keep Resident #13 on one to one resident in the preceding and the properties of the pr	AMELOT	MANOR NURSING CAP	(E FAC				
being an elopement risk. On 07/09/13 the facility placed a Wander-guard on Resident #13, as a safety measure, to keep him from exiting the facility without the staff's knowledge. On 07/14/13 Resident #13 left the facility and the facility's grounds, without staff's knowledge, and was located approximately 0.30 miles away from the facility. Resident #13 was brought back to the facility. Resident #13 was brought back to the facility by the charge nurse and the staff determined that the resident had removed his Wander-guard which allowed him to exit the facility without staff's knowledge. On 07/16/13 Resident #13 again exited the facility and left the facility's grounds without staff's knowledge. Resident #13 was located approximately 0.20 miles away from the facility and was brought back to the facility by the charge nurse. Staff did not notify the Director of Nurses until 07/16/13 that Resident #13 had exited the facility and left the facility's grounds on 07/14/13 and 07/15/13. On 07/16/13 Resident #13 was placed on three to one resident to staff supervision and a Wander-guard was again placed on there eto one resident to staff supervision and a Wander-guard was again placed on the resident to keep him from exiting the facility without staff's knowledge. The facility's investigation determined that Resident #13 removed his Wander-guard on 07/16/13 and was then placed on one to one direct staff supervision. On 07/18/13 the facility's Assistant Director of Nurses (ADON) completed an "Elopement Risk Assessment" for Resident #13 on one to elopement. Staff will keep Resident #13 on one to elepement. Staff will keep Resident #13 on one to elepement. Staff will keep Resident #13 on one to elepement. Staff will keep Resident #13 on one to	PREFIX	THE PERIOD OF TH	V MIIST RE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
facility. On 07/18/13 facility maintenance and nursing staff checked all residents with Wander-guards	F 323	being an elopement placed a Wander-gu safety measure, to k facility without the st Resident #13 left the grounds, without stat located approximate facility. Resident #15 facility by the charge determined that the Wander-guard whice facility without staff Resident #13 again facility's grounds with Resident #13 was I miles away from the to the facility by the notify the Director of Resident #13 had facility's grounds of 07/16/13 Resident one resident to staff Wander-guard was to keep him from the knowledge. The fact that Resident #13 07/16/13 and was direct staff supervice Assistant Director an "Elopement Ris #13 which identified elopement. Staff wone direct staff supervice for the facility or facility.	risk. On 07/09/13 the facility ard on Resident #13, as a seep him from exiting the affs knowledge. On 07/14/13 of facility and the facility's affs knowledge, and was ally 0.30 miles away from the 3 was brought back to the enurse and the staff resident had removed his hallowed him to exit the sknowledge. On 07/15/13 exited the facility and left the atthout staffs knowledge. On oracted approximately 0.20 of facility and was brought back of Nurses until 07/16/13 that exited the facility and left the noracted approximately 0.20 of facility and was brought back of hurses until 07/16/13 that exited the facility and left the noracted the facility and left the noracted the facility and left the state of supervision and a sagain placed on the resident exiting the facility without staffs cility's investigation determined removed his Wander-guard on then placed on one to one sion. On 07/18/13 the facility's of Nurses (ADON) completed sk Assessment" for Resident and him as being at high risk for will keep Resident #13 on one to pervision until he is discharged to not the noracted state of the no	F 32			

DEPARTM	ENT OF HEALTH AN	ID HUMAN SERVICES				RM APPROVED NO. 0938-0391
CENTERS	FOR MEDICARE & I	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY MPLETED
	and the second s	345246	B. WNG		(C 07/20/2013
NAME OF PR	OVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAMELOT	MANOR NURSING CAF	RE FAC	12.50	RANITE FALLS, NC 28630	TION	
(X4) ID PREFIX TAG	LOTEICIENE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	Continued From page Wander-guards were properly. On 07/18/13 all facility Wander-guard alarm maintenance staff. If facility's A-Hallway of functioning. Facility the alarm to enable on 07/18/13 all resign elopement risk by a changes were made wander-guards. Represented and update by the facility's care on 07/18/13 the facility's Wander-guard. On 07/18/13 all cate as elopement risks needed by the facility with Wander-guard. On 07/18/13 all cate as elopement and Wander-guard. On 07/18/13 all cate as elopement and wander-guard.	e found to be functioning ity doors with a n were checked by The Wander-guard on the exit door was found not maintenance staff adjusted the alarm to function properly. dents were reassessed for idministrative nursing staff and e accordingly to sident care plans were ted based on this assessment e plan staff. cility's ADON also updated the uard list to include all residents	F 323			
	assigned by Hum responsible for chidentified as high	signated staff member as an Resources will be necking every resident that was risk for elopement every thirty at they are present in the gnated staff member will also				a shoot Page 24 of 3

FORM APPROVED

DEPARTM	ENT OF HEALTH AF	AFRICAID SERVICES			OMB N	O. 0938-0391
TATEMENT OF	FOR MEDICARE & DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY MPLETED C
		345246	8. WNG			7/20/2013
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 100 SUNSET ST GRANITE FALLS, NC 28630	CODE	
(X4) ID PREFIX TAG	SUMMARYS	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	every two hours for function. This will be "Wandering and Eld Residents-Monitoring problems will be reported to the charge nurses overseeing this provariances immedially who will be responsionate intervention. This infor four weeks to defurther resident eld the charge nurse wandering resident presented to all standard the charge nurse of Nurses. Upon or staff will place the staff supervision to the charge nurse of Nurses. Upon or staff will place the staff supervision to the charge nurse of Nurses to ensign the resident to return to work inservice training. On 07/19/13 Resident and can be of Nurses to ensignated and can be considered to the charge of Nurses to ensignated and can be considered to the charge nurse of Nurses to ensignated and can be considered to the charge nurse of Nurses to ensignated and can be considered and can be considered to the charge nurse of Nurses to ensignated and can be considered and can be considered to the charge nurse of Nurses to ensignated and can be considered to the charge nurse of Nurses to ensignated and can be considered to the charge nurse of Nurses to ensignated and can be considered to the charge nurse of Nurses to ensignate nurse nurse nurse of Nurses to ensignate nurse of Nurses nurse nurse nurse nu	placement and proper educumented on the operate and proper educumented on the operate and proper educumented on the operate and corted to the Charge Nurse. Will be responsible for cess and will report any tely to the Director of Nurses sible for appropriate intervention will be continued etermine if there have been no operate. The provided the facility's existing the tand elopement policy were aff by the facility's Staff lity Improvement nurse. Staff of immediately report any not be located to the charge enurse is responsible for calling alert staff of a missing resident. It is to report this to the Director eturn of the missing resident eresident on one to one direct until further assessment by the earn, including the DON, and be implemented as needed to a safe. Staff will not be permitted until they have received this	F 3:	23		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The Committee of the Co	IPLE CONSTRUCTION	COMPLE	
		345246	B. WNG _		07/20	0/2013
	OVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 323	to be functioning pro Wander-guard alarm shift for fourteen day member as assigned. These checks will be "Wandering Resider" Review of the facility Elopement system, be reviewed by the four Committee every through the facility, all resided were identified as elf the facility, all resided Wander-guard door properly. All resident were verified as bein conducted with staff worked on all shifts received inservice to elopement policy are 483.25(I) DRUG REUNNECESSARY DEACH TEACH TE	d all door alarms were found perly. All doors with s will be tested two times a s by a designated staff by Human Resources. documented on the its - Monitoring Check List". I's Wander-guard and including any variances, will acility's Quality Improvement ee months. I was removed on 07/20/13 at on revealed all residents, who openent risks, were inside ent Wander-guards and alarms were functioning telopement risk assessments in all departments and who confirmed that they had raining on the facility's and procedures. IGIMEN IS FREE FROM RUGS Ig regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or inconitoring; or without adequate se; or in the presence of inces which indicate the dose or discontinued; or any		To address the cited deficiency for Regimen is free from unnecessary facility failed to cal; I the physicial laboratory test to check the clottin blood and failed to hold the daily (blood thinner) in a resident with residents on Coumadin Therapy (I following action plan was implem 1. Nurse #2 was terminated due to MD and administration of Coupresence of active bleeding.	drugs and that the n for orders for a g time of a resident's dosage of Coumadin a nosebleed in 1 of 10 Resident #1. The ented:	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		345246	B. WNG			07/	Control Section Control
		345246	27/8/01/8/02/00/0	ZOFFT A	DDDDDD OLTV OTATE ZID CODE	07/2	20/2013
	ROVIDER OR SUPPLIER MANOR NURSING CAI	RE FAC	1	00 SUNS	DDRESS, CITY, STATE, ZIP CODE SET ST E FALLS, NC 28630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE
F 329	who have not used a given these drugs un therapy is necessary as diagnosed and do record; and residents drugs receive gradua behavioral interventic contraindicated, in addrugs. This REQUIREMENT by: Based on record revisacility failed to call the laboratory test to cheese.	nust ensure that residents ntipsychotic drugs are not less antipsychotic drug to treat a specific condition reumented in the clinical s who use antipsychotic al dose reductions, and ons, unless clinically n effort to discontinue these T is not met as evidenced riews and staff interviews, the ne physician for orders for a eck the clotting time of a	F 329	3. 4. 5. 6/. > 7.	Nurse #3 received written counsel reg failure to assess and notify MD when communication received from Nurse Nurse #1 was terminated All Nursing Staff educated on the syn of bleeding and on the importance of notifying the M.D. to received orders intervention i.e. Packing nostrils, hol Coumadin, need for laboratory results Facility notified Medical Director of circumstances and updated on outcor Director of Nursing. Inservice given to all Nursing Staff the administer medications which include Nurses only to administer Coumadin, Medication Aides will not be allowed to administer Coumad dosages due to the assessment paramethat have been initiated. All residents on Coumadin will be assessment documented in the wound/ Program to include; Any signs and symptoms of Current dosage of coumad Last INR value Next scheduled INR Diagnosis for Coumadin u	#2 nptom for further ding , etc., eccent nes by at d; in ters essed daily skin manage of Bleeding; in;	7/23/2013 7/23/2013 7/19/2013 7/20/2013
	dosage of coumadin with a nosebleed in a coumadin therapy. (I Immediate Jeopardy Resident #1 vomited Immediate jeopardy 5:15 PM when the faimplemented an accompliance. The faccompliance at a low (an isolated deficient potential for more the	Resident #1). began on 06/19/13 when a dark colored liquid. was removed on 07/20/13 at acility provided and eptable credible allegation of cility remains out of the scope and severity of D cy, no actual harm with an minimal harm that is not to ensure monitoring of the ce are effective and yee training.		9.	Any changes to Coumadin 8/31/2013 Information will be documented daily implemented "daily Hall Nurse Coum: This change has been made to assure that each Resident has been assessed signs and symptoms of bleeding. The E-MAR program was utilized to the addition of parameters being set to acceptable INR range and documents 5 p.m. Coumadin dose. The E-MAR of direct the nurse to call the M.D. if the greater than 3.0 unless otherwise ord: The program will not allow the result of the Coumadin until the doctor has been notified and ord. The E-Mar program was utilized to all For the addition of parameters being selected the acceptable INR range and Documentation of the 5.00 P.M. Coumadin until of the source of the	on the newly din Log" for allow for o include the tion of the vill then value is tred, turse der received.	8/31/2013

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A CONTRACTOR CONTRACTOR	CONSTRUCTION	(X3) DATE S		
		345246	B. WING		07/2	20/2013
NAME OF PE	ROVIDER OR SUPPLIER	040240	10/2008/28/2018	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0112	.0/2010
	MANOR NURSING CAI	RE FAC	050	00 SUNSET ST RANITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 329	10/18/12 with diagnot kidney disease, high peptic ulcer (stomach vomiting blood and a formation of a blood that blocks the flow of circulatory system). The most recent qual (MDS) dated 04/22/2 cognitively intact for MDS further indicates supervision with eatitransfers and hygien on staff for bathing. A review of a care p 03/20/13 indicated a bleeding due to coun indicated in part to rephysician, monitor for stools, bleeding gumbruising. A review of a physician indicated Nephrolog manage Prothrombit Normalized ratio (IN results provide informational indicated coumadin daily. A review of a Medicial indicated coumadin daily.	nitted to the facility on uses that included end stage blood pressure, diabetes, h) disease, a history of utrial thrombosis (the clot inside a blood vessel	F 329	doses. The E-MAR will then dire to call the M.D. if the value is greunless otherwise ordered. The program will not allow give the Coumadin until the been notified and Orders red. The Staff Development coordinate began in-servicing all nurses price Coumadin dose. Content of the included: Documentation on the nurse's da Logs and nurse's documentation Notes to include diagnosis, currend Dose, next INR date, acknowledge presence of signs/symptoms of of and the functioning of the facility System. Nurses were not permitted that received this in-service had received this in-service. The medication aides were in-ser Administrative nursing staff on Coumadin Administration. Med were training on the new procedures administering Coumadin. Medication Aides were not permuntil they had received this in-ser until they had received this in-ser until they had received this in-ser administration. The facility QI Nurse will audit to resident's on Coumadin administration. The facility QI Nurse will audit to resident's on Coumadin weekly a Thursdays in the morning nursing team meeting. The Director of Nursing will report audits related to Coumadin thera Quarterly QA/PI Committee, with given on July 25th, 2013. Plans meeting to incorporate the knowl through participation of Adminis in the Action Collaborative for E (ACE) in Long-term Care. The reinformation shared is a communic	the nurse to e doctor has beived or/QI Nurse or to giving inservice illy Coumadin in the nurse's at Coumadin e lack of vert bleeding y's E-MAR o work until they training. viced by changes to ication Aides are of only dosages. itted to work vice training uated for e morning rder entry on entation of n. harts of nd report on ort weekly oy to the or first report ade at this edge obtained trative nurses event	7/19/2013 7/25/2013 7/25/2013

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION	COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	ING_			
		345246	B, WNG				20/2013
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
					100 SUNSET ST		
CAMELO	T MANOR NURSING CAP	RE FAC		'	GRANITE FALLS, NC 28630		
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F 329	Resident #1 received daily at 5:00 PM. A review of the most a PT/INR with a colle date of 05/30/13 and indicated (PT) 23.9 (of 11.5 to 14.1 secon with a reference range. A review of a MAR of 06/20/13 indicated Recommadin daily by many many many many many many many man	recent laboratory results for ect date of 05/29/13, received a reported date of 05/31/13 High) with a reference range and (INR) 2.33 (High) ge of 0.89 -1.16. lated 06/01/13 through resident #1 received and the second at the s	F	329	for improved communication with nurs	New Id, ion ition at ion attion of ag: essment unication II relevant unnecessary at is plainly nology with standard e exprise 8/31/2013 8/31/2013 8/31/2013 8/31/2013 8/31/2013	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION		SURVEY LETED 20/2013
	NOVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET ST GRANITE FALLS, NC 28630		UNSET ST	1 077	20/2013
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F 329	indicated Resident # complaints and had section titled Post - complaints or observed dialysis and Resider the facility. A review of the MAR given coumadin on the facility. A review of a nurse' PM indicated Resided 5 mg. by mouth. The Resident #1 was no right nostril. A review of a nurse' 12:29 AM indicated coumadin 5 mg. as stopped bleeding at the facility. A review of a nurse for a nurse for the facility of a nurse for the facility of th	1:56 PM. The notes also that was alert, denied no nausea or vomiting. A Dialysis indicated no new vations developed during at #1 was discharged back to a indicated Resident #1 was 06/20/13 at 5:00 PM by Nurse as note dated 06/20/13 at 7:39 and #1 continues on coumading the notes further indicated ted to have a nosebleed from as note dated 06/21/13 at Resident #1 continues ordered and nose had at this time. Is note dated 06/21/13 at dialysis center called and thad been sent to the on and treatment. Is note dated 06/21/13 at 5:44 was received from a physician Resident #1 had been nsive care unit. Is note dated 06/21/13 at 6:44 m" indicated a physician from the facility and reported that I was "too thin" and Resident	F	329			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.52 (5)	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345246	B. WNG _		07	/20/2013		
	ROVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CO 100 SUNSET ST GRANITE FALLS, NC 28630	DE			
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F 329	o6/21/13 titled "coagstatement next to P" were no results or n A review of a hospit o6/21/13 indicated F dialysis today but w material and was see (ER) for evaluation. Resident #1 was ch unresponsive with re PT/INR was drawn blood was not coage notes revealed Resi intensive care unit, frozen plasma and i A review of a hospit "Death Summary" of Resident #1 was tal and given fresh froz Vitamin K for severe clotting). The notes was grossly bleedin (throat) and possibl fresh frozen plasma priority. The notes less and less respo arrest and was pror 06/21/13. During a phone inte with a dialysis nurse received dialysis tre Wednesday and Fr further explained R dialysis center on T	al laboratory report dated gulation" indicated a I "no coagulation" and there	F	329				

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG			
		345246	B. WING			07/	20/2013
NAME OF PI	ROVIDER OR SUPPLIER			984890000	ET ADDRESS, CITY, STATE, ZIP CODE UNSET ST		
CAMELOT	MANOR NURSING CAR	RE FAC			NITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1.0	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 329	vomiting. She stated them that Resident # days and it was a da further stated a lab te drawn on 06/20/13 a (Low) with a reference deciliter but there was he was not due for hend of June 2013 an at the dialysis center what his PT/INR resi was sent back to the 06/20/13 and confirm a nosebleed while in dialysis nurse stated dialysis center again did not put him on a was lethargic, had la slow to respond to dexplained Resident # ER and confirmed the dialysis center be drawn in the ER. During a phone inter Nurse #2 verified sh 7:00 PM and was as nurse on 06/20/13 a when she saw him to Resident #1 was conducted the same shad to the hospital but he cafternoon. Nurse #2 called her to Resident #2 called her to Resident #3 called her to Resident #4 called her to Resident	Wednesday 06/19/13 due to the facility had reported to 1 had been vomiting for 3 rk brown cola color. She est for a hemoglobin was not the results were 12.0 re range 14.0-18.0 gram per s no PT/INR drawn because is monthly PT/INR until the d he did not have symptoms to cause them to question alts were. She explained he facility mid afternoon on ned Resident #1 did not have the dialysis center. The Resident #1 came to the on Friday 06/21/13 but they dialysis machine because he bored breathing and was alysis staff's questions. She if requested to be sent to the requested to be sent to the requested to be sent to the reduce they knew labs would wiew on 07/19/13 at 9:56 AM reworked from 7:00 AM to signed as Resident #1's not he did not look right to her not morning. She explained ughing up a dark brown liquid ned because she knew istory of stomach bleeding. #1 went to dialysis that sught they would send him to ame back to the facility that the explained a Nurse Aide (NA) and the staff and was bleeding from	F	329			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	3) DATE SURVEY COMPLETED C	
		345246	B. WNG		<u> </u>		07/20/2013	
	ROVIDER OR SUPPLIER T MANOR NURSING CAR	RE FAC	STREET ADDRESS, CITY, STATE, ZIP COI 100 SUNSET ST GRANITE FALLS, NC 28630		UNSET ST	JE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 329	his nose. Nurse #2 No Coumadin 5 mg. by rishe thought Residen nose and that caused confirmed she did not ask if the coumadin of request laboratory testated when she returned when she returned to paler but he was alexicated the was alexicated that morning a from the dialysis centred to report Resident #1 stated they should higher the daily couma #1 was bleeding and have a PT/INR drawnown During an interview facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state therapy had significate the obtained. The facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state the obtained of Facility physician state th	verified Resident #1 received mouth at 5:00 PM because it #1 had scratched at his did the nosebleed. She it call the facility physician to dosage should be held or to sting for a PT/INR. Nurse #2 irrned to work on 06/21/13 worse and his skin color was rit and responded to her. She if went to the dialysis center and was sent to the hospital inter. Interpolation of the facility physician it's nosebleed. She further ave questioned whether to addin dosage since Resident it should have gotten orders to	F	329				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	40 000000000000000000000000000000000000	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER	RE FAC		STREET ADDRESS, CITY, STATE, ZIP COL 100 SUNSET ST GRANITE FALLS, NC 28630	DE	
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F 329	He stated he should called the facility phy assistant to find out the didn't recognize the going on. He stated previous PT/INRs lall He confirmed Resideng, by mouth at 5:00 should have question coumadin since Reshis nose. Nurse #3 notified the facility phe #1 had the noseblee PT/INR be drawn, he considered Vitamin slow to pick up on the done a PT/INR During an interview Nurse #1 she verified on Friday 06/21/13, her that morning Rethe day before and leading to the dialysis center AM and later that day her and told her Reshospital. During an interview DON verified there the facility physician or Resident #1's nosel was no request for a the coumadin to be The facility's Director.	have followed through and visician or physician's what they needed to do but he seriousness of what was he did not recall looking at b results but probably didn't. ent #1 received coumadin 5 0 PM on 06/20/13 and they need whether to give the ident #1 was bleeding from stated they should have hysician at the point Resident ed, should have requested a eld the coumadin dosage and K. He further stated he was he fact that dialysis had not on 07/19/13 at 5:51 PM with did she was the charge nurse. She explained Nurse #2 told sident #1 had a nose bleed he was vomiting a dark brown She stated Resident #1 went or between 9:30 AM and 10:00 ay the dialysis center called sident #1 was sent to the was no notification to the physician's assistant of oleed. She also verified there as PT/INR to be drawn or for	F	329		
		ent #1 on 07/19/13 at 4:26 PM.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 NE C	TIPLE CON	STRUCTION	(X3) DATE SURVEY COMPLETED C	
		345246	B. WNG				/20/2013
	ROVIDER OR SUPPLIER MANOR NURSING CAP	RE FAC		STREET ADDRESS, CITY, STATE, ZIP CO 100 SUNSET ST GRANITE FALLS, NC 28630			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	4	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 329	The facility provided compliance on 07/20 following intervention facility to remove the Resident # 1 admitted dialysis patient with 6 06/19/13 Resident # No orders were rece PT/INR, or acute epinot notified on 06/20 coumadin dose of 5 staff. On 06/21/13 the hospital Intensive this date. On 07/19/13 an audiordered labs for all reterapy was comple concerns were ident. As of 07/19/13 a charadinistration syste Medication Aides with coumadin doses. Or allowed to administration syste has been made to a been assessed for sibleeding. On 07/19/13 the eM allow for the addition include the acceptate documentation of the the nurse to administrate eMAR will then MD if the value is grotherwise ordered.	a credible allegation of //13 at 4:53 PM. The is were put into place by the Immediate Jeopardy: d to facility on 10/18/12 as a chronic kidney failure. On 1 vomited dark brown liquid. ived to address nosebleed, sode. Facility physician was //13 of nosebleed and milligrams was not held by e resident was admitted to e Care Unit and expired on It of coumadin logs and esidents on coumadin ted by facility's QI nurse. No iffied. In not longer administer hely licensed nurses will be er coumadin. This change ssure that each resident has igns/symptoms of overt AR program was utilized to n of parameters being set to	F	329			

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2010 1000 1000 1000 1000		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 100 SUNSET ST GRANITE FALLS, NC 28630				
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F 329	has been notified an On 07/19/13 the Sta Coordinator/Quality inservicing all nurses dose and content of coumadin log; PT/IN affects coagulation to coumadin. The inseducementation on the logs and nurse's dornotes to include diag dose, next INR date presence of signs/sy and on the functionis system. Nurses will they have received to On 07/20/13 all med by Administrative nucoumadin administrative nucoumadin administrative nucoumadin in the new padministering coum not be permitted to this inservice training. The process change compliance on a danursing meetings by orders and review of coumadin administrative will audit charts of mand report finding on nursing team meeting.	ff Development Improvement Nurse began s prior to giving a coumadin this inservice included: a new IR results and how coumadin time and nurses only to give ervice also included the nurse's daily coumadin toumentation in the nurse's typnosis, current coumadin typnos of overt bleeding typnos of overt bleeding the facility's e-MAR the not be permitted to work until this inservice training. Idication aides were inseviced tursing staff on changes to ation: Medication Aides were torocedure of only nurses adin. Medication aides will twork until they have received the will be evaluated for tilly basis in the morning ty review of order entry on new to documentation of nurse's testion. The facility's QI nurse testident on coumadin weekly the nurse of the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse the training of the facility's QI nurse	F	329				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345246		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
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		B. WING		07/20/2013		
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F 329	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 329			