AUG 2 2 2013

PRINTED: 08/05/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		CONSTRUCTION	(X3) DATE COMPI	
<u></u>		345519	B. WING	·····		07/2	25/2013
	ROVIDER OR SUPPLIER COMMONS NSG & REH.	они		2	TREET ADDRESS, CITY, STATE, ZIP CODE 316 HIGHWAY 242 NORTH ENSON, NC 27504		
(X4) ID - PREFIX TAG	(EACH DEFICIENCY	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X-5) COMPLETION DATE
F 156 SS=C	A83.10(b)(5) - (10), 48 RIGHTS, RULES, SE The facility must informand in writing in a langunderstands of his or regulations governing responsibilities during facility must also provinotice (if any) of the S §1919(e)(6) of the Act made prior to or upon resident's stay. Receivany amendments to it, writing. The facility must informentitled to Medicaid be of admission to the nuresident becomes eligitems and services that facility services under which the resident may other items and services and for which the resident with amount of charges inform each resident with items and services (i)(A) and (B) of this set.	is identifying information) is 3.10(b)(1) NOTICE OF RVICES, CHARGES in the resident both orally guage that the resident her rights and all rules and resident conduct and the stay in the facility. The de the resident with the tate developed under. Such notification must be admission and during the pt of such information, and must be acknowledged in the stay in the facility or, when the right facility or, when the sing facility or, when the tare included in nursing the State plan and for or not be charged; those est that the facility offers ent may be charged, and for those services; and then changes are made to especified in paragraphs (5) ction.	TAG	156	The statements made on this plan of corr an admission to and do not constitute an with the alleged deficiencies. To remain in compliance with all federal regulations the facility has taken or will actions set forth in this plan of correction correction constitutes the facility's allege compliance such that all alleged deficient have been or will be corrected by the date of the process of the state	and state take the area to a take to a	not i feed 7-25-13
ļ		or those services, or services not covered ne facility's per diem rate.			In attendance went to the front hall and ob- Posting. This discussion will continue by Activities Coordinator on a monthly basis Resident Council Meeting.	the	•
1	legal rights which includ A description of the ma	n a written description of des: nner of protecting personal					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 analysis 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

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

Event ID: EH7M11

Facility ID: 970198

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FUR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY PLETED
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F 156	funds, under paragraph A description of the restablishing eligibilithe right to request an 1924(c) which determine non-exempt resources institutionalization and spouse an equitable scannot be considered toward the cost of the medical care in his or down to Medicaid eligi	quirements and procedures ity for Medicaid, including assessment under section ines the extent of a couple's at the time of attributes to the community hare of resources which available for payment institutionalized spouse's her process of spending billity levels.	F1	156	Quality Assurance The Administrator will monitor this issue "Posting QA Tool for Monitoring the rec and monthly resident council meetings d See attached monitoring tool. This tool v completed every month times three mont resolved by Quality of Life committee. I be given to the monthly Quality of Life (Assurance committee and corrective activ appropriate. The Quality of Life Commi of the Administrator, Director of Nursing Manager, Support Nurse, Business Office Dietary Manager, Social Worker, MDS (and others as assigned. See Exhibit A	quired posiscussion will be this or unt Reports wality on initiate titee consignity on the Manage Coordinate c	sting "
	groups such as the Staragency, the State licer ombudsman program, advocacy network, and unit, and a statement to complaint with the State agency concerning resimisappropriation of restacility, and non-complicatives requirements. The facility must informame, specialty, and with physician responsible of the facility must promit written information, and applicants for admission information about how the Medicare and Medicare and Medicare.	ate survey and certification issure office, the State the protection and if the Medicaid fraud control that the resident may file a se survey and certification ident abuse, neglect, and ident property in the sance with the advance is a certain and ident the certain of the ay of contacting the or his or her care. The nearly display in the facility of provide to residents and in oral and written to apply for and use					

B	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
£		345519	B. WNG				7/25/2013
	ROVIDER OR SUPPLIER	зони		2	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 HIGHWAY 242 NORTH BENSON, NC 27504		TIMULEU 10
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F 156	Continued From page	2	F	156			
	by: Based on observation facility failed to post the interest of a prominent area. During the initial tour conserved that the state (address for Division of Regulation and phone number was for the conjuncted in the facility. On 7/25/13 at 10:15 A conducted with Adminicorrect state contact in anywhere in the facility was for the ombudsman bottom of the left side.	on 7/22/13 2:00 PM., it was a contact information on Health Services anumber designating that complaint intake unit) was not me., a tour of the facility was istrative staff #1. The information was not posted by; only contact information an with a small area at the of the Resident Bill of					
	stated she was aware information with the ad for the complaint intake easy access for reside a complaint to call in to stated that would be cofor the state contact in intake unit with the connumber. The poster whallway and easily access.	M., Administrative staff #1 that the state:contact idress and phone number e unit should be posted for nts and families if they had the state agency. She brected today with a poster formation for the complaint rect address and phone ould be placed in the front					
1	height 483.13(a) RIGHT TO B	BE FREE FROM	F 2	21			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	1	E SURVEY IPLETED
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T		345519	B. WING		07	7/25/2013
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LIDEKIT				BENSON, NC 27504		
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F 221 SS=D	Continued From page PHYSICAL RESTRAI		F:	The statements made on this plan of an admission to and do not constitution with the alleged deficiencies.	of correction ar	re not nt
	physical restraints imp	nce, and not required to	· myspana a ma.	To remain in compliance with all for regulations the facility has taken or actions set forth in this plan of correction constitutes the facility's compliance such that all alleged de have been or will be corrected by the	will take the ection. The pla allegation of ficiencies cited	un of
	by: Based on observation record reviews the faction resident's mobility was	s not restricted by locking ent #82) for 1 of 4 sampled		F221 Corrective Action for Resident A For Resident #84, nurse #5 immedia resident's wheel chair allowing the of movement. In addition to this, th plan was updated to reflect the inter staff in providing care for her when are noted. See Exhibit B	ffected ately unlocked resident freedc e residents care ventions to aid	the om e
	Set (MDS) revealed R long term memory pro impaired in decision m. Review of the Plan of revealed a problem/ne for elopement. Inter Wanderguard at all tim behaviors and provide. On 7/24/13 at 2:15 PM	zheimer 's disease, and depression. It Change Minimum Date esident #84 had short and blems and was significantly taking. Care for Resident #84 sed area for "I am at risk ventions included: tes, redirect exit seeking diversional activities. It Resident #84 was		Corrective Action for Resident Po All residents who self-propel in a wexhibit signs of agitation have the praffected by the alleged deficient prathe Nurse Management Team (Direct Unit Manager, Support Nurse) audit and developed a roster of residents va wheel chair and exhibit signs of agwandering in the hall way, restlessne exhibitC These identified resid plans reviewed by the Care Plan Teas specific interventions to aid staff in I them when exhibiting signs of agitat that were identified had their care plate on 8-9-13 by the MDS nurse.	heel chair and otential to be ctice. On 08/05 ctor of Nursing ted all residents who self-propel station such as ess, fidgeting. Stents had their our for resident providing care ion. All residents and their our for resident providing care	9/13 S I in See care
-	observed, from the ope She was sitting in her va- room facing towards the wearing a nightgown, wheelchair wheels app	e open doorway and The locks on the				

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STREET ADDRESS, CITY, STATE, 20° CODE 1 NAME OF PROVIDER OR SUPPLIER 1 LIBERTY COMMONS NSG & REH JOHN STREET ADDRESS, CITY, STATE, 20° CODE 2316 HIGHWAY 24 NORTH 1 SENSON, NC 2756 1 PROVIDER OR SUPPLIER 1 CONFINED FROM SING & REH JOHN STREET ADDRESS, CITY, STATE, 20° CODE 2316 HIGHWAY 24 NORTH 1 SENSON, NC 2756 1 PROVIDER OR SUPPLIER 1 CONFINED FROM SING & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE APPROPRIATE FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE COMMONS NSG & REH JOHN FROM REGION AND THE APPROPRIATE FROM REGION AND THE COMMON NOW THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIATE FROM REGION AND THE COMMON NAME AND THE PROPRIAT	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
LIBERTY COMMONS NSG & REH JOHN C44 ID SEMMARY STANSISHOR OF DEPOCISIONS PY PLL REGULATORY OR LSC IDENTIFYING INFORMATION) F 221 Continued From page 4 Resident # 84 was making a rocking movement as if to try and move forward. She was not making any verbraillegus were locked. Resident # 84 was confirmed that the locks to both the right and left wheelchair legs were locked. Resident # 84 did not respond to questions and did not attempt to unlock the wheelchair wheel locks when asked. On 7724/13 at 2:17 Nurse # 5 observed Resident # 84 was capable of self propelling in her wheelchair wheels should never be locked as locking them would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident # 84's many here is and locked in the interior on since thins. Resident # 84's more and then back towards the bed. On 7724/13 at 2:20 PM Hospice Nursing Assistant # 1 (HNA # 3) enter Resident # 84's room and then leave, and no staff or visitors had been observed ontering or leaving the room since than. Resident # 84's some as stated that the had not adment for lunch and it was interviewed in Resident #84's room and staft moving her wheelchair all the filt forward and then back towards the bed. On 7724/13 at 2:20 PM Hospice Nursing Assistant # 1 (HNA # 3) enter Resident # 84's room and staft moving her wheelchair all the lift forward and then back towards the bed. On 7724/13 at 2:20 PM Hospice Nursing Assistant # 1 was interviewed in Resident #84's room and staft moving her wheelchair all the lift forward and then back towards the bed. On 7724/13 at 2:20 PM Hospice Nursing Assistant # 1 was interviewed in Resident #84's room and staft data she had ontered Resident #84's room as short time prior but only wont in to sel down her bag and then left again to go and gis connecting to eat as she had not had time for lunch and it was not yet? 230 which was her scheduled time to start with Resident #84. HNA # 11 stated that she had content was principle to the the resident becomes agriated or resident such as a forward th				1''		
LIBERTY COMMONS NS & REH. JOHN C40 ID GRAND GENCICINCY MUST SET PRICEDED BY FULL REGULATORY OR LSC IDENTIFYINS IMPORALATION; TAG F 221 Continued From page 4 Resident # 84 was making a rocking movement as if to try and move forward. She was not making any verbulizations and her facial expression was relaxed. Upon entering the room if it was confirmed that the locks to both the right and left wheelchair logs were locked. Resident # 84 did not respond to questions and did not altermpt to unlock the wheelchair wheel locks when asked. On 7/24/13 at 2:17 Nurse # 5 observed Resident # 84 stifting in her wheelchair wheels collected as locking them would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident #84's soon and then leave, and no staff or visitors had been observed entering or leaving the room shoet one of the promptly unlocked the wheelchair in late to shuffle her leave, and no staff or visitors had been observed entering or leaving the room shoet her, Resident #84's soon and start moving her wheelchair allite bit forward and then back towards the beat of ording her would be the cause. Interventions: Interventions: Systemic Changes An in-service was conducted on 7-24-13 by the Staff Development Coordinator. Those who strended were all RNs, LPNs, Med Tech's mot Chas, Fr. PT, and PRN. The facility specific in-service was sent to Broyle Providers whose employees give residents care in the facility to provide exert. Against are used for staffing needs were sent the facility specific in-service was sent to Providers whose employees give residents care in the facility to provide exert. Against are used for staffing them to the facility for a tempility to provide exert against are used for staffing them to the facility for a tempility to provide exert temping will not be allowed to work until training has been completed. The in-service and instructed to provide training or staff prior to assigning them to the facility for a tempility for a tempine wheel chair wheel so fresident #84's to come	I'		345519	B. WING		07/25/2043
LIBERTY COMMONS NSG & REH JOHN SIMMARY STATEMENT OF DEFICIENCES (EACH DEPICIENCY JUST OF PERCECED BY FULL REGULATORY OR IS DEPITED AND SECRETARY OF CORRECTION REGULATORY OR IS DEPITED AND SECRETARY OR CORRECTION REGULATORY OR IS DEPITED AND SECRETARY OR CORRECTION REGULATORY OR IS DEPITED AND SECRETARY OR CORRECTION TAGE F 221 Continued From page 4 Resident #84 was making a rocking movement as if to try and move froward. She was not making any verbalizations and her facile expression was relaxed. Upon entering the room in life was confirmed that the locks to both the right and left wheelchair legs were locked. Resident #84 did not respond to questions and did not attempt to unlock the wheelchair wheel locks when asked. On 7/24/13 at 2:17 Nurse # 5 observed Resident #84 sitting in her wheelchair in her room with the wheelchair with her feet. She also stated that the wheelchair with her feet. She also stated that the wheelchair wheel hospic should never be locked as locking them would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident #84's wheelchair. Nurse # 5 indicated that she had recently observed Hospics Nursing Assistant # 1 (RINA #) enter Resident #84's room and then leave, and no staff or visitors had been observed entering or leaving the room since then. Resident #84's room and then back towards the bed. On 7/24/13 at 2:20 PM Hospics Nursing Assistant # 1 was interviewed in Resident #84's room and stated that the had ontered Resident #84's room as stort that the had of referred Resident #84's room as stort that the had of entered Resident #84's room as stort that the had of entered Resident #84's room as stort that the had of entered Resident #84's room as stort that the had of entered Resident #84's room as stort that th	NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0772013
F 221 Continued From page 4 Resident #8 4 was making a rocking movement as if to try and move forward. She was not making any verbalizations and her facial expression was relaxed. Upon entering the room if was confirmed that the locks to both the right and left wheelchair legs were locked. Resident #84 sitting in her wheelchair with her feet. She also stated that the recist of propelling in her wheelchair with her feet. She also stated that the recist of that she had recently observed Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and than back towards the back towards that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and than back towards the back towards the back towards that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 77.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 87.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 87.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 87.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Resident #84's room and stated that she had on 87.24/13 at 2:20 PM. Hospics Nursing Assistant #1 (HNA #) enter Reside				1		
F 221 Continued From page 4 Resident # 64 was making a rocking movement as if to try and move forward. She was not making any verbalizations and her facial expression was relaxed. Upon entering the room it was confirmed that the locks to both the right and left wheelchair legs ware locked. Resident # 84 did not respond to questions and did not attempt to unlock the wheelchair wheel locks when asked. On 7/24/13 at 2:17 Nurse # 5 observed Resident #84 sitting in her wheelchair in her room with the wheelchair in her room with the wheelchair wheels should never be locked as locking thom would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident #84's wheelchair. Nurse # 5 indicated that the had recently observed Hospica Nursing Assistant # 1 (HNA #1) enter Resident #84's room and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet and start moving her wheelchair all time to shuffle her feet to the absolute of the start of the start of the start of the startoning and then left again to go and get something to eat as she had not had time for lunch and it was not yet 2:30 which was her scheduled time to start with Resident #84. NNA #8 is stated that she her to activity boards to the resident, easist tem to activity boards to the resident, easi	LIBERTY	COMMONS NSG & REH	JOHN		BENSON, NC 27504	
F 221 F 221 Continued From page 4 Resident # 84 was making a rocking movement as if to try and move forward. She was not making any verbalizations and her facial expression was relaxed. Upon entering the room it was confirmed that the locks to both the right and left wheelchair legs were locked. Resident # 84 did not respond to questions and did not attempt to unlock the wheelchair wheel locks when asked. On 7/24/13 at 2:17 Nurse # 5 observed Resident # 84 sitting in her wheelchair in her room with the wheelchair wheeles should never be locked as locking them would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident #84's wheelchair Nurse # 5 indicated that the had recently observed Hospice Nursing Assistant # 1 (HNA #1) enter Resident # 84' s room and then leave, and no staff or visitors had been observed onlessing or leaving the room since then. Resident #84's was observed at this time to shuffle her feet. On 7/24/13 at 2:20 PM Hospice Nursing Assistant # 1 (HNA #1) enter Resident #84's room and start moving her wheelchair all time bit forward and then back towards the bed. On 7/24/13 at 2:20 PM Hospice Nursing Assistant # 1 was interviewed in Resident #84's room a stort that she had entered Resident #84's room a stort that she had entered Resident #84's room a stort that she had entered Resident #84's room a stort that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she had entered Resident #84's room and stated that she ha	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
Resident #84 was making a rocking movement as if to try and move forward. She was not making any verbalizations and her facial expression was relaxed. Upon entering her orom it was confirmed that the locks to both the right and left wheelchair legs were locked. Resident #84 did not respond to questions and did not attempt to unlock the wheelchair wheel locks when asked. On 7/24/13 at 2:17 Nurse # 5 observed Resident #84 sitting in her wheelchair in her room with the wheelchair light on the responding in her wheelchair with her feet. She also stated that the wheelchair with her feet. She also stated that the wheelchair with her feet. She also stated that the wheelchair with her feet. She also stated that the wheelchair not should never be locked as locking them would be a restraint. Nurse # 5 promptly unlocked the wheels of Resident #84's wheelchair. Nurse # 5 indicated that she had recently observed Hospice Nursing Assistant #6 (HNX #1) enter Resident #84's room and start moving her wheelchair allitle bit forward and then back towards the bed. On 7/24/13 at 2:20 PM Hospice Nursing Assistant #1 was interviewed in Resident #84's room a stort time prior but only went in to set down her bag and then left again to go and get something to eat as she had not had time for lunch and it was not yet 2:30 which was her scheduled time to start with Resident #84. HNX #1 stated that she	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH-CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI	SE COMPLETION .
had not touched the resident or wheelchair when she was in the room and-had not noticed that the resident down for a nap or take the resident for a stroll.		Resident # 84 was mas if to try and move if making any verbalizatexpression was relaxed it was confirmed that and left wheelchair legs 84 did not respond to attempt to unlock the when asked. On 7/24/13 at 2:17 Nu. #84 sitting in her wheel wheelchair legs locked Resident #84 was cap wheelchair with her fee wheelchair wheels should be promptly unlocked the wheelchair. Nurse # 5 recently observed Hos (HNA #1) enter Reside leave, and no staff or wentering or leaving the #84 was observed at the and start moving her wand then back towards. On 7/24/13 at 2:20 PM #1 was interviewed in stated that she had en a short time prior but obag and then left again to eat as she had not had not touched the re-	aking a rocking movement forward. She was not gions and her facial and. Upon entering the room the locks to both the right gs were locked. Resident # questions and did not wheelchair wheel locks ares # 5 observed Resident elchair in her room with the did. She indicated that hable of self propelling in her et. She also stated that the build never be locked as a restraint. Nurse # 5 wheels of Resident #84's wheels of Resident #84's indicated that she had spice Nursing Assistant # 1 ent # 84 's room and then wisitors had been observed room since then. Resident this time to shuffle her feet wheelchair a little bit forward in the bed. Hospice Nursing Assistant Resident #84's room and there declare the state of the self that she is did time for lunch and it was her scheduled time to . HNA #1 stated that she sident or wheelchair when		Systemic Changes An in-service was conducted on 7-24-13 Development Coordinator. Those who a all RNs, LPNs, Med Tech's and CNAs, IPRN. The facility specific in-service was Hospice Providers whose employees give care in the facility to provide training for returning to the facility to provide care, are used for staffing needs were sent the specific in-service and instructed to provide training to the facility to provide care. The in-service are in-service training was allowed to work until training has been on the in-service topics included: Dealing with agitated/restless behavior When a resident becomes agitated or rest important to identify any physical causes or discomfort. Other causes may include being bored, depression, change in care geter. In addition to this, acute changes succould be the cause. Interventions: Assess the resident for signs of pain or dis such as grimacing when certain areas are pextremities are moved. Could they be constituted in need of toileting or incontinence can appropriate take the resident to the bathroomallow them to sit on the commode for a few If the behavior is new or increased, could the developing a UTI? Administer pain medications/laxatives as needed, contact the u/a if indicated. Offer activity boards to the assist them to activities if appropriate. Also the resident to voice any frustrations, fears if they are able. It may be appropriate to lay	ettended were FT, PT, and s sent to 8-22-13 e residents staff prior to Agencies that facility ide training cility for a aff member vill not be completed. rs In-service tless, it is s such as pain the resident giver, fatigue, th as a UTI comfort palpated or stipated? Are ure? If pm and w minutes. they be the MD for a the resident, they time for or just talk ty the

the wheel chair legs could not be locked because

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED •
1		345519	B. WNG		07/25/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0772072070
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LIBERTY	COMMONS NSG & REH	JOHN .		BENSON, NC 27504	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 221	when she came to ca resident was not in he out roaming in the fact Resident #84 was obswith HNA #1 at this tir and started moving he wheelchair forward. On 7/24/13 at 2:22 Ph #3) was interviewed. one of the two NA 's a hall that day but that the	int. She added that usually re for Resident #84 the er room because she was ellity in her wheelchair. Served to make eye contact ne; Resident #84 smiled er feet to propel the M Nursing Assistant #3 (NA She indicated that she was essigned to Resident #84 's the other NA (NA #4) had	F 221	for the resident. Assignment consistency in a calming effect for residents that are agitated. This is optimal but at times ma to provide. In this event, all residents sh in a kind, gentle manner and each staff s their needs. At times it may be appropria administer anti-anxiety medications as o MD. If the above efforts are not effective MD for additional interventions. At no time should the resident be restrain room either by locking their wheel chair their door. If this is ever observed, imme this to the DON or Supervisor on duty.	easily y be difficult ould be treated censitive to ate to ordered by the e, notify the
	had helped get Reside had gone in the room a blanket back over R replace the call light the the wall. NA #3 stated resident 's wheelchair would be a restraint as wheelchair wheels loc	nd did not observe the ked. She added that e to lock and unlock her	· · · · · · · · · · · · · · · ·	This information has been integrated into orientation training and in the required in refresher courses for all employees and we reviewed by the Quality Assurance Proceed that the change has been sustained. Quality Assurance The Director of Nursing will monitor this the "Restraint QA Tool for monitoring say residents for locked wheel chairs by round	-service vill be ess to verify issue using mpled line and
	#4) was interviewed. Sassigned to Resident # that she had fed Resident room, but did not lock swheelchair and leave would be a restraint. If #84 was in her nighted #1 was supposed to githat afternoon. NA #4 Resident #84 could serwith-her feet-and-was-leaves.	If propel her wheelchair ikely-to-try and come out of tgown on, since she had a		observing care". See attached monitoring tool will be completed every week times if then monthly times three months or until I Quality of Life committee. Reports will be the monthly Quality of Life Quality Assur committee and corrective action initiated a appropriate. The Quality of Life Committ of the Administrator, Director of Nursing. Manager, Support Nurse, Business Office Dietary Manager, Social Worker, MDS Coand others as assigned. See ExhibitD_	tool. This Cour weeks resolved by the given to the ance the consists Unit Manager, toordinator

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
. ; 1		345519	B. WNG		07/25/2013
	ROVIDER OR SUPPLIER	Э ОНN		STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT (LD BE COMPLETION
F 221	wheelchair. NA #4 sa about Resident #84 c	id she was not concerned oming out of her room in her ghtgown on because staff	F2	221	
• ***	was interviewed. She statements from all the Resident #84 on the dwere all aware that low resident's, as a restraindicated that they we locking the wheels of restrained her form frow wheelchair and restrained the state being the one to lock the Administrative Staff #2	Resident #84' s wheelchair be movement in her ned her from leaving the leaving			- × × × × ×
F 281 SS≃D	483.20(k)(3)(i) SERVION PROFESSIONAL STARM The services provided must meet professional must resident must must be serviced in the professional mu	or arranged by the facility al standards of quality. is not met as evidenced w, observation and staff alled to administer the for 1 (Resident #69) of 10 ding included: inally admitted to the facility	F 2	The statements made on this plan of coran admission to and do not constitute an with the alleged deficiencies. To remain in compliance with all federategulations the facility has taken or will actions set forth in this plan of correction correction constitutes the facility's alleg compliance such that all alleged deficies have been or will be corrected by the description of the corrective Action for Resident Affect For Resident #69, the MD was contact Support nurse on 07-25-13 to clarify the administration time of the Dulcolax supportant for the suppository was administrated the suppository was administrated.	al and state take the in. The plan of station of ncies cited ites indicated ited the by the lead ine

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345519	B. WNG		07/25/2013
	COMMONS NSG & REH	JOHN	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROV [†] RER'S PLAN OF CORRECTION (EACH C. (RECTIVE ACTION SHOULD E CROSS-RE ERENCED TO THE APPROPRI DEFICIENCY)	
F 281	Review of the current revealed that Resider 3/27/13 for Dulcolax (mgs 1 suppository reconstipation. The July, 2013 Medic (MAR) was reviewed. administration for Dul crossed out and was the time of administral looked like it was charsomebody changed it indicated that Dulcola on July 1, 4, 8, 11, 15 no initials to indicate the administered on those On 7/25/13 at 10:30 A interviewed. Nurse #4 administrative staff which floor. She stated that administered a staff to help her. The observed and there with cart. On 7/25/13 at 10:35 A interviewed. She state nurses who worked or scheduled to be administered to scheduled to be administered or scheduled to s	physician 's orders at #89 had an order dated stimulant laxative drug) 10 ctally twice a week for ation Administration Record The original time of colax was 9 AM, but it was changed. It was not clear if fion was 9 AM or 9 PM. It nged to 9 PM and back to 9 AM. The MAR x was supposed to be given that Dulcolax was dates. AM, Nurse # 4 was was one of the no was pulled to work on the she had already t #69 's medications. When blax, she stated that she it yet as she was waiting for medication cart was as no Dulcolax available in MM, Lead Nurse #1 was d that she tried to call the in the days the Dulcolax was histered but were not bledged that the MAR had	F 281	Corrective Action for Resident Potential All residents have the potential to be affer alleged deficient practice. All residents or were audited for medications not signed from affected residents were also reviewed for clarifications and had their MD called for if needed. In addition to this, the medication identified) and supplied if not on the cart completed by the Nurse Management Tear of Nursing. Unit Manager, and Support N. 09-13. See ExhibitE Systemic Changes An in-service was conducted on 08-09-13 support Nurse. Those who attended were LPNs, Med Tech's FT, PT, and PRN. The that are used for staffing needs were sent a specific in-service and instructed to provide for staff prior to assigning them to the fact temporary assignment. Any in-house staff who did not receive in-service training will allowed to work until training has been confined to the Medication Administration: Medication Administration: When administering medications, the nurse review the Medication Administration Recomposition from the cart, stock supply in the medication from the cart, stock supply in the medication from the back-up pharmacy. Drug). If the medication cannot be obtained either of these sources, the MD should be for an alternate medication if indicated. At	cted by the arrent MAR's for. The needed order clarification for carts (if any are This was an (Director furse) on 08- 8 by the lead 8-22-13 all RNs, e Agencies the facility de training fility for a f member ill not be impleted. Se should cord (MAR) the fare (Kerr de from contacted no time
	administered to the res 483.25(d) NO CATHE RESTORE BLADDER Based on the resident	sident TER, PREVENT UTI,		should blanks be left on the MAR. If a men not administered to the resident, then the b be initialed by the nurse, circled and docur reason for the omission on the back of the addition to this, it is not acceptable practice medication, circle it and write "medication	lock should nent the MAR. In e to initial a not
	assessment, the facility	y must ensure that a		available". Every effort should be made to	obtain the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/05/2013 FORM APPROVED

CENTER	S FUR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE COMF	SURVEY PLETED
		345519	B. WING			07/	25/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	,	20,2010
				2315 HIGHWAY 242 NORTH			
LIBERTY	COMMONS NSG & REH .	JOHN		BENSON, NC 27504			
(X4) ID PRÉFIX ~ TAG	* (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST, BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE CROSS-REFERENCED			(X5) COMPLETION DATE
F 315	resident who enters the indwelling catheter is resident's clinical contract catheterization was not who is incontinent of the treatment and service		F28	needed medication include contacts to the pharmacy, medication cabinet in the other facility medication of medications only (not precontacting the Attending indicated and contacting to McNeill's Long Term Carand Back-up pharmacy K.	checking the sto medication room carts for Over The escription medica Physician for an the Nurse on call further direction re Pharmacy 877	ock n, checkin ne Counte ations) alternate at 919-82 ns.	r if 20-
	by: Based on record revie interview, the facility for indwelling catheter was a valid medical jursecure the catheter tultension and or accident sampled residents (Rean indwelling catheter. 1 a. Resident # 182 was 5/20/13 with multiple of Congestive Heart Failur Disease. The admission (MDS) assessment dat Resident #182 had me problems. The assess Resident #182 had no The care plan dated 5/1 of the problems was "I daily." The goal was "catheter manipulation.	s not used unless there stification and failed to bing to prevent excessive atal removal for 2 of 3 esidents #182 & #197) with The findings included: as admitted to the facility on iagnoses including are and Chronic Kidney on Minimum Data Set ted 5/27/13 indicated that amory and decision making ment revealed that indwelling catheter. 24/13 was reviewed. One use indwelling catheter no injury secondary to		In addition to this, an in-s Central Supply Clerk by the maintaining established Plamount of a medication you ensure you do not run out delivery) on over the count (OTC's). See the attached Exhibit _F. Quality Assurance The Director of Nursing with Medication Administration and circled medication and circled medications and circled medication monitoring tool. This tool week times four weeks the months or until resolved by committee. Reports will be Quality of Life Quality Assurance times for the Committee consists Director of Nursing, Unit Medication of Mursing, Unit Medication of M	the Director of Ni AR levels (PAR ou need to have of while waiting for a ter stock medical Power Point Install monitor this is ation QA Tool for sidents MAR's for a finite stock of the complete of monthly times by Quality of Life to given to the mosurance committees appropriate. It is of the Administ Manager, Suppor Dietary Manager	ursing on is the on hand to or supply ations service. issue using or or tached ed every three contally tee and The Qualitator, of Nurse, or Social	g
	On 5/24/13, there was	a doctor's order to insert					

an indwelling catheter due to no urine output.

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		MEDICAID SERVICES				OWR M	<u>0. 0938-03</u>
	OF DEFICIENCIES E CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ı		CONSTRUCTION		E SURVEY IPLETED
		345519	B. WING	,			7/25/2013
	PROVIDER OR SUPPLIER COMMONS NSG & REH	Ј ОНИ		2:	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HIGHWAY 242 NORTH SENSON, NC 27504	TION COMPLETED OT/25/2013 TION COMPLETED OT/25/2013 TOON COMPLETED OT/25/2013 TOON COMPLETED OT/25/2013 TOON COMPLETED OT/25/2013 TOON COMPLETED OT/25/2013 OT/25/	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACHEORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETIC DATE
	The order also indicate output. The doctor's progress indicated that Resider diarrhea and poor ora urea nitrogen) was 45 5/21/13. The certified noted no urine output that indwelling cathete possible retention and for hypovolemia. The monitor intake and our Review of the June, 21 record revealed no do 24 hour urine output w. On 5/25/13, there was Normal Saline to infus (cc) per hour for 1 liter (antibiotic) 1 gram (gm days. On 5/26/13, there was Saline to infuse at 50 c was changed to ½ Nor hour for 1 liter. On 5/28/13, the labora BUN level was 27. On 7/24/13 at 10:10 Al #182 was observed will place. On 7/24/13 at 3:25 PM interviewed. She stated	anotes dated 5/24/13 Int #182 was seen due to I intake. The BUN (blood I intake. The revealed to assess for I evaluate given concerns I notes also revealed to I intake and output I cumentation of intake. The I vas between 280 - 800 cc. I a doctor's order for D 5 ½ I e at 60 cubic centimeter I and for Rocephin I intramuscularly (IM) for 7 I an order for D 5 ½ Normal I coper hour for 1 liter, which I mal Saline at 50 cc per I will and 5:18 PM, Resident I the an indwelling catheter in	F		The statements made on this plan of come an admission to and do not constitute a with the alleged deficiencies. To remain in compliance with all feder regulations the facility has taken or with actions set forth in this plan of correction constitutes the facility's alter compliance such that all alleged deficient have been or will be corrected by the discompliance such that all alleged deficient have been or will be corrected by the discompliance such that all alleged deficient have been or will be corrected by the discompliance such that all alleged deficient have been or will be corrected by the discompliance such that all alleged deficient have been or will be corrected by the discompliance of the physician discontinued the foley. See the corrective Action for Resident-Potent All residents who have indwelling foles the potential to be affected by the alleged practice. On 08-09-13, the Nurse Man. (Director of Nursing, Unit Manager, St. audited all residents and developed a residents who have indwelling foley caresident was assessed by their MD for of And appropriate justification for the uscatheter on 08-12-13 see exhibit I. In a difficulty of the care Plan Team for appropriate and interventions related to foley cather 09-13. See exhibit J.	al and state il take the on. The pla gation of encies cited ates indicat ted atimued the Cxhibit H_ dially Affer y catheters led deficient agement Te apport Nurs ester of theters. Eac continued us e of their for didition to th ans reviewe problem, go	a of cted ave and ble se bley is, d als

STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
:		345519	B. WING			07/25/2013
	ROVIDER OR SUPPLIER	лони		2	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HIGHWAY 242 NORTH BENSON, NC 27504	1 VIIZULUIV
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
F 315	urine output was more would stay in until the to remove it. The fact on attempts to remove On 7/24/13 at 5:46 Phwas interviewed. She called when a resident indwelling catheter was output was more than order to leave the cath guidelines/policy on weatheter, it was up to Administrative staff #2 doctor was informed to	the ter was inserted. If the ter than 500 cc, the catheter doctor would write an order dity had no policy/guidelines to an indwelling catheter. M, administrative staff #2 to stated that the doctor was to had no urine output, an test inserted and if the urine 500 cc, the doctor would the ter in. The facility has no when to try to remove the	F.	315	Systemic Changes An in-service was conducted on 08-09-1; Development Coordinator. Those who a all RNs, LPNs, Med Tech's and CNAs, FPRN. The facility specific in-service was Hospice Providers whose employees give care in the facility to provide training for returning to the facility to provide care. A are used for staffing needs were sent the specific in-service and instructed to provide staff prior to assigning them to the fact temporary assignment. Any in-house state who did not receive in-service training we allowed to work until training has been confined the in-service topics included: The policies, documentation of intake a were discussed during the in-service we mphasis on the following: securing the with a leg band and having justification use of a catheter.	ttended were T, PT, and s sent to e residents staff prior to Agencies that facility ide training cility for a ff member ill not be completed. and output rith an e catheter
	5/20/13 with multiple of Congestive Heart Failt Disease. The admission (MDS) assessment date Resident #182 had me problems. The assess Resident #182 had no The care plan dated 5 of the problems was "daily." The goal was "catheter manipulation.	ure and Chronic Kidney on Minimum Data Set ted:5/27/13 indicated that emory and decision making sment revealed that indwelling catheter. /24/13 was reviewed. One I use indwelling catheter ' no injury secondary to			Quality Assurance The Director of Nursing will monitor this the "Foley Catheter QA Tool for monitor' residents for foley catheter use and foley of being secured with a leg band". See attace monitoring tool. This tool will be comple week times four weeks then monthly time months or until resolved by Quality of Lic committee. Reports will be given to the r Quality of Life Quality Assurance commi corrective action initiated as appropriate. of Life Committee consists of the Admini Director of Nursing, Unit Manager, Supp Business Office Manager, Dictary Manag Worker, MDS Coordinator and others as a ExhibitK	ing sampled catheters shed cted every es three fe monthly ittee and The Quality istrator, ort Nurse, er, Social
ł	On 5/24/13, there was	a doctor's order to insert				

i	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	an indwelling catheter On 7/24/13 at 10:10 A observed during incortubing was not secure On 7/24/13 at 10:12 A interviewed. She state that Resident #182's of secured because she care. She added that leg band during AM cawould get a new leg beauth at Resident #182. On 7/24/13 at 5:18 Plutubing was observed with a leg bard On 7/24/13 at 5:18 Plutubing was observed with a leg bard On 7/24/13 at 5:18 Plutubing was observed with a leg bard On 7/24/13 at 5:18 Plutubing was interviewed. She should be secured at a nurse's aides check for care but the checking of was not documented in 2. Resident # 197 was 6/28/13 with the follow cerebral vascular accidedysphagia and a urinal	due to no urine output. M. Resident #182 was attended to her leg when observed. M. NA (nurse aide) #2 was ad that she was not aware catheter tubing was not did not provide the AM she normally checks for the are. She indicated that she and and would place it on M. Resident #182's catheter with NA #3. NA #3 stated atheter tubing was not ad. M. NA #2 was not available M. administrative staff #2 stated that catheter tubing all times. She added that in the leg band during AM of the leg band placement in the medical records. Admitted to the facility on an ing cumulative diagnoses: itent, late effect hemiplegia, by tract infection. The 7/5/13 stated that she was was occasionally	F	315			

٦.		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
-	√ 		345519	B. WING_		07/	25/2013	
		ROVIDER OR SUPPLIER	они .		STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504			
	(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE _	(X5) COMPLETION DATE	-
		were reviewed. Her Bill Creatinine was at 0.93 A care plan was devel that she had a urinary that she would be free of UTI over the next 9i interventions listed income and the use of a cathe tubing to prevent refluct However, the initial Nu 7/3/13 stated that Rescatheter, but was non-On 7/8/13 the telephor reflected that Lasix (a was ordered for once a urinalysis performed the yellow and cloudy uring the Nurse's Notes were was noted that urine we catheter and 130 ml (mas obtained. On 7/10 that Resident # 197 related the UTI. On 7/15/13, new labs were and out catheter if no curine output is less that Physician Progress No	oratory results, 6/27/13 UN level was 16 and her 8, both within normal range. Ioped on 6/28/13, stating tract infection (UTI) and a from signs and symptoms 0 days. Some of her cluded encouraging fluids eter, with positioning the ex of urine in bladder. Ursing Assessment, dated ident # 197 did not have a ambulatory. The orders in the chart diuretic) 20 mg (milligram) a day, for three days. A nat day, showed signs of e. The reviewed. On 7/9/13 it was collected via a clean milliliter) of dark yellow urine with 3, the notes reflected mained on anti-biotics to were drawn and Resident # and at 36 but her Creatinine at limits at 1.05. The recorded that Resident of fluids which was felt to	F 31				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345519	B. WNG		07/25/2013	
	ROVIDER OR SUPPLIER	JOHN	2	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HIGHWAY 242 NORTH BENSON, NC 27504		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
	thickened liquids. Another lab was secu recorded an elevated at 0.69, within range, collected on 7/20/13, in the Nurse's Notes frow that in and out catheter greater than 300, leave notes indicated that R of urgency and that he and that a urine special The Intake and Output on 7/20/13 @ 250 cc (cut 7/21/13 @ 250 cc (cut 7/21/13 @ 350 cc 7/22/13 @ 350 cc 7/22/13 @ 350 cc 7/23/13 at 2:13 pm interviewed. She state a catheter for urinary in the state of the stat	red on 7/19/13 and BUN of 25 and Creatinine A follow up urinalysis yielded clear, yellow urine. Im 7/20/13 at 1:30 pm noted er for urine retention if the Foley in. At 2:48 pm, the esident # 197 complained er Foley remained inserted men was collected. It Record Form was initiated led the following urine Dic centimeter) The plan was developed for use of a daily catheter. The eximple injury secondary to for the next 90 days and an affincluded securing the eximple band. Any signs or all be reported to the nurse. Indied between meals and at the Nurse #6 was digital that Resident #197 used etention.	F 315			
	and reported that Resi place due to urinary re	ved on 7/24/13 at 3:28 pm dent #197's catheter was in tention. She stated that re for Resident #197 earlier				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		345519	B. WING		07	/25/2013
	ROVIDER OR SUPPLIER COMMONS NSG & REH	инов	2:	TREET ADDRESS, CITY, STATE, ZIP CODE 315 HIGHWAY 242 NORTH SENSON, NC 27504		
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	today, the resident tol so she gave her pain then commented that written to discontinue liquids. Today, she recout of 600 cc. She explained that the hadn't voided in over 8 order for in and out ca and if over 500 cc was catheter should be left re-assessed by the nuday or so. A trial cathe documented on the Mi Record (MAR). If the rurinate after 8 hours, thre-inserted. On 7/24/13 at 5:05 pm interviewed. He stated orders to discontinue the been in place since lass Resident #197 didn't ver He couldn't determine dehydrated, even thou liquids poorly, because from constipation due if also mentioned that he developed a neurogen of the bladder system coentral nervous system coentral nervous system.	d her that her genitalia hurt, relieving medication. She yesterday, orders were Resident #197's thickened relieved thin liquids and had be practice was if a resident shours, then the standing theter was implemented a produced then the lin. The catheter should be read and/or doctor the next reter use should be resident continued to not hen the catheter should be the the catheter should be the the catheter should be the the catheter and that it had st Friday (7/19/13) when bided on a shift (8 hours).	F 315			
	be monitored for 72 ho developed, to re-insert On 7/24/13 at 5:30 pm, visited in her room. Nu- present and asked if sh	the catheter. Resident #197 was				

NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH JOHN (X4) ID PREFIX TAG PREFIX TAG CONTINUED FOR LISC IDENTIFYING INFORMATION) F 315 Continued From page 15 the catheter to prevent movement. She responded that she worked with Resident #197 in the afternoon and she had not known her to ever use a leg band to secure the catheter. She went to examine Resident #197's leg and verified that a leg band was not in place. Nurse #3 entered the room and stated that Resident #197 did not use a leg band. At 5.35 pm, Resident #197 was interviewed. She stated that earlier that day she had complained that her genitalia was hurting but she did not experience pain now. The Administrative Staff #2 was interviewed on	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
LIBERTY COMMONS NSG & REH JOHN SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (X4) ID PREFIX TAG CONTINUED FROM THE STATEMENT OF DEFICIENCIES PREFIX TAG CONTINUED FROM THE STATEMENT OF DEFICIENCY TAG F 315 CONTINUED FROM THE STATEMENT OF DEFICIENCY TAG F 315 F 315 F 315 F 315 F 315 A 5.35 pm, Resident #197 was interviewed. She stated that earlier that day she had complained that her genitalia was hurting but she did not experience pain now.			345519	B. WING		07/25/2	.013
F 315 Continued From page 15 the catheter to prevent movement. She responded that she worked with Resident #197 in the afternoon and she had not known her to ever use a leg band to secure the catheter. She went to examine Resident #197's leg and verified that a leg band was not in place. Nurse #3 entered the room and stated that Resident #197 did not use a leg band. At 5:35 pm, Resident #197 was interviewed. She stated that earlier that day she had complained that her genitalia was hurting but she did not experience pain now.			ЈОН И	. 2:	315 HIGHWAY 242 NORTH		<u> </u>
the catheter to prevent movement. She responded that she worked with Resident #197 in the afternoon and she had not known her to ever use a leg band to secure the catheter. She went to examine Resident #197's leg and verified that a leg band was not in place. Nurse #3 entered the room and stated that Resident #197 did not use a leg band. At 5:35 pm, Resident #197 was interviewed. She stated that earlier that day she had complained that her genitalia was hurting but she did not experience pain now.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE CO	(X5) MPLETION DATE
7/24/13 at 5:41 pm. She commented that all nurse aides get catheter care training during orientation and are expected to ensure that a leg band was in place when providing care and that nurses should be monitoring this as well. F 425 SS=D The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of	F 425 SS=D	the catheter to preven responded that she with the afternoon and she use a leg band to sect to examine Resident a leg band was not in room and stated that leg band. At 5:35 pm, Resident stated that earlier that their genitalia was experience pain now. The Administrative Stated that service aides get cather orientation and are expand was in place who nurses should be mond 483.60(a),(b) PHARM ACCURATE PROCECT. The facility must provide them under an agreen §483.75(h) of this part unlicensed personner law permits, but only usupervision of a licens. A facility must provide (including procedures acquiring, receiving, diadministering of all druthe needs of each resident.	at movement. She orked with Resident #197 in that had not known her to ever ure the catheter. She went #197's leg and verified that place. Nurse #3 entered the Resident #197 did not use a #197 was interviewed. She day she had complained hurting but she did not aff #2 was interviewed on the commented that all ter care training during pected to ensure that a leg en providing care and that wittoring this as well. ACEUTICAL SVC - DURES, RPH de routine and emergency to its residents, or obtain then described in The facility may permit to administer drugs if State under the general ed nurse. pharmaceutical services that assure the accurate spensing, and tigs and biologicals) to meet dient.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	RPLE CONSTRUCTION		E SURVEY APLETED
		345519	B. WING_	B. WING		7/25/2013
	ROVIDER OR SUPPLIER COMMONS NSG & REH	JOHN		STREET ADDRESS, CITY, STATE, ZIP CO 2316 HIGHWAY 242 NORTH BENSON, NC 27504		720,2010
(X4) ID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRETIX TAG	PROVIDER'S PLAN OF C CACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE " E APPROPRIATE"	(X5) COMPLETION DATE
F 425 SS=D	the catheter to preveresponded that she is the afternoon and shouse a leg band to se to examine Resident a leg band was not in room and stated that leg band. At 5:35 pm, Resident stated that leg band. At 5:35 pm, Resident stated that earlier that their genitalia was experience pain now The Administrative S 7/24/13 at 5:41 pm. S nurse aides get cather orientation and are expended as an experience band was in place with nurses should be modered to the should be modered to the should be modered to the facility must provide stated that only is supervision of a license A facility must provide (including procedures acquiring, receiving, description).	ent movement. She worked with Resident #197 in he had not known her to ever cure the catheter. She went #197's leg and verified that he place. Nurse #3 entered the Resident #197 did not use a If #197 was interviewed. She had day she had complained hurting but she did not It #197 was interviewed on the commented that all her care training during expected to ensure that a leg hen providing care and that hitoring this as well. MACEUTICAL SVC - DURES, RPH Ide routine and emergency to its residents, or obtain ment described in to administer drugs if State hunder the general her disservices hammaceutical services that assure the accurate hispensing, and hugs and biologicals) to meet	F 42			
	The facility must empl	by or obtain the services of				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	T	E SURVEY PLETED
L		345519	B. WING			07	/25/2013
	PROVIDER OR SUPPLIER COMMONS NSG & REH.	они		2	STREET ADDRESS, CITY, STATE, ZIP CODE 315 HIGHWAY 242 NORTH BENSON, NC 27504	<u> </u>	12012010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD ! (EACH CORRECTIVE ACTION SHOULD ! TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)					(X5) COMPLETION DATE
	a licensed pharmacist on all aspects of the p services in the facility. This REQUIREMENT by: Based on record reviet facility failed to ensure medications for 2 (Res sampled residents. Fir 1. Resident # 69 was of facility on 11/1/10 with including gastro esoph (GERD). The quarterly assessment dated 5/3 Resident #69 had mod The current physiciants The order dated 3/25/1/469 was on Prilosec (pto treat acid induced in the stomach) OTC (over illigrams (mgs) 1-table GERD. The Medication Administry for May, June and July Resident #69 had missed 5 doses in June (6/14, 6/17, 6/2 July (7/1 - 7/3 & 7/19 -	is not met as evidenced ew and staff interview, the the availability of ordered sidents # 69 & # 39) of 10 adings included: originally admitted to the multiple diagnoses ageal reflux disease y Minimum Data Set (MDS) 1/13 indicated that terately impaired cognition. s orders were reviewed. 3 revealed that Resident roton pump inhibitor used flammation and ulcers in er the counter) 20 et:by mouth daily for stration Records (MARs) y 2013 were reviewed. ed several doses of ag available. The resident May (5/27 - 5/31), 4 doses 8 & 6/30) and 6 doses in 7/22). M, the central supply staff	F	425	The statements made on this plan of corran admission to and do not constitute an with the alleged deficiencies. To remain in compliance with all federal regulations the facility has taken or will tactions set forth in this plan of correction correction constitutes the facility's allega compliance such that all alleged deficient have been or will be corrected by the date. F 425 Corrective Action for Resident Affecte For Resident #69, medication cart assesse medication is available for resident per physician orders. For Resident #39, medication cart review Medication is available for resident per phorders. Exhibit L Corrective Action for Resident Potentia All residents have the potential to be affect alleged deficient practice. All residents or were audited for medications not signed for and noted not available. The affected restreviewed for needed order clarifications a MD called for clarification and notification indicated. In addition to this, the medication indicated. In addition to this, the medication (if any identified) and supplied if not on the cart completed by the Nurse Management Tea of Nursing. Unit Manager, and Support N 09-13. See ExhibitM	and state ake the . The plation of circs cited and and wed and anysicians with the plation of circs idents we are the plation of circs with the plation of t	n of ed. cted ne AR's led ere neir were

PRINTED: 08/05/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	•	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B. WNG		
NAME OF PROVIDER OR SUPPLIER			07/25/2013
· · · · · · · · · · · · · · · · · · ·	s	STREET ADDRESS, CITY, STATE, ZIP CODE	
	2	2315 HIGHWAY 242 NORTH	
LIBERTY COMMONS NSG & REH JOHN	j.	BENSON, NC 27504	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX: REACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 425 Continued From page 17 person responsible in ordering the over the counter medications. She acknowledged that she had issue with Prilosec lately because she just changed company because it was economical and the company would take 2-3 days to deliver. She also added that the pharmacy had stopped sending the Prilosec OTC for the resident. She also stated that she was not aware that the nurses were completely out of Prilosec. She indicated that if she had known, she could buy it from the drug store. On 7/25/13 at 11:15 AM, Nurse # 5 was interviewed. She stated that if the OTC medication was not available in her cart, she always looked at different carts and then checked the medication rooms including the central supply room. On 7/25/13 at 11:35 AM, administrative staff #2 was interviewed. She stated that 200/300 hall had no specific nurse assigned. If the OTC medication was not available in the cart, the staff should be checking the other carts and the central supply room. If still not available, the lead nurse should have been informed so the medication could be obtained from the local drug store. 2. Resident #39 was re-admitted to the facility on 5/23/12 with the multiple diagnoses including gastro esophageal reflux disease (GERD), diabetes mellitus adult onset, depression and lower extremity edema. The annual Minimum			The Agencies at the facility vide training facility for a staff member will not be completed. The Agencies at the facility vide training facility for a staff member will not be completed. The Agencies at the facility vide training facility for a staff member will not be completed. The Agencies at the facility vide the should be indicated or the diction to this, edication, ble". Every be medication in the pharmacy, the medication only (not Attending contacting the facility will be facility to the facility of the facili

March 1

CLITICI	COT ON WILDIOANL &	MEDICAID SERVICES				OWR M	<u>J. 0938-0391</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'		E CONSTRUCTION		SURVEY PLETED
:		345519	B. WING			07	/25/2013
	PROVIDER OR SUPPLIER	JOHN	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 HIGHWAY 242 NORTH BENSON, NC 27504		
(X4) ID PREFIX: TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
	The current physician Resident #39 was on inhibitor used to treat and ulcers in the storn counter) 20 milligrams daily for GERD. The Medication Admir for June and July, 20' #39 had missed seven not being available. The dose in June (6/17) at 7/21 & 7/22). On 7/25/13 at 10:45 A was interviewed. She person responsible in counter medications, had issue with Prilose changed company because the company would she also added that the sending the Prilose Coalso stated that she was nurses were complete indicated that if she had from the drug store. On 7/25/13 at 11:15 A interviewed. She state medication was not avalways looked at differ	Prilosec (proton pump acid induced inflammation nach) OTC (over the se (mgs) 1 tablet by mouth a series of Prilosec due to the resident had missed 1 and 3 doses in July (7/19, and, the central supply staff a stated that she was the ordering the over the She acknowledged that she collected that she control is a stated that she was the ordering the over the She acknowledged that she collected it was economical and take 2-3 days to deliver the pharmacy had stopped of the resident. She as not aware that the lay out of Prilosec. She ad known, she could buy it	L.		In addition to this, an in-service was proved Central Supply Clerk by the Director of I maintaining established PAR levels (PAR amount of a medication you need to have ensure you do not run out while waiting it delivery) on over the counter stock medic (OTC's). See the attached Power Point In ExhibitN Quality Assurance The Director of Nursing will monitor this the Medication Administration QA Tool if monitoring a sample of residents MAR's omissions and circled medications. See a monitoring tool. This tool will be comple week times four weeks then monthly time months or until resolved by Quality of Life committee. Reports will be given to the m Quality of Life Quality Assurance commit corrective action initiated as appropriate. of Life Committee consists of the Administ Director of Nursing. Unit Manager, Suppo Business Office Manager, Dietary Manage Worker, MDS Coordinator and others as a Exhibit _O	Nursing of a street on hand for supply sations assure using for tracked every street enoughly tree and The Qual strator, at Nurse, at Social	o 8-6-K to
	was interviewed. She had no specific nurse a	M, administrative staff #2 stated that 200/300 hall assigned. If the OTC allable in the cart, the staff					

i i	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
Í		345519	B, WING		07/25/2013			
	ROVIDER OR SUPPLIER COMMONS NSG & REH.	ОН	STREET ADDRESS, CITY, STATE, ZIP CODE 2316 HIGHWAY 242 NORTH BENSON, NC 27504					
(X4) ID FREFIX TAG	(EAGH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CACH GORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE - COMPLETION			
F 425	should be checking the central supply room. nurse should have be medication could be of store. Resident #39 was prestreat blood sugar level by mouth daily for diate. The MARs for June are reviewed. Resident #3 June (6/15) and one described to the Administrative Stare 7/25/13 at 10:15 am, see the central supplies the cen	e other carts and the If still not available, the lead en informed so the btained from the local drug scribed Amaryl (used to is) 1 milligram (mg) 1 tablet betes mellitus. Ind July, 2013 were 9 had missed 1 dose in	F 429					
F 431 SS=E	Resident #39 was presentention) 40 mg, 1 table edema. The MAR for June, 20' #39 missed 1 dose of I The Administrative Sta 7/25/13 at 10:15 am; s who signed the MAR of employed at the facility 483.60(b), (d), (e) DRU LABEL/STORE DRUG. The facility must emploal licensed pharmacist work of receipt and controlled drugs in suffice.	r-employed at the facility. scribed Lasix (used for fluid let by mouth daily for 13 was reviewed. Resident Lasix on 6/17. fi-#2 was interviewed on the stated that the nurse of 6/17/13 was no longer of 1/17/13 was no lon	F 431					

1	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING	E CONSTRUCTION .	(X3) DATE S	. 0936-039 I SURVEY .ETED	
· 		345519	B. WNG		07/2	25/2013	
	PROVIDER OR SUPPLIER COMMONS NSG & REH.	ЈОН И	STREET ADDRESS, CITY, STATE, ZIP CODE 2316 HIGHWAY 242 NORTH BENSON, NC 27504				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ECTION OULD BE PROPRIATE	(X5) COMPLETION DATE		
F 431	records are in order a controlled drugs is ma reconciled. Drugs and biologicals labeled in accordance professional principles appropriate accessory instructions, and the eapplicable. In accordance with Stafacility must store all dolocked compartments controls, and permit of have access to the key. The facility must provide permanently affixed controlled drugs listed Comprehensive Drug of Control Act of 1976 and abuse, except when the package drug distribut quantity stored is minimic be readily detected.	used in the facility must be with currently accepted and cautionary expiration date when the sand biologicals in under proper temperature only authorized personnel to ye.	F 431	The statements made on this plan of an admission to and do not constitute with the alleged deficiencies. To remain in compliance with all foregulations the facility has taken or actions set forth in this plan of correction constitutes the facility's compliance such that all alleged definate been or will be corrected by the F 431 Corrective Action for Resident A. For Resident # 11, their Humalog F Advair Diskus were discarded on 7-of nursing. AdvairDiskus was a the supsitution and not in use and the remultiple flex pens that they were ab For Resident # 57 Refresh Optive E discarded on 7-25-13 by the directed and new supply was ordered and recomply the formal formal formal for the affected expired or undated Zinc Sulfate, Aspirin, Pro-Stat. Apility vaccine were all discarded on 7-25-Director of nursing. Exhibit P Corrective Action for Resident Potall residents have the potential to be alleged deficient practice. On 8-12-carts, medication refrigerators and nurser audited for expired or undated	ederal and state will take the ection. The plan allegation of ficiencies cited he dates indicated flex Pen and the e25-13 by director exapeutic esident had ble to use. The discountry of nursing ceived 8-5-13. Medications: The lsol, and influenzing the effected by the effected by the endication rooms and indication rooms.	of L e ca ed	
	policy review, the facilii medications and to dat when opened on two o (400/500 hall cart and date multi-dose vials of	700/800 hall cart), failed to f medication in two of three s (100/200/ 300 hall and		was completed by the Nurse Manag (Director of Nursing, Unit Manager, Nurse). See Exhibit Q	ement Team	٥	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/05/2013 FORM APPROVED OMB NO 0938-0301

CENTER	S FOR MEDICARE &	WEDICAID SERVICES			OMB NO	<u>). 0938-0391 </u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE COMF	SURVEY PLETED
<i>(</i>)		345519	B. WING	B. WING		25/2013
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		20,20,0
LIBERTY	COMMONS NSG & REH	ЈОНИ		2315 HIGHWAY 242 NORTH		
	1			BENSON, NC 27504		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TÀG	TX (EACH CORRECTIVE AC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 431	vaccines by the expiramedication refrigerate medication room). The The facility policy titled Long Term Care Phar Storage for Selected I insulins expect Lantus days not refrigerated; discus 1 month after rinjections—good for or it is a multi-dose vial, 1. On 7/24/13 at 2:00 medication cart was o sulfate 220 mg. (millig expiration date 4/13. of ASA (aspirin) 325 m	ation date in one of three ors (100/200/300 hall be findings included: d " (name of the pharmacy) macy Recommended tems"stated, in part, "all should be discarded 28 Advair Diskus—discard emoval from pouch. All haly 30 days in refrigerator if unless otherwise listed." PM., the 700/800 bserved. One bottle of zinc rams) was opened with There was also one bottle not table to the table table to the table table to the table tab	F	Systemic Changes An in-service was conducted Support Nurses. Those who LPNs, Med Tech's FT, PT, a that are used for staffing need specific in-service and instru- for staff prior to assigning the temporary assignment. Any who did not receive in-service allowed to work until training The in-service topics include The policy for medication s Exhibit R. Quality Assurance The Director of Nursing will the Med Drawer Clean-up too medications and medications attached monitoring tool. The	on 8-8-13 by the Lead attended were all RNs, and PRN. The Agencie ds were sent the facility cted to provide training em to the facility for a in-house staff member to training will not be g has been completed d: torage: monitor this issue using of to monitor for expire that are not dated. See is tool will be completed.	s F-22-6
	Pro-Stat was opened a stated the pharmacy of expired medications, checked the bottles for had not used either of day. Nurse #1 stated Pro-Stat should be dated as an opened Humal #11 dated 06/08/13. A Resident #11 was opened Refresh Optive eye was noted with an expibottle of Pro-stat was of Nurse #2 stated she wero-Stat should be dated.	She stated she also If the expiration date but those medications that Ishe was not aware that the Ithered when it was opened. PM., the two medication were observed. There og flex-pen for Resident In Advair Diskus for ned and undated. A bottle drops for Resident #57 iration date 4/2012. A opened and undated.		every week times four weeks months or until resolved by Q committee. Reports will be g Quality of Life Quality Assurd corrective action initiated as a of Life Committee consists of Director of Nursing, Unit Man Business Office Manager, Diet Worker, MDS Coordinator and Exhibit S.	then monthly times the Quality of Life iven to the monthly ance committee and ppropriate. The Quality the Administrator, lager, Support Nurse, tary Manager, Social	y

when opened and the insulin flex-pen should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) D	(X3) DATE SURVEY COMPLETED	
(· · · · · · · · · · · · · · · · · · ·		346519	B. WNG			07/25/2013	
		ROVIDER OR SUPPLIER COMMONS NSG & REH	ЛОНИ	STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504				
	(X4) ID PREFIX TAG	" (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL : SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (SACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
Advisoration between the state of the state		3. On 7/24/13 at 2:25 refrigerator on 400/50 bottle of Aplisol (Tube and undated. Nurse # should have been date.) On 7/24/13 at 4:38 PM stated all multi-dose v Pro-Stat should have listed all should have listed all should have listed all should have listed all should have listed at 3:20 linfluenza vaccine with were observed in the right within the 100/200/300 Nurse #6 was interview acknowledged that the should have been discipled at that time. On 7/24/13 at 4:30 PM was interviewed. She have removed the influexpired. She added the was expected for the united that the should have should have been discipled. She added the was expected for the united that the should have removed the influexpired. She added the was expected for the united that the should have removed the influexpired. She added the was expected for the united that the should have removed the influexpired. She added the was expected for the united that the should have been discipled that the	28 days after it was opened. PM., the medication 0 hall was observed. One roulin injection) was opened (2 stated the medication ed when opened. A., Administrative staff #2 ials, Advair discus and open dated when opened. PM., 4 multi-dose vials of an expiration date of 6/13 medication refrigerator hall medication room. Wed at this time and vials had expired and arded. She discarded the Administrative Staff #2 indicated that staff should enza vaccine when it at a new batch of vaccine proming influenza season the old vaccine from the	F 431				

PRINTED: 08/26/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A BUILDING 01 - MAIN BUILDING					
		345519	B. WING _	CONSTRUCTION SECTION 08/2	23/2013			
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH JOHN			STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-RÉFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K 000	INITIAL COMMENTS A. Based on observation on 08/23/2013 the facility has 160 beds, is a type V and fully		K 000	The statements made on this plan of correction are not an admission to and				
La construcción de la construcci				do not constitute an agreement with				
K 022 SS=D		FETY CODE STANDARD	· K 022	the alleged deficiencies. To remain in compliance with all federal and state				
A PRINCIPAL PRIN	Access to exits is marked by approved, reac visible signs in all cases where the exit or w reach exit is not readily apparent to the occupants. 7.10.1.4	ases where the exit or way to dily apparent to the		regulations the facility has taken or				
	occupants. 7.10.	1.4		will take the actions set forth in this plan of correction. The plan of				
			- Principle Prin	correction constitutes the facility's allegation of compliance such that				
				all alleged deficiencies cited have been				
				or will be corrected by the dates				
	A Resed on obser	s not met as evidenced by: /ation on 08/23/2013 the evit /red unit into the service hall bk like a book case.		indicated.	09-06-13			
K 029		FETY CODE STANDARD		K 022:The exit door was painted one	-			
	fire-rated doors) or a extinguishing syster and/or 19.3.5.4 proto the approved autom	construction (with ¾ hour an approved automatic fire in in accordance with 8.4.1 ects hazardous areas. When atic fire extinguishing system areas are separated from		color to be readily identified as an exit door by the Maintenance dept.				
	other spaces by smo doors. Doors are se field-applied protecti	oke resisting partitions and elf-closing and non-rated or ive plates that do not exceed pottom of the door are						
	Álbratania an pooluni	ERISUPPLIER REPRESENTATIVE'S SIGI	44711111	TITLE	X6) DATE			

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

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

Event ID: EH7M21

Facility ID: 970198

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING		(X3) DATE SURVEY COMPLETED			
345519			8. WING			08/23/2013		
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH JOHN			STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EAGH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 029	This STANDARD is not met as evidenced by: A. Based on observation on 08/23/2013 the door to the dry storage room in the kitchen was held open. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD		K)29	K 029 The dietary dept. was in – serviced By the Dietary Manager on 8・29・13 The Dietary Manager will monitor using		09-06-13	
K 038 SS=D			Κ¢)38	A QI tool to ensure the door is not Propped open for weekly for 4 weeks, Monthly for 3 months. The QI		and the second s	
orannesso vivos privincio de de se	A. Based on obser inside door release	s not met as evidenced by: vation on 08/23/2013 the devices for the cooler and	a provincia de la companya de la co	e, significant de la companya de la La companya de la co	K 038 A The inside of the freezer door Release were made operable by the		09-06-13	
K 061 SS=D	gate was 72 inches must be between 34 42 CFR 483.70 (a) NFPA 101 LIFE SAI Required automatic	switch on the Alzheimers above the floor. This switch and 48 inches off the floor. FETY CODE STANDARD sprinkler systems have that at least a local alarm	К 0	161	Maintenance Dept: adding a block of Wood to prevent the shelves from Preventing the inside door release Device from working . K038 B. The lock on the Alzheimer's Gate was moved down within the 34 and 48 inch guideline from the Floor.		09-06-13	
		\$-						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING			(X3) DA	(X3) DATE SURVEY COMPLETED	
		345519	B. WING		08/23/2013			
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH JOHN				STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504			1 00/20/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	ER'S PLAN OF CORRECTI RRECTIVE ACTION SHOU ERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 061	Continued From page 2		Ko	1 K 061 The ball	K 061 The ball valve controlling the			
		s not met as evidenced by: vation 08/23/2013 the ball		flow switch for	r the new addition		}	
	valve controling the	flow switch for the new stem was not supervised.		sprinkler syste	m was corrected with			
K 062 SS=D	NFPA 101 LIFE SA	FETY CODE STANDARD	KO	2	ne by Crossroads Fire			
55=D	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			Protection INC.				
	71. 07.110.100.1			K 062 The autor	matic sprinkler system		09-13-13	
Admin symmetric structure de la constitución de la	A. Based on observ	s not met as evidenced by: vation on 08/23/2013 the		was serviced wit	th a 5 year obstruction			
	obstruction test.	d not had the (5) five year		test by Crossroad	ds Fire Protection INC.			
The area of the season of the								

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