PRINTED: 08/15/2013

		ID HUMAN SERVICES MEDICAID SERVICES		1AXG 2 1 2013		RM APPROVED IO. 0938-0391
STATEMENT (OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DAT	TE SURVEY
		345375	B. WNG		0;	8/07/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	E	·
KINDRED	NURSING & REHAB-SC	OTLAND NECK		920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	, ID PREF TAG		N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE
F 281 SS∺D	PROFESSIONAL STA	d or arranged by the facility al standards of quality.	F	This Plan of Correction is the center allegation of compliance. Preparation and/or execution of this does not constitute admission or age provider of the truth of the facts allowed set forth in the statement of deficient correction is prepared and/or execution is required by the provisions of features.	is plan of correction reement by the eged or conclusions icies. The plan of ited solely because	
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to administer a nutritional supplement for 5 of 5 residents as ordered by the physician per omission on the medication administration record and failed to consult with the physician for guidance of an alternate method to ensure a nutritional supplement was administered (Resident #27, Resident #38, Resident # 4, Resident # 9, and Resident # 54). The findings included:			F281: 1. The physician was Resident #27, by the Manager on 8/6/1 order was received protein shakes via protein powder is a then continue the for use of protein prote	he Unit 3, and an d to utilize G-tube until available, current order bowder.	8/16/2013
	11/12/2012. The mos (MDS) dated 5/28/13 severely cognitively in pressure ulcer. A review of a telep 7/18/2013 indicated for receive protein scoops three times a (gastrostomy tuber healing. A review of the merecord (MAR) for resign omission of 15 dos supplement between	powder supplement two day via g-tube) for 30 days to aid in wound dication administration		The physician was Residents #4, 9, 38 Unit Manager on 8, order was received protein shakes unti powder is available continue the currer the use of protein p 2. An audit was comp Unit Manager on 8, medication adminis records for other re ensure that medica	, 54 by the /6/13, and an I to use I to use I protein e, then not order for bowder. leted by the /14/13 of estration esidents to	

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

initialed and circled by the nurses with

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION - '	(X3) DATE SURVEY COMPLETED	
		345375	B. WING			08/07/2013	
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
KINDBED	MUDGING & DELIAD CC	OTI AND NECK		9:	20 JR HIGH SCHOOL RD		
KINDKED	NURSING & REHAB-SC	OTEAND NECK		S	COTLAND NECK, NC 27874		
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F 281	which indicated prote not available. During staff intervinurse #1 indicated rebeen receiving the for the past few days supplement was not available. She stated supplement had not a not notify the physical records/ cent revealed she order powder for residents.	tion on the back of the MAR in powder was ew on 8/5/2013 at 2:26 pm, sident #27 had not protein supplement ordered because the ot available. on 8/6/2013 at 2:07 pm, exprotein powder of given because it was not the protein powder of been available since further revealed she did cian that the supplement 8/6/2013 at 3:05 pm, the ral supply clerk ed the protein supplement receiving enteral indicated that she was	F	281	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of condoes not constitute admission or agreement by provider of the truth of the facts alleged or conset forth in the statement of deficiencies. The proceeding is prepared and/or executed solely bit is required by the provisions of federal and supplements were administast per physician's order. Corrective actions were completed as indicated. 3. A new system was initiated the Director of Nursing on 8/8/13 to ensure medication/supplement availability for administrate Each nurse responsible for medication administration notify the pharmacy/Cent Supply Clerk when there is	ine clusions lan of secause tate law. Stered d by ion. will	
	cart not having a si supplement.	upply of the protein powder			day supply of		
		2/R/2012 at 2:15 am tha			medication/supplement remaining for each reside	nt.	
	Director of Nursing Some revealed she had justiced in the suppleme. The DNS further reprocess of contacting having them to sert of the residents to the "My expectation is whoever orders it as	ust learned the nurses were int and not giving it. ivealed she was in the the pharmacy and id the supplement for each a facility. She stated for the nurse to notify me or			Should medication not be available for administration Nurse will report this immediately to the Direct Nursing. The Physician will notified for further	n, the	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING & REHAB-SC	OTLAND NECK	STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874				
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F 281	recommend in the placan get it in. " During an interview nurse # 2 indicated slaprotein powder on tavailable. She further protein powder supavailable since Augus notified the supply normally do when we stated she did not resupplement not being was not aware that on that yesterday." 2. Resident # 38 was 3/6/2013. The most re (MDS) dated 6/14/13 severely cognitively in assessment identified experienced weight to last month or 10% in suspected deep tissue evaluated at the wour open area to right hip continue to offload protein powder supple three times a day for healing per dietary re	ed to notify the e is anything else he would doe of it until we on 8/7/2013 at 12:36 pm, ne circled for the he MAR because it was not indicated the blement had not been at 1st. Nurse # 2 stated " I berson in writing like I need something. " She otify the physician of the available because " I I needed to but I was trained as admitted to the facility on ecent Minimum Data Set indicated resident was indicated resident was indicated to have as greater than 5% in the the last 6 months with a e injury. Resident was and clinic on 8/1/2013 for an with a recommendation to essure. The physician order dated for the resident to receive ement two scoops by mouth and days to promote wound commendation. O13 Medication	F 281	This Plan of Correction is the center's credib allegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement by provider of the truth of the facts alleged or consection is prepared and/or executed solely it is required by the provisions of federal and recommendations. Educated was completed by the Disconsultant, Licensed Nursing Staff and Medication Aides regarding above stated system chart. The Unit Manager will consult and administration records the times weekly for 3 weeks weekly for 4 weeks to ensure that medications have be administered as ordered. 4. Findings of the above staff and the presented to quality assurance committed monthly for 3 months for recommendations and fur follow-up as indicated.	tion rector ager, with d ang the age. mplete ree at then sure en ted the tee		
	Administration Record	013 Medication d (MAR) revealed resident bowder supplement as					

	IDENTIFICATION NUMBER		1 ' '	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		345375	B. WING _	send the)8/07/2013	
	NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK			STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874			
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F 281	A review of the A Administration Reco # 38 revealed a a protein powder suppl dates of August entries on the MAR circled by the nu documentation on the indicated the pro- available. During an intervinurse #1 indicated the supplement was available. She state supplement had August 1, 2013. She not notify the phy was not available. During an interving with the Dietary Director of Nursing indicated she had ju the 100 hall med powder supplement expecting a delive lin an interview of Director of Nursing revealed she had circling the supplem The DNS further process of contaction	forder through July 31, 2013. Jugust 2013 Medication ord (MAR) for resident total of 17 omissions of the olement between the 1 and August 6, 2013. The were initialed and reses with written he back of the MAR which tein powder was not ew on 8/6/2013 at 2:07 pm, he protein powder not given because it was not d the protein powder not been available since a further revealed she did ysician that the supplement for ake their mouth. The Dietary Director ust learned today that I cart did not have any protein to the Stated "I am very tomorrow."	F	281			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 281	of the residents to the "My expectation or whoever orders it a realize they do no not available, they ne doctor to see if the recommend in the pla can get it in." During an interview nurse # 2 indicated s protein powder on available. She further protein powder sur available since Augus she did not notify t supplement not being During an interview 8/7/2013 @ 12:45 pn expectation is " If t supplement that is or ask for an alternate for in the facility." 3. Resident # 4 wa 3/21/2013. The most Data Set (MDS) date was severely cognitive	e facility. She stated is for the nurse to notify me as soon as they t have it. If the supplement is sed to notify the re is anything else he would ace of it until we on 8/7/2013 at 12:36 pm, the circled for the the MAR because it was not reindicated the oplement had not been st 1st. Nurse # 2 stated the physician of the g available. with a physician on n, he indicated his they do not have a dered, they would call and what they do have on hand as admitted to the facility on recent Quarterly Minimum d 6/10/13 indicated resident vely impaired and had a lie injury. Medical diagnoses	F	281			
	hemodialysis and Dia A review of the adn 3/21/2013 revealed a	abetes Mellitus. nission orders record dated					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345375	B. WNG			08/	07/2013
	ROVIDER OR SUPPLIER	OTLAND NECK		9.	TREET ADDRESS, CITY, STATE, ZIP CODE 20 JR HIGH SCHOOL RD COTLAND NECK, NC 27874		
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F 281	A review of the Med Record for resident # omissions of the probetween the dates of August 6, 2013. The initialed and circled be written documentated which indicated the protravailable. During an interview nurse #1 indicated the supplement was not available. She stated supplement had not notify the physical was not available. During an interview with the Dietary Director of Nursing of the residents who take supplements by mindicated she had just the 100 hall med of powder supplement. expecting a delived the residents who take supplements of the revealed she had circling the supplement. The DNS further reprocess of contacting having them to see of the residents to the	lication Administration 4 revealed 17 bein powder supplement August 1 and he entries on the MAR were by the nurses with ion on the back of the MAR rotein powder was of on 8/6/2013 at 2:07 pm, he protein powder but given because it was not the protein powder but been available since further revealed she did dician that the supplement of the protein supplement for the their fouth. The Dietary Director fut learned today that beart did not have any protein She stated "I am but tomorrow." 8/6/2013 at 3:15 pm, the fervices (DNS) just learned the nurses were fut and not giving it. fut evealed she was in the fut the pharmacy and fut the supplement for each for facility. She stated fut for the nurse to notify me	F	281			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUC			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING & REHAB-SC	OTLAND NECK	•	920 JR HIGH	RESS, CITY, STATE, ZIP CODE SCHOOL RD NECK, NC 27874			
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F 281	realize they do no not available, they no doctor to see if the recommend in the placan get it in. " During an interview nurse # 2 indicated s protein powder on available. She further protein powder sure available since Augus she did not notify t supplement not being 4. Resident # 9 wa 4/1/2013. The most recommend included Diabetes Medicated Skin dama included Diabetes Me	thave it. If the supplement is seed to notify the are is anything else he would acc of it until we won 8/7/2013 at 12:36 pm, the circled for the the MAR because it was not a indicated the oplement had not been st 1st. Nurse # 2 stated the physician of the gravailable. Is admitted to the facility on ecent Minimum Data Set dentified resident was appaired and had moisture age. Medical diagnoses cellitus and Hypertension. It is a physician order dated are and pink healed tissue are physician order dated are the resident to receive coops by mouth three times are dietary recommendation to fing. 2013 Medication and (MAR) for resident to received protein powder sed from July 10 through July	IL.	281				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		COMPLETED
		345375	B. WNG	La contract or a	08/07/2013
	NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK			STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874	
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F 281	supplement betwee August 6, 2013. The initialed and circled documentation on indicated protein process of contact of the passupplement was supplement was available. She state supplement was available. She state supplement had August 1, 2013. She not notify the process of contact of Nursing a delicated she had in an interview of the residents who is supplement by indicated she had in an interview of the process of contact of the supplement of the supplement of Nursing revealed she had circling the supplement of the supplement of Nursing revealed she had circling the supplement of Supplement of Nursing revealed she had circling the supplement of Supplement of Nursing revealed she had circling the Nursing revealed she had circling th	ans of the protein powder en the dates of August 1 and the entries on the MAR were I by the nurses with written the back of the MAR which bowder was not available. Prview on 8/5/2013 at 2:26 pm, resident # 9 had not the protein supplement of few days because the as not available. Priew on 8/6/2013 at 2:07 pm, the protein powder as not given because it was not the further revealed she did anysician that the supplement the work on 8/6/2013 at 3:11 pm rector, she revealed ders the protein supplement for take their mouth. The Dietary Director tust learned today that d cart did not have any protein at. She stated "I am the stated I a	F	281	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345375	B. WING		-	08/	08/07/2013	
	ROVIDER OR SUPPLIER NURSING & REHAB-SC	OTLAND NECK		9:	TREET ADDRESS, CITY, STATE, ZIP CODE 20 JR HIGH SCHOOL RD COTLAND NECK, NC 27874			
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F 281	or whoever orders it a realize they do not not available, they ne doctor to see if the recommend in the placan get it in. " During an intervier nurse # 2 indicated significated significant protein powder on available. She further protein powder su available since August	e facility. She stated is for the nurse to notify me as soon as they t have it. If the supplement is led to notify the lere is anything else he would lace of it until we w on 8/7/2013 at 12:36 pm, the circled for the the MAR because it was not indicated the pplement had not been st 1st. Nurse # 2 stated the physician of the	F	281				
	5/29/2013. Medical d Stage Renal Disease and Diabetes Mellitus Data Set (MDS) date to be moderately cog A review of a telepho 1/8/2013 indicated fo protein powder two s dietary recommendal During an intervier nurse #1 indicated th supplement was navailable. She stated supplement had naugust 1, 2013. She	ne physician order dated r the resident to receive coops three times a day per ion. w on 8/6/2013 at 2:07 pm, e protein powder oot given because it was not						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER NURSING & REHAB-S	COTLAND NECK	,	92	TREET ADDRESS, CITY, STATE, ZIP CODE 20 JR HIGH SCHOOL RD COTLAND NECK, NC 27874	•	
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 281	with the Dietary Dire she normally ord the residents who ta supplements by indicated she had juthe 100 half med powder supplement expecting a delivenant of the circling the supplement of the DNS further process of contacting the supplement of the residents to the "My expectation or whoever orders it realize they do not available, they not a get it in."	ew on 8/6/2013 at 3:11 pm ector, she revealed ers the protein supplement for ke their mouth. The Dietary Director st learned today that cart did not have any protein. She stated "I am ery tomorrow." 1 8/6/2013 at 3:15 pm, the Services (DNS) I just learned the nurses were ent and not giving it. revealed she was in the g the pharmacy and end the supplement for each the facility. She stated is for the nurse to notify me as soon as they of have it. If the supplement is eed to notify the tere is anything else he would lace of it until we	F	281			
F 309 SS=G	nurse # 2 indicated protein powder of available. She further protein powder so available since Augushe did not notify supplement not beir 483.25 PROVIDE C	n the MAR because it was not er indicated the upplement had not been ust 1st. Nurse # 2 stated the physician of the available. ARE/SERVICES FOR	F;	309			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3	(X3) DATE SURVEY COMPLETED	
		345375	B. WING			08/07/2013	
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F 309	provide the necessar or maintain the highe mental, and psychos	eceive and the facility must y care and services to attain st practicable physical,	F 30	This Plan of Correction is the cer allegation of compliance. Preparation and/or execution of does not constitute admission or provider of the truth of the facts set forth in the statement of defic correction is prepared and/or ex it is required by the provisions of	this plan of correction agreement by the alleged or conclusion iencies. The plan of ecuted solely becaus of federal and state la	ons f se	
	by: Based on observation interviews, the facility identify signs and syr pressure ulcer dressi residents reviewed for	is not met as evidenced in, record reviews and staff ifailed to recognize or inptoms of pain during a ing change for 1 of 4 ir pressure ulcers, who was ain (Resident # 27). The		completed for R 8/13/13 by the nurse. The phys notified on 8/7/ was obtained to medication 3o r each dressing cl	esident #27 or wound care ician was '13, and an ord administer pa minutes prior to hange.	ler ain	
	11/12/2012. Medical Alzheimer 's and a st right hallux. Quarterly assessment dated 5/27 's cognition was st assessment also indiable to respond adeq communication only s Resident # 27 's care on 7/17/2013, reveale skin integrity was add which included monit care plan also indicat receive pain medicati 's order. A review of the Control	age 3 pressure ulcer to the Minimum Data Set (MDS) 28/13 revealed Resident # everely impaired. The cated Resident # 27 was uately to simple direct sometimes. A review of plan, most recently updated ed the problem of impaired dressed with interventions oring for signs of pain. The ed the resident should on as needed per physician colled Drug Record for the resi (20 mg milligrams) with a		completed for requiring dressi the wound care 8/13/13. Resid routine dressing offered pain me minutes prior to dressing change. 3. The wound care education by the Nursing on 8/8 ensuring resided pain medication.	ing changes by enurse on ents who required changes will ledication 30 to initiation of the enurse received the Director of 13 regarding ents are offered	ire be the ed	

NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874	/2013
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SCOTLAND NECK, NC 27874	
700.2.1.2.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.3.1.2.1.2	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 Continued From page 11 revealed the last dose of medication was signed out on 7/31/1/3 at 1:30 am. A review of the Medication Administration Record (MAR) for resident # 27 revealed an order for Roxanol 1ml (millitlers) (20 mg milligrams) overy hour as needed for severe pain. The MAR revealed no pain medication was administered for the month of August 2013. At 10:00 am on 8/7/2013, the Director of Nursing Services (DNS) and the Wound Care nurse were present in Resident # 27 's room, Prior to beginning the pressure ulcer dressing change on 8/7/2013 that began at 10:00 am, Resident exhibited facial grimacing and bilateral shoulders/arms tensing as the wound care nurse cleansed a stage 3 pressure ulcer of the right hallux. During the dressing change the DNS asked the Wound Care nurse said "Not no more than usual. She flinches like that sometimes even when she is in the room by herself." 'At 10:15 am, as the wound care nurse proceeded to reposition the great toe and apply the dressing, the resident again exhibited facial grimacing, facial flushness, and bilateral shoulders/arms tensing. The DNS indicated she recognized the resident to single yaid medicate the resident for pain at which time the dressing change was completed. F 309 This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or ogerement by the provider of the statement of deficiencies. The plan of corrections to prepared resultings for conclusions set forth in the facts allegat or conclusions set forth in the statement of deficiencies. The plan of corrections to prepared resultings for in the statement of deficiencies. The plan of corrections to prepared rescultance allegator conclusions set forth in the statement of deficiencies. The plan of correction is prepared rescultance. Preparation and/or execution of the statement of the facts allegator conclusions set forth in the statement of deficiencies. The plan of corrections to prepare the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345375	B. WNG_	B. WING			08/07/2013	
	ROVIDER OR SUPPLIER NURSING & REHAB-SC	OTLAND NECK		STREET ADDRESS, CITY, STATE, ZIP CODE 920 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES , (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		, ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SH		LD BE	(X5) COMPLETION DATE	
F 309	During an interview or Nurse #1 indicated she pain medication immediated she medicated	n 8/7/2013 at 10:18 am, se was instructed to give ediately. /13 at 10:38 am, Nurse # 1 sed the resident with by mouth for pain level werbal pain scale of 1-10 at stated "She still had facial in there, I rated it a 10." n 8/7/2013 at 10:40 am, the sted the resident was difficult cause she occasionally when she was in the room ted "I will be more aware." n 8/7/2013 at 10:42 am, the envices (DNS) indicated her e wound care nurse to stop	E	.09	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plandoes not constitute admission or agreement provider of the truth of the facts alleged on set forth in the statement of deficiencies. It correction is prepared and/or executed so it is required by the provisions of federal accomplete documentation pain medication being a prior to dressing change. Director of Nursing will documentation to ensure pain medication has be offered prior to dressing changes 3 times weekly three weeks, then week four weeks to ensure compliance. 4. Findings of the above staudit will be presented Quality Assurance Commentations and the follow-up as indicated.	of correction It by the It by the It conclusion. The plan of ely because and state law on of offered es. The audit re that en It for ontinued ated to the mittee or		

PRINTED: 09/03/2013 ARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 NTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED A. BUILDING 01 - MAIN BUILDING 01 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: B. WING 08/27/2013 345375 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 920 JR HIGH SCHOOL RD KINDRED NURSING & REHAB-SCOTLAND NECK SCOTLAND NECK, NC 27874 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) This Plan of Correction is the center's credible allegation of compliance. K 000 K 000 INITIAL COMMENTS Preparation and/or execution of this plan of correction does not constitute admission or agreement by the A. Based on observation 08/27/2013 the facility provider of the truth of the facts alleged or conclusions is a one story type V protected, fully sprinkled, set forth in the statement of deficiencies. The plan of sixty -two (62) bed NH correction is prepared and/or executed solely because it is required by the provisions of federal and state law. NFPA 101 LIFE SAFETY CODE STANDARD K 029 K 029 9/4/2013 \$S≃D The facility contacted a locksmith to One hour fire rated construction (with 1/4 hour evaluate the problem of the laundry door fire-rated doors) or an approved automatic fire located in the lobby and the dry storage extinguishing system in accordance with 8.4.1 door in the kitchen that would not latch and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system as well as the bathroom near room 118 option is used, the areas are separated from that required more than one motion to other spaces by smoke resisting partitions and exit the room. (K038) doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed The locksmith corrected the problem of 48 inches from the bottom of the door are both the dry storage door in the kitchen 19.3.2.1 permitted. that would not latch, as well as the bathroom door that that required more than one motion to exit the room. (K038) Maintenance fixed the laundry This STANDARD is not met as evidenced by: door in the lobby that would not latch. A. Based on observation on 08/27/2013 the door located in the lobby which leads into the laundry Maintenance will check the doors that failed to close and latch. would not latch properly weekly for B. The door the dry storage room in the kitchen three weeks and then monthly going failed to close and latch... forward, and will correct when 42 CFR 483.70 (a)

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

NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily

accessible at all times in accordance with section

Diector 9/12/

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

K 038

necessary.

meeting.

Facility ID: 923218

The facility will monitor for three

months in the Quality Assurance

K 038

SS=D

7.1.

19.2.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
345375			B. WING	B. WINĞ		08/27/2013		
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHAB-SCOTLAND NECK					9	STREET ADDRESS, CITY, STATE, ZIP CODE 120 JR HIGH SCHOOL RD SCOTLAND NECK, NC 27874		
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORI PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		BE	(X5) COMPLETION DATE
	K 038	This STANDARD is A. Based on observentered before the fi B. The toilet near roone motion of the to	s not met as evidenced by: vation on 08/27/2013 the uld relock if the code was ifteen seconds was up. som 118 required more than exit the room , on the main lobby failed to	K		This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of condoes not constitute admission or agreement by the provider of the truth of the facts alleged or concise of forth in the statement of deficiencies. The plac correction is prepared and/or executed solely be it is required by the provisions of federal and state in the facility contacted the electric company to evaluate the problem of Annex door relocking if the code was entered before fifteen seconds were as well as the exit door in the front lefailing to release when pressure was applied. The electric company did not find a problem with the Annex doors as the worked properly when tested but corrected the exit door in the front lewhich failed to release when pressur was applied. Maintenance will check both the An exit door as well as the front lobby e door to ensure proper function week for three weeks and then monthly go forward, and will correct when necessary. The facility will monitor for three months in the Quality Assurance meeting.	the husions an of cause the law. The as up obby bbby e mex exit ly	8/28/2013