Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/09/2013 NH0476 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 500 LENOIR RD GRACE RIDGE MORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION (EACH (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID CORRECTIVE ACTION SHOULD BE CROSS-(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1. Audits were conducted and the following L 064 .2301(D) PATIENT ASSESSMENT AND CARE actions taken for those residents directly **PLANNING** affected by this alleged deficient practice: 10A-13D.2301 (d) The facility shall review A. Comprehensive assessments have been 10/25/13 comprehensive assessments and plans of care completed on Residents #2, #4, #6, #7, #11, #12 no less frequently than once every 90 days and and #13. make necessary revisions to ensure accuracy. B. Lap belts have been discontinued on Residents #4, #6, #7, #11, #12, and #13. Care 10/25/13 plans for these residents were reviewed and This Rule is not met as evidenced by: Based on observations, record review and staff updated as appropriate. interview, the facility failed to provide C. Lap belt use continues on Resident #2 and the care plan was updated to reflect current lap comprehensive assessments and care plans for use of restraints for 7 of 7 sampled residents, (Resident's #2, #4, #6, #7, #11, #12 and #13). The findings included: 2. All residents were identified as having the potential to be affected by this alleged deficient 1. Resident #2 was admitted to the facility on practice. 09/13/2011. Diagnoses included Alzheimer's dementia, osteoarthritis and right foot drop with use of brace. 3. The following measures were implemented to assure this alleged deficient practice does An observation of Resident #2 during tour of the facility on 10/07/2013 at 11:00 AM revealed not recur: Resident #2 being pushed down the hall by a family member in a wheelchair with a seat belt A. All nursing staff including both Unit Managers (UMs) were inserviced on: on. the appropriate use of restraints 11/08/13 On 10/07/2013 at 11:05 AM in an interview assessing residents for restraint usage Resident #2's family member revealed he had prior to application fallen about a year ago and the facility had put the the importance of updating/revising seatbelt on. The family member further revealed resident care plans to reflect current there had been no more falls and Resident #2 did status not try to get up anymore. The family member noted both Resident #2's hands were clenched B. The facility has identified all residents and non-functioning and she confirmed he was currently using restraints. The charts of these unable to follow directions to release the belt. 10/25/13 residents have been audited to assure that 1) On 10/07/2013 at 11:20 AM interview with Nurse residents were properly assessed for restraint #1 revealed she had never seen Resident #2 try usage; Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE Ex Director Mag Home adm.

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Division of Health Service Regulation (X3) DATE SURVEY					HDVCV	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	35 55.	(X2) MULTIPLE CONSTRUCTION		URVEY ETED
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		50,111 Et	
		NH0476	B. WING		10/0	9/2013
			DDF00 0171 07	ATE ZID CODE	•	
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
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(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO		(X5) COMPLETE
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	70 20050	1948	1 004	2) their representatives were notif	ed of the	11/01/13
L 064	Continued From page	e 1	L 064	risks/benefits for restraint usage and		11,01,10
	to get up.			consent has been obtained from the	a 0.B.10a.	
	to got up.			resident/representative; 3) the physic	ian orders	
	An observation on 10	0/07/2013 at noon of		are accurate and present in the reside		
		him sitting at the dining				
	room table to be serv	ved his lunch with the seat		charts; and 4) the residents' care plan		
	belt in place.			reviewed and updated, and reflective	or current	
	- sit iii piaasi			status.		
	A review of Resident	#2's medical record				
		's order dated 09/07/2012		4. The following quality monitoring p		
		e self release seatbelt		has been implemented to assure the	corrective	
		rm to prevent unattended		actions are effective and sustained:		
	ambulation."			Care plans will be reviewed by the	Unit	
				Managers on a quarterly basis and as		
	Furt her review of Re	esident #2's medical record		conditions warrant with revisions and		
	revealed no signed re	elease, initial evaluation or		made as needed. The Director of Nurs	sing will	
	ongoing assessment	s to determine if continued		conduct random audits of the care plant		
	restraint use was ned	cessary to treat the resident.		residents with restraint use on a wee	kly basis	
	Review of Resident #	#2's current care plan		for two months. Trends and findings		
	(documented as last	updated 06/13/2012)		presented by the DON at the monthly		
	documented no listin	g of the seatbelt with goals		Assurance/Process Improvement med		
		view of Resident #2's		minimum of three months.	B	11/08/13
	Resident Tracker/Ca	replan card (documented as		5. Completion date: 11/8/13		
	last updated 08/07/2	013 by UM #2) available to		5. Completion date. 11/6/13		
	the direct care staff	on how to meet the individual				
		nt revealed no documentation				
	that Resident #2 was	s wearing a seatbelt.				
		00 0111				
		00 PM interview with Unit				
) revealed she and Unit				
		were responsible for	1			
		ng the care plans and Tracker				
		med they both meet with				
	ramilies quarterly bu	t UM #2 was the one trained				
	to update the care p	lans on the computer system.				
	On 10/00/2013 of 11	20 PM interview with Director				
		realed she was unable to				
		assessments, documentation				
		the Tracker/Careplan card on				
	Decident #2 for the	self release seatbelt. On				
	Resident #2 for the s	sen release seathert. On				

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Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		NH0476	B. WING		10/09/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE,	ZIP CODE	
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GRACE N	DGE	MORGAN	ITON, NC 28655	PROVIDEDIO DI AMI OF CORRECTION/E	ACH (VE)
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L 064	Continued From page	e 2	L 064		
	further interview the Ibeen at the facility at had taken the position the residents and det restraints in place bu information. The DOI Care Plans and Trackept updated. On 10/09/2013 at 1:3 confirmed she had be responsibility of the Cards for 5 months a belts/devices/restraint documented and updated updated. 2. Resident #4 was 10/10/2011. Diagnos senile dementia, adduosteoporosis and chidisease. An observation of Reflicing room waiting thanging down behind of removing her seat #4 acknowledged: A review of Residen Record (MAR) reveau 02/26/2010 that read	few months and when she not DON she had assessed termined there were not had not documented the Nonfirmed she expected ker/Careplan cards to be BOPM interview with UM #1 teen co-assigned the Care Plans and Tracker Care and the hats should have been dated on Resident #2 on a seadmitted to the facility on ses included weakness, alt failure to thrive, ronic obstructive pulmonary tesident #4 on 10/07/2013 at Resident #4 sitting in the for lunch with her seatbelt d her. 1:25 AM interview with Unit or revealed Resident #4 on 10/07/2013 at Resident #4 on 10/07/2013 at Resident #4 sitting in the for lunch with her seatbelt d her. 1:25 AM interview with Unit or revealed Resident #4 on 10/07/2013 at Resident #			

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	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE S	SURVEY
	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	
			71. 20,20110.			
		NH0476	B. WING		10/0	09/2013
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NAME OF PI	ROVIDER OR SUPPLIER			., 211 0002		
GRACE R	DGE	500 LEN	NTON, NC 28655			
				DOCUMENTS OF AN OF CORRECTION	DNIFACH	1 (1/6)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	COMPLETE DATE
L 064	Continued From page	e 3	L 064			
•		sident #4's medical record				
		elease, initial evaluation or				
		s to determine if continued				
		cessary to treat the resident.				
	Review of Resident					
		updated 09/01/2013)				
		g of the seatbelt with goals				
	or interventions. Rev					
		replan card (documented as				
	last updated 06/12/2	013 by UM #2) available to				
	the direct care staff of	on how to meet the individual				
	needs of the residen	t revealed no documentation				
	that Resident #4 was	wearing a seatbelt.				
		00 PM interview with Unit				
		revealed she and Unit				
	Manager #2 (UM#2)					
		g the care plans and Tracker med they both meet with				
		: UM #2 was the one trained				
		ans on the computer system.				
	to apaate the care pr	and on the compater eyete				
	On 10/09/2013 at 1:2	20 PM interview with Director				
	of Nurses (DON) rev	ealed she was unable to				
	locate any restraint a	ssessments, documentation				
	on the Care Plan or t	the Tracker/Careplan card on				
		elf release seatbelt. On				
		DON revealed she had only				
	been at the facility a	few months and when she				
		on of DON she had assessed				
		termined there were no				
		It had not documented the				
		N confirmed she expected				
		ker/Careplan cards to be				
	kept updated.					
	On 10/09/2013 at 1:3	30 PM interview with UM #1				
		een co-assigned the				
		Care Plans and Tracker Care				
	cards for 5 months a					

	of Health Service Regu			ANCTOLICTION	(Y3) DATE	SURVEY	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3000 . 30	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
AND PLAN C	A SOUNDED HON		A. BUILDING:				
		NH0476	B. WING		10	/09/2013	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	OULD BE CROSS- APPROPRIATE	(X5) COMPLETE DATE	
L 064	Continued From page	e 4	L 064				
2 004	belts/devices/restrain						
	01/24/2012. Diagnos	admitted to the facility on ses included rheumatoid nees and hands, senile mal gait.					
		30 AM Resident #6 was is wheelchair in his room ace.					
	11:21 AM revealed F	esident #6 on 10/08/2013 at Resident #6 sitting in the for lunch with his velcro					
		0/08/2013 at 2:43 PM NA #4 6 took his seat belt off					
	Resident #6's family	0/08/2013 at 3:00 PM member revealed he had the metime but was able to did.					
	revealed an order da	t #6's medical record ated 09/10/2012 that read: arm and self release seatbelt					
	revealed no signed ongoing assessment restraint use was ne Review of Resident (documented as las)	esident #6's medical record release, initial evaluation or ts to determine if continued beessary to treat the resident. #6's current care plan t updated 01/12/2013) ng of the seatbelt with goals					

Division of	of Health Service Regu	lation			LYN DATE CUDVEY	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		NH0476	B. WING		10/09/2013	
	CONTROL OF CHIEF IED	STREET AL	DDRESS, CITY, STATE	E. ZIP CODE		
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		A CANADA SA CANADA S		PROVIDER'S PLAN OF CORRECTION (EACH (X5)	
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L 064	Continued From page	e 5	L 064			
	100 100					
	or interventions. Rev					
	Resident Tracker/Ca	replan card (documented as 013 by UM #2) available to				
	the direct care staff of	n how to meet the individual				
	needs of the resident	revealed no documentation				
	that Resident #6 was					
	On 10/08/2013 at 2:0	00 PM interview with Unit				
	Manager #1 (UM #1)	revealed she and Unit				
	Manager #2 (UM#2)	were responsible for				
	initiating and updatin	g the care plans and Tracker med they both meet with				
	families quarterly but	UM #2 was the one trained				
	to undate the care of	ans on the computer system.				
	to apaato ino caro pr					
		20 PM interview with Director				
	of Nurses (DON) rev	ealed she was unable to				
	locate any restraint a	assessments, documentation				
	on the Care Plan or	the Tracker/Careplan card on				
		self release seatbelt. On				
	turtner interview the	DON revealed she had only few months and when she				
	had taken the nosition	on of DON she had assessed				
	the residents and de	termined there were no				
		ut had not documented the				
	information. The DO	N confirmed she expected				
	Care Plans and Trac	cker/Careplan cards to be				
	kept updated.					
		00 DM 1-111111				
		30 PM interview with UM #1 been co-assigned the				
	responsibility of the	Care Plans and Tracker Care				
	cards for 5 months a	and the				
		ints should have been				
		dated on Resident #6 on a				
	quarterly basis.					
	*					
		St. 525.83				
	4. Resident #7 was	admitted to the facility on				
	09/14/2011. Diagno	ses included Alzheimer's				

FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 10/09/2013 NH0476 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 500 LENOIR RD GRACE RIDGE MORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION (EACH SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE CORRECTIVE ACTION SHOULD BE CROSS-(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) L 064 L 064 Continued From page 6 dementia, osteoporosis, debility and weakness. An observation of Resident #7 on 10/08/2013 at 9:25 AM revealed Resident #7 sitting in a gerichair in her room with an alarm click belt on. On 10/08/2013 at 9:27 AM interview with Nurse Aide #1 (NA #1), who was providing care to Resident #7, revealed she had not seen Resident #7 try to get up in ages and confirmed Resident #7 was unable to follow directions to release the alarm click belt. On 10/09/2013 at 10:10 AM interview with Nurse Aide #2 (NA #2), who was providing care to Resident #7, revealed she had never seen Resident #7 try to take off her belt and confirmed Resident #7 required total care, was transferred with a lift and unable to follow directions to release the alarm click belt. NA #2 added Resident #7 used to take her belt off but didn't do it anymore. A review of Resident #7's Medical Administration Record (MAR) revealed an order dated 11/16/2012 that read: "Seatbelt with alarm to prevent unattended ambulation." Further review of Resident #7's medical record revealed no signed release, initial evaluation or ongoing assessments to determine if continued restraint use was necessary to treat the resident. Review of Resident #7's care plan (doumented as last updated 08/06/2013) documented no listing

of the alarm seatbelt with goals or interventions.

Tracker/Careplan card (documented as last updated 08/07/2013) available to the direct care staff on how to meet the individual needs of the

Review of Resident #7's Resident

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Division o	f Health Service Regu	lation			(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		COMPLETED
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17.0				DEFICIENCY)	
L 064	Continued From page	2.7	L 064		
L 004					
		documentation Resident #7			
	was wearing an alarr	n seatbelt.			
		oo Did totoo dan wide li leit			
	On 10/08/2013 at 2:0	00 PM interview with Unit			
	Manager #1 (UM #1)	revealed she and Unit			
	Manager #2 (UM#2)	g the care plans and Tracker			
	ords LIM #1 confir	med they both meet with			
	families quarterly hu	UM #2 was the one trained			
	to undate the care of	ans on the computer system.			
	to apacto the care pr				
	On 10/09/2013 at 1:2	20 PM interview with Director			
	of Nurses (DON) rev	realed she was unable to			
	locate any restraint a	assessments, documentation			
	on the Care Plan or	the Tracker/Careplan card on			
	Resident #7 for the	alarm seatbelt. On further			
	interview the DON re	evealed she had only been at			
	the facility a few mo	nths and when she had taken			
	the position of DON	she had assessed the			
	residents and deterr	mined there were no restraints			
	in place but had not	documented the information.			
	The DON confirmed	she expected Care Plans			
	and Tracker/Carepla	an cards to be kept updated.			
	On 10/00/2013 at 15	30 PM interview with UM #1			
		peen co-assigned the			
	responsibility of the	Care Plans and Tracker Care			
	cards for 5 months	and the			
	belts/devices/restra	ints should have been			
	documented and up	dated on Resident #7 on a			
	quarterly basis.		İ		
		tel ette van uz z			
	5. Resident #11 v	was admitted to the facility on			
	03/27/2012. Diagno	oses included debility,			
	Alzheimer's demen	tia and osteoporosis.			
		11 1144 40/00/0042 -4			
	An observation of F	Resident #11 on 10/08/2013 at			
	10:55 AM revealed	Resident #11 sitting in a			
	wheelchair with a c	lick seatbelt in place on her			

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Division o	f Health Service Regu	lation		THE TOTAL OF THE T	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		COMPLETED
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L 064	Continued From pag				
	way to have a showe	er.			
		50 88 45 8 4 60			
		:15 PM interview with			
	Resident # 11, in the	presence of			
	UM #1 during obser	vation of medication pass, 11 to state she could remove		4	
	revealed Resident #	er she wanted to and at that			
	time Resident #11 de	emonstrated she was able to			
	unhook her seatbelt.				
	difficont flor coanson	•			
	A review of Residen	t #11's Medical			
	Administration Reco	rd (MAR) revealed an order			
G2	dated 10/03/2012 th	at read: "Bed & floor alarm,			
		o prevent unattended			
	ambulation."				
		11 1 11441 disal record			
	Further review of Re	esident #11's medical record			,
	revealed no signed	release, initial evaluation or nts to determine if continued			
	ongoing assessmen	ecessary to treat the resident.			
	restraint use was no	50000ury to trout the re-			
	On 10/08/2013 at 2	:00 PM interview with Unit			
	Manager #1 (UM #1	 revealed she and Unit 			
	Manager #2 (UM#2) were responsible for			
	initiating and updati	ng the care plans and Tracker			
	cards. UM #1 confi	rmed they both meet with			
	families quarterly but	ut UM #2 was the one trained			
	to update the care	plans on the computer system.			
	0 10/00/00/10 11	20 DM Intension with Director			ē.
	On 10/09/2013 at 1	:20 PM interview with Director evealed she was unable to			
	of Nurses (DON) re	assessments on Resident			
	#11 for the wheeler	nair seatbelt with alarm. On			
	further interview the	e DON revealed she had only			
	been at the facility	a few months and when she			
	had taken the posit	tion of DON she had assessed			
	the residents and d	letermined there were no			
	restraints in place l	out had not documented the			
	information. The D	ON confirmed she expected			
	Care Plans and Tra	acker/Careplan cards to be			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 10/09/2013 NH0476 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 500 LENOIR RD GRACE RIDGE MORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION (EACH (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID CORRECTIVE ACTION SHOULD BE CROSS-(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 064 L 064 Continued From page 9 kept updated. 6. Resident #12 was admitted to the facility on 09/26/2008. Diagnoses included osteoarthritis, Alzheimer's and muscle weakness. On 10/08/2013 at 9:20 AM Resident # 12 was observed dozing in her wheelchair in front of the nurse's desk with a click seatbelt in place. An observation of Resident #12 on 10/09/2013 at 11:10 AM revealed Resident #12 sitting in front of the nurse's desk with her click seatbelt in place. In an interview on 10/08/2013 at 11:11 AM Resident #12, identified as interviewable by the staff, demonstrated she was able to release her seatbelt but struggled to reconnect the belt. In an interview on 10/08/2013 at 11:15 AM Nurse #2 revealed Resident #12 had no problem releasing her seatbelt. A review of Resident #12's medical record and Medical Administration Record (MAR) revealed no physicians order documented for the seatbelt. Further review of Resident #12's medical record revealed no signed release, initial evaluation or ongoing assessments to determine if continued restraint use was necessary to treat the resident. Review of Resident #12's current care plan (documented as last updated 05/21/2013) documented no listing of the seatbelt with goals or interventions. Review of Resident #12 's Resident Tracker/Careplan card (updated 08/2013) available to the direct care staff on how to meet the individual needs of the resident revealed no documentation that Resident #12

was wearing a seatbelt.

Division of	of Health Service Regu	ılation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SU	
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			B. WING		40/00	/2013
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GRACE RI	DGE		NTON, NC 28655			
		XCM/DX - CO		DE OVERENO DI AMI OF CORRECTIONES	- 1011	11/61
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	REFERENCED TO THE APPROPRIAT		DATE
IAG	THE COLUMN TO TH	,	17.0	DEFICIENCY)		
		w.e				
L 064	Continued From page	e 10	L 064			
	On 10/09/2012 at 2:0	0 PM interview with Unit				
		revealed she and Unit				
	Manager #2 (UM#2)					
		g the care plans and Tracker				
		med they both meet with				
		UM #2 was the one trained				
	to update the care pla	ans on the computer system.				
		o DM Comment				
		0 PM interview with Director				
		ealed she was unable to				
		order for the seatbelt,				
		s, documentation on the				
	5	the Tracker/Careplan card				
	The state of the s	he seatbelt. On further				
		vealed she had only been at				
		iths and when she had taken				
	the position of DON s	she had assessed the				
		nined there were no restraints				
		documented the information.				
	The DON confirmed	she expected Care Plans				
	and Tracker/Carepla	n cards to be kept updated.		9		
	On 10/09/2013 at 1:3	30 PM interview with UM #1				
	confirmed she had be	een co-assigned the				
	responsibility of the C	Care Plans and Tracker Care				
	cards for 5 months a					
	belts/devices/restrair	nts should have been				
		dated on Resident #12 on a				
	quarterly basis.					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	7. Resident #13 was	admitted to the facility on				
		ses included Alzheimer's.				
	John Diagno					
	On 10/08/2013 at 11	:40 AM Resident # 13 was				
	STREET A SACRETISESSTEED CONTRACTOR THOSE IN THE	oom waiting for lunch with her				
		ing loosely behind her chair.				
	veidio seatueit rialigi	ing loosely belind not offair.				
	In an interview on 10	0/08/2013 at 11:42 AM NA #3				
	III all litter view off 10	NOOILO IO GLI I II IL I IIII I II I III	1		- 1	

Division of	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co		(X3) DATE SURVEY COMPLETED
	=	NH0476	B. WING		10/09/2013
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	, ZIP CODE	
		500 LENC	DIR RD		
GRACE RI	DGE	MORGAN	ITON, NC 28655		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIAT DEFICIENCY)	OSS- COMPLETE
L 064	Continued From page	e 11	L 064		
		ıld not stay hooked and d.			
<u> </u>	demonstrated she was seatbelt when it was	as able to release the velcro fastened.			
	Medical Administration	#13 's medical record and on Record (MAR) revealed documented for the velcro			
	revealed no signed re ongoing assessment restraint use was ned Review of Resident # (documented as last documented the who initialed by UM #2. F Resident Tracker/Ca available to the direct the individual needs documentation that F seatbelt.	sident #13's medical record elease, initial evaluation or s to determine if continued cessary to treat the resident. #13's current care plan updated 08/14/2013) eelchair belt crossed out and Review of Resident #13's creplan card (undated) at care staff on how to meet of the resident #13 was wearing a			
	Manager #1 (UM #1) Manager #2 (UM#2) initiating and updatin cards. UM #1 confir families quarterly but to update the care pl	20 PM interview with Unit prevealed she and Unit were responsible for any the care plans and Tracker med they both meet with tum #2 was the one trained lans on the computer system.			
	of Nurses (DON) rev locate any physician restraint assessmen the Care Plan or any	realed she was unable to order for the seatbelt, ts, current documentation on on the Tracker/Careplan 3 for the seatbelt. On further			

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 10/09/2013 NH0476 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 500 LENOIR RD **GRACE RIDGE** MORGANTON, NC 28655 PROVIDER'S PLAN OF CORRECTION (EACH SUMMARY STATEMENT OF DEFICIENCIES (X4) ID CORRECTIVE ACTION SHOULD BE CROSS-COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 064 L 064 Continued From page 12 interview the DON revealed she had only been at the facility a few months and when she had taken the position of DON she had assessed the residents and determined there were no restraints in place but had not documented the information. The DON confirmed she expected Care Plans and Tracker/Careplan cards to be kept updated. On 10/09/2013 at 1:30 PM interview with UM #1 confirmed she had been co-assigned the responsibility of the Care Plans and Tracker Care cards for 5 months and the belts/devices/restraints should have been documented and updated on Resident #13 on a quarterly basis. L 078 L 078 .2305(C) QUALITY OF CARE 1. Audits were conducted and the following actions taken for those residents directly 10A-13D.2305 (c) The facility shall not affected by this alleged deficient practice: utilize any chemical or physical restraints for the purpose of discipline or convenience, and that A. Comprehensive assessments have been completed on Residents #2, #4, #6, #7, #11, #12 10/25/13 are not required to treat the patient's medical condition. An and #13. evaluation shall be done to ensure B. Lap belts have been discontinued on that the least restrictive means of Residents #4, #6, #7, #11, #12, and #13. Care restraint have been initiated on plans for these residents were reviewed and 10/25/13 patients requiring restraints. updated as appropriate. C. Lap belt use continues on Resident #2 and 10/25/13 the care plan was updated to reflect current lap This Rule is not met as evidenced by: belt use. Based on observations, record review and staff interview, it was determined the facility failed to provide ongoing assessment for use of restraints 2. All residents currently utilizing any type of and failed to assess for the least restrictive restraint or make attempts at reduction of restraint or any device to restrain their mobility

restraints for 2 of 7 sampled residents,

(Resident's #2 and #7).

FPV511

were identified as having the potential to be

affected by this alleged deficient practice.

Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE	
		NH0476	B. WING		10/0	9/2013
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
GRACE R	IDCE	500 LENOIR	RD			
GRACE K	DGE	MORGANTO	ON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETE DATE
L 078	Continued From page	9 13		The following measures were imple	17.55	
	The findings included			to assure this alleged deficient practice not recur:	e does	
	1. Resident #2 was 09/13/2011. Diagnos dementia, osteoarthri use of brace. An observation of Refacility on 10/07/2013 Resident #2 being put family member in a won. On 10/07/2013 at 11: Resident #2's family if fallen about a year agseatbelt on. The family there had been no monot try to get up anyon noted both Resident and non-functioning a unable to follow direction on 10/07/2013 at 11: #1 revealed she had to get up. An observation on 10 Resident #2 revealed room table to be serviced belt in place. A review of Resident revealed a Physician that read: "May have (velcro) and Bed alar ambulation."	admitted to the facility on ses included Alzheimer's tis and right foot drop with sident #2 during tour of the set 11:00 AM revealed shed down the hall by a sheelchair with a seat belt to 5 AM in an interview member revealed he had go and the facility had put the sily member further revealed ore falls and Resident #2 did nore. The family member #2's hands were clenched and she confirmed he was stions to release the belt. 20 AM interview with Nurse never seen Resident #2 try 1/07/2013 at noon of thim sitting at the dining red his lunch with the seat #2's medical record 's order dated 09/07/2012 e self release seatbelt im to prevent unattended		A. All nursing staff including both UManagers (UMs) were inserviced on: The importance of assessing for restraint usage prior to the restraint application and the on-going assessment. The redevice will be applied to treat resident's medical symptoms not be used for purposes of or convenience. Reviewing assessment with the attending physicians and obte the appropriate physician or a linforming the resident and the representative(s) of restraint assessment information, discentified all resident and the signing of consent for the risks/benefits of restraint and the signing of consent for usage; 2) their representatives were nother risks/benefits for restraint usage as signed consent has been obtained from resident/representative; and 3) the phorders are accurate and present in the residents' charts.	residents ne need for estraining the sand will discipline he aining der neir exussing the usage orms ats of these that 1) estraint otified of and a mithe hysician	10/25/13
	. At least the wat, become tweether the month to appear	sident #2's medical record elease, initial evaluation or				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE S	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING		40/0	0/2042
		NH0476	B. WING		10/0	9/2013
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
GRACE RI	DGE	500 LENOII		-		
		7.4E12.04.0.000-0.222.0	ON, NC 2865	PROVIDER'S PLAN OF CORRECTION (E.	ACH	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATI DEFICIENCY)	SS-	(X5) COMPLETE DATE
	Continued From page ongoing assessments restraint use was nece Review of Resident # no listing of the seath interventions. Review Tracker/Careplan car staff on how to meet resident revealed no #2 was wearing a seath An observation on 10 revealed Resident #2 in an activities session. An observation on 10 Resident #2 revealed room table to be serviced belt in place. An observation on 10 Resident #2 revealed room table to be serviced belt in place. On 10/09/2013 at 1:2 of Nurses (DON) revealed any document being done on Resident #2 resident #2 revealed room table. In addition was no documented least restrictive restrained as the property of the family interview the DON resident #2 revealed restrictive restrained as the property of the family interview the DON resident #2 restrictive restrained to the property of the family interview the DON resident #2 restrictive restrained to the property of the family interview the DON resident #2 restrictive restrained to the property of the family interview the DON resident #2 restrictive restrained to the property of the family interview the DON resident #2 restrictive restrained to the property of the family interview the DON resident #2 resident #2 restrictive restrained to the property of the property	s to determine if continued essary to treat the resident. 2's care plan documented elt with goals or v of Resident #2's Resident d available to the direct care the individual needs of the documentation that Resident atbelt. 1/08/2013 at 9:27 AM sitting up in his wheelchair in with seatbelt in place. 1/08/2013 at 11:30 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat 1/09/2013 at 11:40 AM of I him sitting at the dining red his lunch with the seat	L 078		ogram orrective of Nursing esidents ths. of the type, and cludes tten on wed by s and as updates ct random with Trends DON at	
	the facility a few mor the position of DON s residents and determ	oths and when she had taken she had assessed the nined there were no restraints documented the information.				

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Division	of Health Service Regu	lation			
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
		NH0476	B. WING		10/09/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	
GRACE R	IDGE	500 LENG	OIR RD NTON, NC 28655		
		CAR PROTECTION CONTROL			UEAOU.
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L 078	Continued From page	e 15	L 078		
	09/14/2011. Diagnos	admitted to the facility on ses included Alzheimer's sis, debility and weakness.			
	9:25 AM revealed Re	sident #7 on 10/08/2013 at sident #7 n her room with an alarm			
	Aide #1 (NA #1), who Resident #7, revealed #7 try to get up in age	7 AM interview with Nurse was providing care to d she had not seen Resident es and confirmed Resident ow directions to release the			
	Aide #2 (NA #2), who Resident #7, reveale Resident #7 try to tak Resident #7 required with a lift and unable release the alarm clid	210 AM interview with Nurse of was providing care to dishe had never seen as off her belt and confirmed total care, was transferred to follow directions to took belt. NA #2 added take her belt off but doesn't			
	Record (MAR) revea	: "Seatbelt with alarm to			
	revealed no signed rongoing assessment restraint use was ned Review of Resident interventions. Review Tracker/Careplan ca	sident #7's medical record elease, initial evaluation or as to determine if continued cessary to treat the resident. #7's care plan documented celt with goals or w of Resident #7's Resident rd available to the direct care the individual needs of the			

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FORM APPROVED						
Division of Health Service Regu STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NH0476	B. WING		10/09/2013	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
GRACE RIDGE 500 LENOIR RD MORGANTON, NC 28655						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRE REFERENCED TO THE APPROPRIAT DEFICIENCY)	OSS- COMPLETE	
L 078			L 078			