DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DEC 3 0 2013

PRINTED: 12/13/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	N NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345365					
345365 NAME OF PROVIDER OR SUPPLIER			. 1 4. 1	ST	1 11/2	26/2013	
rowic Or Fr	TO VIDER OR SUFFLIER				REET ADDRESS, CITY, STATE, ZIP CODE 7 CUNNINGHAM RD		
KINSTON	HEALTHCARE AND RE	HABILITATION CENTER	,		NSTON, NC 28601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			3E.	(X5) COMPLETION DATE	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment		F 309		This Plan of Correction is the center's credit allegation of compliance.	ble	
					Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or c set forth in the statement of deficiencies. The correction is prepared and/or executed solel it is required by the provisions of federal and	by the conclusions e plan of by because	·
	and plan of care.				The sutures for resident #2 were removed on 9/7/2013 tER physician.	у	
	by: Based on record re	T is not met as evidenced view and staff interviews the	articularity as community as co				12/22/13
	facility failed to remove sutures as ordered for 1 of 1 sampled residents (Resident #2). Findings included: Resident #2 was admitted to the facility on 5/21/13 with cumulative diagnoses of chronic pain and memory loss.		;		The Physician Orders and Medication Administration record was reviewed by DN:	S	
					and designee's to identify resident's that may have bee affected with no other	n	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE P
	(MDS) dated 8/15/1	erly Minimum Data Set 3 showed that Resident #2 Initively aware and had had			variances being found. Review completed 12/16/2013.		restricted with the paper of th
		prior assessment period.					
	Review of the Physician's Telephone Orders dated 7/28/13 showed an order to send Resident #2 to the Emergency Room for evaluation and treatment.		West-state the second s		The Staff Development Coordinator and/or designee will provide education on the process of Physician Order to	e	
	dated 7/28/13 show a 0.5 centimeter L	gency Physician Record red Resident #2 had received shaped laceration to the ration was closed with six			Medication Administration Record monthly reconciliation with Licensed Nurses. Completion date 12/22/2013.		
	· ·	ital Patient Visit Information					OWN DATE:
LABORATOR	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNATU	RE	\sim	_ TITLE .		(X6) DAYE

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.

Facility ID: 923213

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
ND PLAN OF	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDING			С	
		345365	B. WNG			11/26/2013	
NAME OF PROVIDER OR SUPPLIER KINSTON HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 907 GUNNINGHAM RD KINSTON, NC 28501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E (X5) ATE DATE	
F 309	dated 7/28/13 showed that the sutures were to be removed in 7-10 days. Review of the July 2013 Medication Administration Record (MAR) showed a hand written order "FYI (for your information) remove stitches to forehead in 7-10 days" was added on 7/28/13.		F 309				
					The DNS and/or designee will perform random audit on each unit of the Medication Administration	1	
	7/29/13 and 7/30/13 laceration with sutu notes were reviewe there were no furth	dent Progress notes for a showed the forehead res was being assessed. The different 7/30/13-9/8/13 and er notes regarding Resident ad after 7/30/13 at 3:00 PM.			Record against the physici telephone orders and the Order Listing Summary to ensure accuracy and to validate that orders are transcribed to the Medicat		
	showed no initials of Review of Residen	/13 weekly Skin Assessment or assessment. t #2's 8/1/13-9/3/13 weekly showed no skin issues.			Administration Record. T Director of Nursing will report to Quality Assurance identified trends or pattern	he	
	order for suture rei				Auditing will be done wee for 4 weeks then monthly 3 months. Any negative	kly	
	9/7/13 showed Re	ident Progress notes dated sident #2 was sent to the due to a complaint of severe i the head.			findings will be corrected the time of discovery in accordance to the Standard findings of the audits will	1;	
	dated 9/7/13 show lump to the back of physical exam sho sutures in place. I included suture re	ergency Physician Record yed Resident #2 was seen for a of the head. Resident #2's owed one healed laceration with The Emergency Room course moval for sutures placed to have been removed in 7-10			submitted to the Quality Assurance and Performance Improvement Committee. Completion date 12/22/20	ce	

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NAME OF PROVIDER OR SUPPLIER RINSTON HEALTHCARE AND REHABILITATION CENTER RINSTON, NO. 28601 FOO. 10 FROM CHAPTER CONTROLL SUBMITTANIAN TO CENTERMIES COULT THE CHAPTER CONTROLL SUBMITTANIAN OF CHAPTER RESULTATORY OR LSC BENTEYING INFORMATION F 300 Continued From page 2 In an interview on 11/26/13 at 11:10 AM Nurse #1 stated she remembered she had seven the sutures. She indicated she had documentation regarding Resident #2's progress Notes from 7/34/13-98/13 and stated she had documentation regarding Resident #2's forehead lacaration. Nurse #1 stated she had been the nurse who had done the first check to compare the July MAR to the August MAR to make sure all the orders had been carried over to the new month (August). Sho stated the line for the second check. She indicated the order had been carried over to the new month (August). Sho stated the line for the second check. She indicated the order had been carried over to the new month (August). The stated the line for the second check did not have a signature and she did not know who should have done the second check. She indicated the order had been left with the second check for new MAR's was to make sure no orders were missed. She indicated she did not know who was supposed to do the second check for new MAR's was to make sure no orders were missed. She indicated the order had been left with the staff nurses would have done a first and second check on Resident #2's a vajust MAR. The DON stated the suture removal order was just overlooked. When asked if Resident #2's sutures hed been removed order was just overlooked. When asked if Resident #2's sutures hed been removed order was just overlooked. When asked if Resident #2's sutures hed been removed order was just overlooked. When asked if Resident #2's sutures hed been removed order was just overlooked. When asked if Resident #2's sutures hed been removed she stated the sutures.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
NAME OF PROMOTER OR SUPPLIER KINSTON HEALTHCARE AND REHABILITATION CENTER O(A) ID PREFIX ID SUMMARY STATEMENT OF DEFICIENCIES (PACIFIC PROTECTION INSTON, NC 28601 F 309 Continued From page 2 In an interview on 11/28/13 at 11:10 AM Nurse #1 stated she remembered she had asked Resident #2 if she could remove the sulfures. She indicated she could find no documentation regarding Resident #2's forehead laceration. Nurse #1 stated she nemembered she had documented that her request had been refused. Nurse #1 looked through Resident #2's progress Notes from 7/3/11/3-9/8/13 and stated she beat on the nake sure all the orders had been certied over to the new month (August). She stated the interfer second check did not have a signature and she did not know who should have done the second check. She indicated the order had been left off the August MAR. In an Interview on 11/28/13 at 12:00 PM the Director of Nursing (DON) stated the purpose of a first and second check or new MAR's was to make sure no orders were missed. She indicated she did not know who was supposed to do the second check or why it was not done. She stated it was her expectation that the staff nurses would have done a first and second check on Resident #2's August MAR. The DON stated the suture removed order was just overlooked. When asked if Resident #2's sutures had been removed or to locate a nurse who would say			345365			1			
PREFIX TACK PROPERTY PROPERT			<u></u>		907 CÜ	NNINGHAM RD			
In an interview on 11/26/13 at 11:10 AM Nurse #1 stated she remembered she had asked Resident #2 if she could remove the sutures. She indicated she had documented that her request had been refused. Nurse #1 looked through Resident #2's Progress Notes from 7/31/13-9/81/3 and stated she could find no documentation regarding Resident #2's forehead laceration. Nurse #1 stated she had been the nurse who had done the first check to compare the July MAR to the August MAR to make sure all the orders had been carried over to the new month (August). She stated the line for the second check did not have a signature and she did not know who should have done the second check. She indicated the order had been left off the August MAR. In an interview on 11/26/13 at 12:00 PM the Director of Nursing (DON) stated the purpose of a first and second check for new MAR's was to make sure no orders were missed. She indicated she did not know who was supposed to do the second check or why it was not done. She stated it was her expectation that the staff nurses would have done a first and second check on Resident #2's August MAR. The DON stated the suture removal order was just overlooked. When asked if Resident #2's sutures had been removed or to locate a nurse who would say documentation that Resident #2's sutures had been removed or to locate a nurse who would say	PREFIX	IEACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFI	3	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	ULD BE	COMPLETION	
	F 309	In an interview on 1 stated she remember #2 if she could remember had documented. Nurse #1 It Progress Notes from she could find no district the progress of the stated she had been first check to company August MAR to material with the material should have done indicated the order MAR. In an interview on Director of Nursing first and second check or with the material should have done in the material should have done in the material should have done in the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done a first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with the material should have done as first and second check or with th	ered she had asked Resident ove the sutures. She indicated at that her request had been coked through Resident #2's m 7/31/13-9/8/13 and stated ocumentation regarding head laceration. Nurse #1 on the nurse who had done the are the July MAR to the are the July MAR to the like sure all the orders had to the new month (August). For the second check did not not she did not know who the second check. She had been left off the August 11/26/13 at 12:00 PM the lack for new MAR's was to be were missed. She indicated who was supposed to do the why it was not done. She stated tion that the staff nurses would and second check on Resident The DON stated the suture is just overlooked. When asked utures had been removed she hable to locate any at Resident #2's sutures had to locate a nurse who would say	F	309				