CENTERS	FOR MEDICARE	and Human Survices & Medicaid Services), 0938-0391 SURVEY
TATEMENT O	P DEPICIENCIES	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:	V Britong (XS) Writible Co	Moitourten	COM	PLETED
nd plan of	CORRECTION	iDRM://ONIONIA	A. BURLUMO			Č
		345143	8, WNG	EET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
NAME OF PR	NOVIDER OR SUPPLIER		j	M DOTAHIN 81.		
SILER CIT	Y CENTER		1 17'	ER CITY, NG 27344		
(X4) ID PREFIX TAG	PEACH REGION	r Statement of Deficiencies Ency must be preceded by Full Or LSC identifying information)	ID PREFIX YAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE / DEFICIENCY)	SKOULO BE	CONSTRUCTION (X6)
F 157 \$8=J	(INJURY/DECLIN A facility must limit consult with the re- known, notify the or an interested fer accident involving injury and has the intervention; a significantion in the status in either life clinical complicate significantly (i.e., existing form of the consequences, of the resident from §483.12(a). The facility must and, if known, the or interested fame change in room spacified in §48 resident rights uregulations as a this section.	TIFY OF CHANGES E/ROOM, ETC) mediately inform the resident; psident's physician; and if resident's legal representative amily member when there is an in the resident which results in potential for requiring physician inificant change in the resident's or psychosocial status (i.e., a palth, mental, or psychosocial patith, mental, or psychosocial attreatening conditions or idons); a need to alter (realment a need to discontinue an realment due to adverse in to commence a new form of decision to transfer or discharge in the facility as specified in also promptly notify the resident e resident's legal representative inty member when there is a or roommate assignment as 3.15(e)(2); or a change in inder Federal or State law or pecified in paragraph (b)(1) of t record and periodically update if phone number of the resident's attive or interested family member.	F 187	The facility alleges that the immedian rampved effective 09/21/2013. See 10/7/13 hev plan of corre	isct for	
	by: Sessed on obse	MENT is not met as evidenced ervallon, record review, physician, ier, staff and Emergency Medical) interviews, the facility failed to				IX6) DATG

Any deficiency alcioment and the majorist (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguerds provide unifold projection to the patients. (See instructions.) Except for nursing homes, the findings stated shows are disclosable 90 days other safeguerds provide unifold projection to the patients. (See instructions.) Except for nursing homes, the findings stated shows are disclosable 90 days otherwise 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 dollars the date these documents are made available to the facility. If deficiencies are dised, an approved plan of correction is requisite to continued program participation.

FORM CMS-2887(02-00) Provious Votations Obsolate

Event 10:409511

Pochity (D: 923120

If continuation sheet Page 1 of 24

						PRINTED:	12/12/2013 APPROVED
DEPART	MENT OF HEALTH	AND HUMAN SERVICES		 		OMB NO.	0938-0391
CENTERS	S EOR MEDICARE	& MEDIC: OFINAIORO	IT HIM ICY)	LE CONSTRUCTION	1	(X3) DATE	SURVEY
CTATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			\	0
AND PLAN OF	CORRECTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					20/2013
		3,45143	B. WING _		NO DTATE VID CODE		2012010
MAME OF DE	ROVIDER OR SUPPLIER		3 11	900 W DOLPHIN	CITY, STATE, ZIP CODE	-	
	•			SILER CITY, NO			
SILER CIT	TY CENTER		19.1	1 0 000 0	DEDIS OF AN OF CORRE	CTION	(X5) COMPLETION
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES. Y MUST BE PRECEDED BY FULL: SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ORRECTIVE ACTION SH FERENCED TO THE API DEFICIENCY)		DATE
			1 1 1				
F 157	Continued From page 1	age 1	F 18				
	termodiately notify	the physician of a significant	<i>;</i>				
	change in a reside	ent's condition for 1 of 4 nt #188, reviewed for					
	· residents, Resider · notification of char	nges.					
		and the second s					
	Immediate Jeopar	rdy began on 2/7/13 when aware of Resident #188's					
	I also was in conditio	AN INCIDINING BUIDINA POSTORIO					
	i il	A AND BIEVALEU DIOUG SERGIA					
	I and failed to notify	A file bulletonare inclusioner	6				Ì
į	Jeopardy is prese	and ongoing.					i
	Findings included		;				:
	m - Manual HA00 W	as admitted to the facility on			1. 计传播系统 1		
	ANDIAG DACRIGA	12000 INCIDENTIFICATION INCIDE		**			į l
	Cimono polesies.	and statte tellal discass:	7				
	i alastridium difficii	6 Mascie Megymoss, involva					
	wasting, dialysis,		ji.				
1	The quarterly Min	nimum Data Set (MDS)					
	nococement date	an 114110 illuluated inc icolaci.					
1	i a mataina da din in	ntact, did not reject care, le assessment, needed extens	ive				
	Leadintonce With a	SCUVIDES OF CRUY INTER CONTRACT					
	was on oxygen,	and received dialysis.					
		February 2013 physician order	s "				
	rayaalad ihara il	hata bu olobia idi digor alego,	se.	11.7			i l
	DYO ARIVALIA	Ar empenianeous didogoc					
1	l di-miinno	here was an order originally Vicodin 5-500 milligrams (mg	, 🗐 🔠				
	dated 1/2/13 for i orally as neede	ad every 6 hours for pain.			10000000000000000000000000000000000000		
	ì						
	The nurse's not	le dated 2/6/13 at 9:30 am	00.3				
	indicated the re	sident had a temperature of 10 lert and verbal, made her need	ls .				:
	known, and wa	s up in her wheelchair.			* 1, 2		
		4	ingeri	Facility ID: 92312	20:	If continuation	sheel Page 2 of 24

			и				FORM.	12/12/2013 APPROVED	
 	I ITAI TU	AND HUMAN SERVICES		•	3 · · · · · · · · · · · · · · · · · · ·	1	OMB NO.	0938-0391	
DEPART	MENT OF HEALTH	& MEDIC SERVICES	·		- TOTAL		(X3) DAT	E SURVEY PLETED	
CENTER	S FOR MEDICANE	DOMOGRASIPPI JERICLIA	(XS) WOFL	IÈFE CONS	TRUCTION			HEETED	į
STATCHCMT	OF DEFICIENCIES CORRECTION	DENTIFICATION NUMBER!	A. BUILDIN	IG		1:	1	C	1
AND PLAN O	- GORREOTTON			:	集等人是		09/	20/2013	Ì
}		345143	B, WING		ADDRESS CITY	, STATE, ZIP CODE			\
	an alman ICP			STREET	OOLPHIN ST	*		1	
NAME OF I	PROVIDER OR SUPPLIER	the state of the s		. 900 W r	CITY, NC 27	344			
SH FR C	TY CENTER	10000000000000000000000000000000000000	· <u>· }</u>	SILER		THE OF CORRE	CTION	(X5) COMPLETION	Ì
Olizari o		ATEMENT OF DEFICIENCIES	ji lĎ		PROVIDERS	CTIVE ACTION SHOWED TO THE APP	OULD BE	DATE	
(X4) ID	SUMMARY \$ 1	ATEMENT OF DELICION BY FULL Y MUST BE PRECEDED BY FULL LECTRENTIFYING INFORMATION)	PREFIT	X 11	CROSS REFERE	CTIVE ACTION SAN NCED TO THE APP DEFICIENCY)	KOLKIVIE	1	
PREFIX	REGULATORY OR	LSC IDENTIFYING INFORMATION)			. \$ · · · · · · · · · · · · · · · · · ·	DGI TOTAL			
100	<u> </u>							,	l
1			F.	157					
F 157	Continued From p	age 2	5	V 2	1.特工的有效			1	
			<u>`</u>					}	
								Ì	
	with no complaint	s of nausea or pain.		4.					
-		ange of Condition						:	
	Other than the Ci	here were no other nurse's		•				1	
	Documentation,	Resident #188 from 2/6/13 at						!	
	10:30 am to 2/7/	13 at 9:45 am.							
	10,00 am to am	is in farming		. ,				•	
	The Change of C	Condition Documentation form,	d"		,				
j			,0,					i !	
				- 1	in the second			1	
1	non-verbal and	the systemed with			4. 建物品化			1	l
	resident lethargi	matter. Cheeks flushed [and]		-					1
1	yellowish green	matter. Cheeks thomas (matter) 0.6. Periodically thrashing bo	lh					ļ	1
-	Watti, Terrip 19	amination [and] moaning (with)	_ !		1			ļ	
	sound similar to	a cat's meow. Nasal cannu				· 通道的 · · · · · · · · · · · · · · · · · · ·			
1	out of nostrils [a	and oxygen saturation] 84%.	tion		18				
	Reapplied (oxy	gen at 4 L [with oxygen satura	d	1	ng sa			•	
	increased to] 9	8%. Bipap replaced. Cleanse matter. Gave Vicodin 5-500n	ng	- 11				1	
	eyes, removing	d [due to] decreased [level of		.ŀ	4.50				
	[orally]. Crushe	J. Checked blood sugar due to)			医囊囊虫虫		i	
	Consciousness	ing [with] reading HI. Decrea	sed					1	
				ļ.					1
	clear headed.	At 3:45 am [temperature] 99.	[and]		- 医维伊特				1
						医髓囊膜炎 化			
	throw arm slow	My at littles, Vilgid organization			13			ļ	1
	documented a	at unities. 2:30 am as: blood pressure 56, temperature 100.6, respire	ations					ļ	
	100/60, pulse	onder "Hi"	i					ļ	
	20, and blood	ouget in	*		3.30	1 1		•	
	The Medicatio	on Administration Record (MAI	₹)					•	}
	dated 2/7/13	indicated at 2:30 am Resident	3F100	v* - 1				:	1
}	was given Vic	codin 5-500mg by mouth for property in the control of property in the contr	aln :						1
	There was no	2 documentation may a 1	VIII.					ļ	
	medication w	ras effective.			.4 •	14 91	If continuali	on sheet Page 3	3 of 24
1	_		10:4DS611	; F	acility ID: 923120		II COMBIOSI	An Anna - 17 - A.	

		A STATE OF	· ·				FORM.	12/12/2013 APPROVED	
	OF DEALTH AN	D HUMAN SERVICES	<u>:</u>	3.			OMB NO.	0938-0391	
DEPART					ONCTRUCTION		(X3) DATI	E SURVEY PLETED	
CENTER	S FOR WEDICARES) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	1 1 7			}
STATEMENT (OF DEFICIENCIES (X1 CORRECTION	IDENTIFICATION NUMBER:	, A.E	UILDING			L L	C 10013	
MADIDA			BI	NING	· · · · · · · · · · · · · · · · · · ·	- 1 :		20/2013	
		345143		STR	EET ADDRESS, C	CITY, STATE, ZIP COD	E		
MAME OF P	ROVIDER OR SUPPLIER			900	W DOLPHIN'S	$\Gamma_{ij}(z) = 0$			Ì
			<u>.</u>	SIL	FR CITY: NO	27344		(X5)	Ì
SILER CI	TY CENTER		- <u> </u>	ID S	PROVID	ER'S RLAN OF CORR RRECTIVE ACTION S	HOULD BE	COMPLETION	Ì
(X4) ID	SUMMARY STATE	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)		PREFIX			PROPRIATE		, ,
PREFIX	(EACH DEFICIENCY M	IDENTIFYING INFORMATION)	(a)	"TAG:	計量計 注	DEFICIENCY)		+	
TAG	NCOOD				14 grand i				ĺ
				E 157					1
F 157	Continued From pag	e3							
		7 01/11/3 OF A BO OFF SIMILA	U 12						
	"Resident unrespons	live. Opens eyes then roll	nd			医复数		Ì	
•	back in head, Woals	shaliza anvihing. IBlood	· 4					1	1
-	by staff. Unable to vi	ofused breakfast this a.m.						i	
	Hands cold to touch	11	** }					•	
								•	
	A Physician order di	ated 2/7/13 at 10:14 am		;				Ì	
	Her of back in lett	leidench achain						ŀ	
1	[evaluation] uncons		ř	1	1 18 19			ł	
	the nurse's note da	ated 2/7/13 at 10:15 am	that						
1	stated, "Nurse notif	ied supervisor at 9:45 am	tienti:						
Ĭ					1				
. \		of consciousness] noted. ive to light, sluggish.		*				•	1
	Pupils equal, react	(No to light) 11 00 1							
ļ	Nurse #2's note da	ated 2/7/13 at 10:30 am	0\					agent.	1
	indicated Emerger	ncy Medical Services (EM	o) o:the	****				•	
	was at the facility	transport the resident to urse Practitioner was not	ified.		A Bear			:	
	hospital and the IN	mige Ligorneria.	a ()					; ì	
1	The Emergency N	Medical Service (EMS) tra	nsport						
			mat j		J				
	nursing home, [R	esident #188] began	inessi						
	experiencing deci	"Bright Inalient and), k		17.			1	
	last [night]. She i	ndent diabetic]. She had	hèr						
	(Non-Insulin-debe	then early this [morning]							
	(around 2 am) be	egan experiencing decrea	sea he	ar l	1 4				1
1	[level of consclot	usness) with fever. Per ni	400.		*			1	
	[blood glucose to	nonderes of the second in	a Lies	3				Ì	1
	This (morning), I	(estuent) to how words). N	ursing						•
}	in ped and yells	The chief complaint indic	ated of	n: 1		4		1	
	the renort was	Unresponsive patient. Du	ration.	y	. 7.7.			(Ì
			iei și					\$]
	consciousness,	Diabetic symptoms."	:	3		: :::	If continued	ion sheet Page	4 of 24
1	1 ' " '	·			English ID: 923	120	. It common	••	

			State of the state	• •			* \$ \frac{1}{2}	•	PRINTED:	12/12/2013 PPROVED	
			THE THREAT SERVICES	·	· . :			•	OMB NO.	938-0391	
DEP	ARTM	ENT OF HEALTH	AND HUMAN SERVICES & MEDIC: SERVICES	·•		· ·		·	X31 DATE	SURVEY	
CEN	TERS		A MIC (JIC)	(X2), N	AULTIPLE	CONSTRU	JCTION	<u>,</u>	```COMF	LETED	
07475	ACKIT O	r officiencies i	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	ILDING_			<u> </u>		;	
AND PI	AN OF	CORRECTION	The state of the s		:		14		09/2	0/2013	
		'	345143	B. W	ING						
				<u></u>	ST	REETADE	RESS, CITY,	STATE, ZIP CODE	•	1	}
NAM	OF PF	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	.i : 4	90	io M DÓL	PHIN ST				1
1			market and the second		. S	ILER CIT	Y NC 273	44		(35)	1
SILE	ER CIT	Y CENTER		<u>.</u>	ID \	2.5 12.2	PROVIDER'S	PLAN OF CORRE	CTION OULD BE	COMPLETION DATE	ļ
		SUMMARY ST	ATEMENT OF DEFICIENCIES		REFIX ;	11 17 (E	ACH CORRE	INC. TO THE AP	PROPRIATE	DATE	ļ
(X4	I) ID EFIX	YEACH DEFICIENC	ATEMENT OF DETAILS OF THE PRECEDED BY FULL SECTION OF THE PREC	9	TAG		DSS-REFEREN	PEFICIENCY)		 	ļ
	AG	REGULATORY OR	200 102		1 1	133	53 -53 e 7 3 3	1			
				11	4 (
T .	1			; ·	. F 157						
F	157	Continued From p	age 4							1	
1	i	During a telephon	e interview with the EMS 22/13 at 5:40 pm, he indicated		·		(中の) - 正式すり (中間) - 子子 (1)				i
ļ		Supervisor, on 9/2	EMS report was "the		1. 1	4	g (* *)				İ
1										;	
1		amount of time to	rior to EMS being called.		4					;	
		been occurring P	Hot to Emoine							1	
- 1		s annious of the h	ospital discharge summary,							:	1
1		A review of the in	dicated Resident #188 was:	,'				1 2 1			
		admitted on 2/7/	dicated Resident 1 1 2 2 1 1 1 1 1 3 and passed away on 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3						Ĭ	1
1		· som cardiopulm	onary arrest secondary to sep	ncs.	1.	\$ b	er in the				
		shock The disc	harge summary stated; "In Ith	ha	3	"				}	
		emergency depa	harge sufficient) was found to	00			, y , i ,			1	
-		agitated, yelling	nonsensically, and had multip	~ -			$\mathbb{N}_{0}\subseteq\mathbb{N}_{0}$	11巻では			
1		loose stools. Sh	nonsensically, day ne was subsequently intubated the modical lintensive care un	in:	.,	***				į	
		and admitted to	the theology involves	* }				3 5 4 2		1	
		She was partial	y resuscitation to maintain	ner:			特性			ì.	1
1		vasopressor su	pport (medication to maintain), and a surgical consultation v	vas:			1. 600 1				
}		blood pressure;	, and a surgious of portfonities		14		1 1			1	
į		obtained. Due	to evidence of the abdomen).	an ∷ l	1.3					•	
		(inflammation o	arotomy (incision to examine t	ne ,	÷						- 1
		exploratory lab	arotomy (incision to dispression) adominal cavity) was performed beyond perforation. Bowe	d,		, : ·	41.75			Ì	
					. i.					1	
		which demons	performed and the patient was	3							
1				* *	• • •	·					.
1		Angressive all	empts at resuscitation and		"				·		
1				11						ļ	-
1		compartment	syndrome (elevated	nd a			, , , , , , , , , , , , , , , , , , ,	*	•		1
}		intra-abdomin	al pressure) was recognized a	inal 🖽							1
1		bedside lapar	al pressure) was recognized to other abdom other (incision into the abdom	· ·						1	- 1
<u> </u>		cavity) was pe	erformed with relief of	ient		. }				:	
1					1						
		was not able	to tecover, and one of the							•	1
1			0/10/13 at 12:05 pm						·	-	1
1		During an inte	ted, "Her blood sugar was low	that !			Contract.			1	1
}		Nurse #2 sta	she was sent to the temerger	icy.				. 11 16	•		1
		morning trial	gotten report from [Nurse #1]	that	, • `	1	13.	与特色 。			
		roomj, i nau	ng different and her blood sug	ars	1	<u>. </u>	Jan-hanston		· If continuation	on sheel Page 5	Q1 Z4
1	ı	sne was acti	Evan	ID:4DS	611	: Facilit	y ID; 923120				

	· · · · · · · · · · · · · · · · · · ·	· ·				PRIN	TED: 12/12/2013 ORM APPROVED	
		13:	**: *	·	*	J4 J4	NO. 0938-0391	
DEPART	MENT OF HEALTH AND HUMAN SERVICES	4			3		DATE SURVEY	
CENTER	S FUR WEDIOARE O MEDICUA	(X2)	MULTIPLE	CONSTRUCTION		(\sigma)	COMPLETED	
CTATEMENT	OF DEFICIENCIES (X1) PROVIDERSON NUMBER-		JILDING _		1.3	1	С	
AND PLAN O	CORRECTION - IDENTIFICATION NOMBER		٠.			ļ	09/20/2013	
	345143	B. W	/ING			11_	USIZUIZOTO	
	The state of the s	- 33	ST	REET ADDRESS, C	ITY, STATE, 2	IID CODE	1	
NAME OF	ROVIDER OR SUPPLIER	. ji	90	0 W DOLPHIN S				
CILED C	TY CENTER	(; si	LER CITY, NC	27,344	·		
SILERV			1D 1		COLO DE AM OF	CORRECTION	COMPLETION	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (1) (CEACH DEFICIENCY MUST BE PRECEDED BY FULL OF THE STATE OF		REFIX		RRECTIVE AC FRENCED TO	THE APPROPRIA	TE - DATE	
PREFIX	(EACH DEFICIENCY MUST BE TALL (REGULATORY OR LSC IDENTIFYING INFORMATION):		TAG	/ Oncodosite:	DEFICIEN	CY)		-
TAG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3		2016	3 8		1	
 			97. (C.)			•	}	
F 157	Continued From page 5		F 157	1 1 1 1 1		•	Ì	
1 ' ''	Issued Murco #11 said she filled Out	a 🔚				•		
	E. I A. A. A. BIRAN BARN WITH HILL DIE CONT.	1,0	•			•		1
		,,,,						
							} .	
			* 3 - 2 - 4	103 1944	7 ()		1	
-	THE ROOM HOLDING		• .				i	1
			*	. ,			ļ	
	When I talked to her after breakfast, she was	of the				-		1
1	talking to me as much as before breakfast so checked her blood sugar. She wouldn't resp	ond	a .	1 10 10 1		•	ļ	
							1	
	saying anything other than she had filled out	the	* . * *	1 86				1
	change in condition form."		. i., .				ĺ	
						•	ļ	
	During an interview on 9/19/13 at 12:30 pm,	the	" , *			. •		1
			• •			_	ļ	
Ī		~ , ,				• .	ĺ	-
				1 1 1 1 1 1		· · ·		-
	blood sugar to be rechecked. If it remained				· " " " " " " " " " " " " " " " " " " "	· ·		-
l	would expect the physician to be contacted depending on the resident's condition and be	evel of				•	Ì	- 1
1	consciousness or a change for that particul	ar :		7		1	}	
	The state of Manager Came in the Bulge will in	Y& (1.1)				•		1.
	The state has abonde in mental status and my				* * * * *	•	İ	
1	The District of the Control of the C	w	•					
	The DOMESTIC TRADE TO A CONTROL	11,000				•	į	
	TO THE TAXABLE CONTRIBUTE HIGH VIEW VIEWS	V 11.7	· ·					į
· ·	the bouler and elevated Diood Sugar, at 2,00	' Y : 1		and A design	1, 1141			- 1
	The sum of the sum of	1 . 1				, sa e	}	- 1
	I U. ALABAA IN DONAVIO AUGU IVII. F	////						1
	I II. II WAAHIAA IN KANSHIII IO IIIO HOOM		٠, ٠,٠			r tog	Ì	1
	2/7/13 at 10:30am would have been the sa reason to transport the resident on 2/7/13	ati2:30	,,			•	Į į	1
	am when she had a documented change	in the						ļ
-	behavior and high blood sugar.	این مختیج: ایل خو					·	-
	4				1.			1
	During an interview with the Assistant Dire	ector of ;	İ		"不够勤]
	Nursing (ADON) on 9/19/13 at 11:39 am,	sne:		Facility ID: 923120		If contin	valion sheet Page 6	of 24
1	,			EARING U.S. 923 (20	r. : : :			

TARTMENT OF L	IFALTH A	ND HUMAN SERVICES				FORM OMB N <u>O.</u>	12/12/2013 APPROVED 0938-0391 E SURVEY
ENTERS FOR MEI TEMENT OF DEFICIENCE PLAN OF CORRECTION	DICARE &	MEDIC SERVICES 1) PROVIDER/SUPPLIER/CLA 1) PROVIDER/SUPPLIER/SUPPL	A. BUILDING	LE CONSTRUCTIO	N	CON	C /20/2013
AME OF PROVIDER OR		345143	B. WING	STREET ADDRESS 900 W DOLPHIN SILER CITY; N	ST 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	(X5)
PREFIX (EACH)	MMARY STAT	EMENT OF DEFICIENCIES HUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROV	VIDER'S PLAN OF	THE APPROPRIATE	COMPLETION
F 157 Continued stated, "If there wou insulin. It sugar was the nurse 2/7/13. I elevated have fax physician of the retime the an on-continued blood state of the reserved	d From pa f there was uld be a do if someone as checked e's notes. do not see if blood sug ked the che ecord so the ecord so the ecord so I all so I wo een called, the mornin a telephor 3 at 12:00 ent #188's sugar. She not for her. noes and w ood sugar ver 500. S I like other id acting no taining eye ge in condi- started acti- sulin or give ed to her h not improv i't rememb ditton improv i't rememb ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv ditton improv		r, cood d in r, con in ould lis part hat ere is would lit was arred." 1 on like her his was lit was r and octor the because n order edication ehavior her blood er for				
diag	inosis." ina a telep	hone interview with the h	Nurse	Facility ID: S	923120	If continue	alion sheet Page 7
FORM CMS-2567(02-	.eg) Previous \	ersions Obsolete	Event ID: 4DS511	H H			

		SERVICES			•	RINTED: 12/12/2013 FORM APPROVED MB NO. 0938-0391	
DEPART	MENT OF HEALTH	AND HUMAN SERVICES			<u>, </u>	THE DATE SURVEY	
CENTER	S FOR MEDICARE	A WILDIO		CONSTRUCTION	<u></u>	COMPLETED	
STATEMENT	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			C	
AND PERM OF		1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. WING		1:	09/20/2013	1 1
		345143	B' MING	TREET ADDRESS, CITY	STATE, ZIP CODE		
	ROVIDER OR SUPPLIER	- 一方面的企業等。		00 W DOLPHIN ST			
				ILER CITY, NC. 27	344		4
SILER CI	TY CENTER	The same of the same of the same of			ALAN OF CORRECT	ON (X6)	
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX	(EACH CORRE	CTIVE ACTION SHOUNCED TO THE APPRO	PRIATE DATE	1
(X4) ID PREFIX	· (EACH DEFICIENC	ATEMENT OF DETAILS ATEMENT OF DE	TAG T	CROSS-REPERF	DEFICIENCY)		4
TAG	REGULATORY OR	LOO IDENTIFICAÇÃO	() · · · · · ·				}
	1		1				
E 467	· Continued From p	page 7	F 157		24		
F 137							1
	twhen she is in the	office, and not in the facility,		计通信 医外外			1
			A L		· · · · · · · · · · · · · · · · · · ·		
				A Company of the		1	1
		hey should call the on-call, and always someone on call. The					
							ļ
	is the expectation	Even if they can't contact a					1
			in .			}	
	a high blood sug	ar and the resident being.	e				
							- {
	blood sugar is lo	w and they are symptomers.				-	}
	They should call	wait on a response from a fax					1
}	They should not	en get seen right away.			1 6		1
	remember that	day I was called and told she was	as i		3 1		- 1
	sent out and I di	id not receive the faxed change					-
	condition until a	Ifet sue tran among the sur		国 一致进行		;	1
	facility."	一 一				ì	
	Danisa a Jolanh	one interview with the Physician	n all			•	- 1
	hange in a res	ident's condition, the facility is	lho "				
İ						ļ	
	on-call physicia	an. My group policy is a 10-15, ck. They should never walt. If the should never walt.	he				
	minute call bac	k. They should novel have	; 别 ""				1
				. A British !			
	my primary co	ntact, secondary contact, and e	ven				- 1
	my cell phone.	I can always be contacted:";	the				-
						:	
	nurse should l	have called the physician at 2:3	ized.			i	1
	am when the	change in condition was seen		.3.**		1	
	During on inte	erview with the Administrator, on				į.	
						1	1
	a change of C	ondition for the nurse to follow	(n i i			\ <u>.</u>	
	protocol and	procedure and follow her nursing	or			Dogs	8 of 24
Ì	judgment and	High collect are buy are and a	1 4DS511	Facility ID: 923120	· · · · · · · · · · · · · · · · · · ·	continuation sheet Page	2 41 44 .

EPARTM	IENT OF HEALTH.	AND HUMAN SERVICES			OMB NO.	APPROVED 0938-0391
NTERS	COR MEDICARE	& MEDIC OLIVAGES	LVO MILITIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
CHENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	1		_
PLAN OF	CORRECTION	TOTAL STATE OF THE	N. BOILDING		1	C
			B. WING	4 2 4 4 4		120/2013
		345143 1525 ; 13	1 87	REET ADDRESS, CITY, STATE	, ZIP CODE	
AME OF PR	OVIDER OR SUPPLIER		1 0	O W DOLPHIN ST		
		一个人们 化二甲基磺胺		ILER CITY, NC. 27344	(*	
ILER CIT	Y CENTER	· · · · · · · · · · · · · · · · · · ·		TANK TENEDO DI ANI	OF CORRECTION	(X6) COMPLETION
	SHIMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX			DATE
(X4) ID PREFIX				CROSS REFERENCED DEFICIE	IO Hirth Liver III	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	134-374	. 11 April 1 3 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7		+
					·•	
	1 1		F:157		*. •	1
F 157	Continued From pa	age 8		上 [[] 中央的接触。	•	
1	family."			1. 多数的最级		1
Ì	•	0.00142 61142	$\{ \cdot \} \cdot : : :$	事。 聽遊 持续講話	artarit ≇etiq	
	The Administrator	was notified on 9/20/13 at 1:40	. " . · · · · · · ·		4	
}	nm of the immedia	ate jeopatuy. The nangy "T"			1	1.
,	Joonardy is Drese	nt and ongonia.	F 253		•	ļ
- 0-0	402 45/6V/2V HOL	ISEKEEPING &	:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*	Ì
SS=E	MAINTENANCE S	SERVICES A STATE OF THE SERVICES	.			
		arouldo housekeening and				į
	The facility must	provide housekeeping and vices necessary to maintain a	1. 1. 1. 1.		out for	· ·
	maintenance serv	and comfortable interior.		V AV	ISV.	į
	sanitary, ordeny,	and comortant		10和第二十二	isit for BM	
		The second secon	\$ Se			
	This RECUIREM	ENT is not met as evidenced	[4]			
						l.
	ممسيا و المسمم	vations, record reviews, staff a	ua		•	
			. **	引 為講得籍		ļ
	1 (a vominishe infondizations.		一十一个公司的		1
	resident halls (10	00, 200, 300, 400 & 500).	*			į
		こうしょう かんしゅう しゅうしゅう			!	į
	The findings incl	luded:			i;	-
			M ²		· · : •	İ
	On 9/17/2013 di	uring a facility tour from 2:30 P	ade		• • •	ļ
	1 to 4:00 PM the t	Ollowing observations in the	7 7 4 4 5		÷ .	1
	on five resident	nunity shower room between		31		•
					*	
	resident halls in	nused with pipes exposed and	not			
						:
			38 . 1 "			;
					!	i
						!
	The main door	KNOU to testabilio 10011111 12	/as			
	Holes were ob	served in the walls. In resident	S rook		ş	Ì
				[1] 《新田诗诗	ii.	}
	in the corner o	f room and the ceiling panel w	ao :		:	
1		erstons Obsolete Event IC		Facility ID: 923120	1 continuation	n sheel Page 9

	050,4059		A Property of the second of th	•	RINTED: 12/12/2013 FORM APPROVED MB NO. 0938-0391	The state of the s
DEPARTMENT OF HEALTH	I AND HUMAN SERVICES		<u> </u>		TOWN DATE SURVEY	
CENTERS FOR MEDICARI	& MEDIC SERVICES	LIYON MULTIP	LE CONSTRUCTION	·	COMPLETED	
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (CALL) IDENTIFICATION NUMBER	A. BUILDING	3		C	1
AND PLAN OF CORRECTION	DENTIFICATION		* , , , , ,		09/20/2013	1
- AMOTO -		1			03/20/2017	1
	345143	1	STREET ADDRESS, CITY	, STATE, ZIP CODE		1
	1		900 W DOLPHIN ST	j - 13		
NAME OF PROVIDER OR SUPPLIES	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		CHER CITY: NC: 27	'344 : <u> </u>		1 1
SILER CITY CENTER		<u>"</u>			ON (X5)	1
· · ·	TATEMENT OF DEFICIENCIES	ID.	EACH CORR	ECTIVE ACTION SHOULD	UDE LOSTE	
(X4) ID SUMMARY S	TATEMENT OF DEPICIENT OF THE CY MUST BE PRECEDED BY FULL OF THE CONTROL OF THE CO	PREFIX	CROSS-REFER	ECTIVE ACTION GIVEN ENCED TO THE APPRO DEFICIENCY)		_
t the a beginner of	CY MUST BE PRECEDED (NOTION) R LSC IDENTIFYING INFORMATION)		A 32-42-5-23	\$ 6 to 1		
TAG REGUSTION				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1
		F-2	53			
F 253 Continued From	page 9				1	
		34 7		\$3.4		
drooping, 200 no	and 3 holes in the sheet rock in					}
residents footh	and 3 notes in the own 404 the it at eye level. In room 404 the	型 5.1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1	
floor molding Wi	as pulling away from the wall		写了基本榜		į.	
providing a hole		d:				
The residents' f	oom 311 bathroom was observe					1
in disrepair with	broken tile around the tollet and broken tile around the tollet and the transition between room an	ď			ł	- 1
no door strip at	the transition between room an				<u> </u>	
bathroom.	and a sugar and a sugar in th	e l			•	
In residents' ro	om 203 there were gouges in th	es '				
				1 1 1 1 1 4		1
in the wall at bo	of neadboard for residents'			5 1	:	
Exposed cable	s were observed	4.			i	1
room 103 a tel	evision cable was annoximate	ely 2			į	
hanging out of	arp edge exposed. In room 209 to the server observed handing out of	a			Ì	
feet with a sha	e was observed hanging out of	wall				
television capital	e was observed hanging approximately ten feet knotted	up:			į	
for a length of	approximation	5071	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ì	
and not in use		307			Ì	
IN 18506116	and 404 was observed with the		A 4 1 13,11 .			1
folding closel	doors off track and freely swing	440				
in residents' i	doors off track and freely states coms 109, 202, 206, 316, 406, colding closet door knob was mis-	4 IV			ļ	1
	Olonia ologo,	551119				1
or loose and	dangling.				•	
Observations	dangling. of wall patches that were not	· · · · · · · · · · · · · · · · · · ·				
sanded or pa	s of wall pateries the residents ', and so and 507. And in residents' re	om = 1				1
rooms 206 5	of and 507. And in residents' ro	. ::				
412 the wall	Was observed parents	第 1 四十二			į	
un-matching	paint.	sed		* ***	ļ	
Observation	of a third shower to hall nurse s	station.			1	
for storage	across from the boled shower room			1 2 2 2 3	·	
The room W	ur of the facility was conducted	on 4				1
A second to	ur of the facility was donadard rom 10:00 AM to 11:00 AM. The	same	14. 計學時			
9/19/2013 [rom 10:00 AW to 11:00 the rom to 18:00 AW to 11:00 find the resident halls for some 507 and 507 are 50	100,				
opservation	of the walls in resident ro	;;ine:				1
200, 300, 4	on and 500 excluding of the walls in resident ro	om III	The of the same	11.		10 01 24
507 had he	en salided and pariti-		Facility ID: 923120		continuation sheet Page	10 01 11
1 100 1	Cyco	11D:4DS511	Leading and desired	5 No. 5		

) }	RINTED: 12/12/2013
•				/ /	1	FORM APPROVED MB NO. 0938-0391
DEPARTA	MENT OF HEALTH	AND HUMAN SERVICES	٠, ٠, ٠		<u></u>	(X3) DATE SURVEY
CENTERS	S FOR MEDICARE	A MEDIO OCCUPATION	Y2) MULTIPL	E CONSTRUCTION	i .	COMPLETED
STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			С
AND PLAN OF	CORRECTION	DENTIFICATION	A Boicons	The same of the	<u></u>	
			B. WING	.13. 14	<u>;</u>	09/20/2013
		345143		TREET ADDRESS, CIT	, STATE, ZIP CODE	
NAME OF B	ROVIDER OR SUPPLIER			00 W DOLPHIN ST		
1				SILER CITY, NC 27	344 :	
SILER CIT	TY CENTER	· · · · · · · · · · · · · · · · · · ·			This properties	ON (X5) COMPLETION
	CUMMARY ST	ATEMENT OF DEFICIENCIES	ID PREFIX			
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL OF IDENTIFYING INFORMATION	TAG.		NCED TO THE APPRO DEFICIENCY)	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		1. 13 1942 1 1 1	<u> </u>	

	:		F 25	3		
F 253	Continued From p	page 10				
	!			建马赫温针		
1	On 9/19/2013 11:	18 AM the Director of Nursing		計 计数据证的	ાં કે ક	
}	request forms or	verbally told maintenance abou	3	4 12 13 13 13 13 13 13 13 13 13 13 13 13 13	4	
1				***************************************		
1	immediate need I	The amail things could walt till			*	
	emergency door.	the strait things hair The DON				:
}						į
1			S' l'		14 A B	\ \
			*1			1
			. å l			
				3.3		
1	r liveliana	rangite till botto over				
Ì						
1	concerns and th	16 Unises Mete icogood at a				
	equipment failur	res.	450	444	"铁锤"。	\
1	the Village States	~ " ~ " ~ " ~ " ~ " ~ " ~ " ~ " ~ " ~ "				<u> </u>
1						!
Ì				and the state of		i
}		ent for seven to eight months. at 3:54 PM Resident #99, who	11 1			•
			act			;
	alad the cu	Veel uuti lii liic iccii iii iii	off			1
						!
					4 1	
l l	resided on in the	oom #410 and was cognitively				Ì
						Ī
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	خصطة لمسانا	Mointonaille Siail (1911-9197)				
			4. 4	芸具 "数:50		,
	resided in root	m 103 and was cognitively inta	e in:			1
						•
	room 103 had	1 been hanging out of the				; 1
	over a year.	at 4:06 PM Resident #160, wh	0 1		1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	onlinuation sheet Page 11 o
1	I On 9/19/2013	at 4.00 FW Rosidone	<u>, · </u>	Facility ID: 923120	11 o	TURINGRICH SHEET 1 085 1.

						•	PRINTED:	12/12/2013 APPROVED	
	, , , , , , , , , , , , , , , , , , , 	CCBVICES					OMB NO.	0938-0391	
DEPAS	RTMENT OF HEALTH	AND HUMAN SERVICES		. 10	- 11		WAL DATE	SURVEY	
CENT	ERS FOR MEDICARE		(X2) MULTII	LE CONST	RUCTION		—— COM	PLETED	
F	NY OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	G		-	(c	
AND PLA	OF CORRECTION	DETT.		; , , ,			09/	20/2013	
		345143	B. WING	· · · · · · · · · · · · · · · · · · ·		OTATE: ZIP CODE			
1		100 200 200 200 200 200 200 200 200 200	5 - 5 - 5	STREETA	DDRESS, CITY,	STATE, ZIP CODE			
NAME	F PROVIDER OR SUPPLIER			900 W DC	LPHIN ST	\$.14]	1
1			ÿ · Ì.	SILER	TY, NC 273	344 	CTION	(X5)	
SILEF	CITY CENTER	1050	ID.	1	PROVIDER'S	PLAN OF CORRECTIVE ACTION SH	OULD BE	COMPLETION	
100	SUMMARY S	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL SO DENTIFYING INFORMATION	or PREFIX		HACC DEFFERE	MEED IO III	PROPRIATE		
(X4) ! PREF	IX (EACH DEFICIENT	CY MUST BE PRECEDED (NOT MATION)	TAG			DÉFICIENCY)		1	1 1
TAC	KEGULKIOKI	1.00	*		13.11.11			1	
}			F 2	F3			•	1	
	53 Continued From	page 11	2. 1 (P. 17)	99				1	
1 12								1	
	revoled he was	trying to create a homelike the facility did not patch the w	nii .					1	
	environment and	trying to create a notice that the will the facility did not patch the will be lest roommate's arrival.			建生活	3. Car		1	1
	in the room prior	to his last roommate's arrival.	id.	. 3 . 12.	编: 4- () 5	1-16		Į Į	
	He reported one	Of the should be bring a						Ì	
	used for storage	the walks staff the electric	cal.		13.				
1	refrigerator but	was told by had and a refrigeral	or:		٤.			1	
	system would in	of hold the bed and a hold the paper base working since July 20						•	
1	And the handle	ot been working since July 20'	13.		14.97			•	1
	L An interview Wil	ot been working sincovary in the Maintenance Supervisor	011	•				i	1
	9/19/2013 at 10	n the Maintenance out on the completed 3:40 AM revealed he completed state of from staff with in 2 week	e if.					}	1
	work orders red	ceived from staff with in 2 week	0 sq					}	1
	not sooner. He	reported the brief with clodded			を使いまする			Ì	1
	feet and mainte	enance was busy with clogged is. There were constant holes	in []					Į	
	toilets and sink	s. There who elchairs. The							
	the walls from	beds and wheelonding Supervisor revealed he looked; Supervisor revealed he looked;	at 🕌 🗀				•	į	1
-	maintenance c	Supervisor revealed to k down the halls but he did no the staff was alway	go		100			l	1
	Into the reside	nt rooms. The staff was always	S	<i>:</i> 1	11.			l !	1
1								1	1
1	always write the	ne staff request down.						Į	
. 1	:	ance maintainence	work		3 13 11 1			Į	1
	A record revie	ew of the current maintenance ed request on 9/18/2013 for re	pair of					į	1
-	orders reveal	e head of bed in room 306; on						{	
1	the wall at the	head of bed in footh objectives wall needed repair at the head	of bed					ł	
	9/1//2013 a \	wall needed repair at the on 9/10/2013 a wheelchair rec	uest;					ļ	1
	and on 9/10/	on 9/10/2013 a Middle was off tr	ack :					ļ	
	and bathroor	n needed a light bulb. The:	ere			(建) 精囊化 (1)		•	1
}	i Maintanance	PUDSIAION ON HALL			and the				1
	was a failure	IN the system.					-	1	
	1	anducted with the	ie :		1 1		•	:	
1	On 9/19/201	or viewing the interior of reside	nts.					Ì	1
	! Administrate	Administrator did not have a p	roblem					Ì	İ
1	rooms. The	Administrator did not har y and osed television cable hanging	out of		1 1 2 1 4				1
	the wall in it	oom 103 and reported he was	aware :					on sheet Page	12 of 24
-	of the bathr	AAAH HOUL IN 1991		Far	clity ID: 923120	6 1 fr	If continuation	Ju Suber Lago	
1		Obcolele Eve	nt ID: 4DS511			3 Y 1			

		· · · · · · · · · · · · · · · · · · ·				Company of the Compan	FORM.	12/12/2013 APPROVED
DCDADTA/	MENT OF HEALTH	AND HUMAN SERVICES.				1	OMB NO.	0938-0391
OENTERS	FOR MEDICARE	& MEDIC SCHAIGES	<u> </u>	CO TIDI E CC	INSTRUCTION		(X3) DATI	E SURVEY PLETED
CTATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILDING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ļ	
AND PLAN OF	CORRECTION	DENTIFICATION TO THE		4 .	* A			C
		248442	B. WI	NG	<u></u>	1 1		20/2013
		345143		STRE	ET ADDRESS, CIT	Y, STATE, ZIP COD	E	1
NAME OF PR	ROVIDER OR SUPPLIER	The second secon	<u> </u>	900 V	V DOLPHIN ST			1
011 ED 017	Y CENTER			SILE	R CITY, NC. 27	/344		7
SILERGII		THEORIGINAL PROPERTY.		ID.		S PLAN OF CORRI		COMPLETION DATE
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PR	REFIX	cross-refer	ENCED TO THE AP	PROPRIATE	DATE
1	Continued From p	Administrator ne revealeville	эге	F 253				
	was a process in issues as they we	place and the facility sadding the confronted with them. The	not					
	then request were	rould report anything they felt						:
	they needed to re expected time fra	ame for completing work orde	rs.					
	work order to pat supervisor does	initiate projects on his own, "		F 309		A STATE OF THE STA		
F 309 SS=J	483.25 PROVIDI HIGHEST WELL	E CARE/SERVICES FOR SERVICES FO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A STATE OF THE STA		
	provide the necession or maintain the temperature and psy accordance with	nust receive and the facility managery care and services to all highest practicable physical, inchosocial well-being, in the comprehensive assessing.	nent			And the second s		
	and plan of care).		***			8%	
	L	MENT is not met as evidenc	ed		فرج الم		6 Km	
	practitioner, sta	ord review, physician, nurse of and Emergency Medical of interviews, the facility failed	0		July Me			• • •
	intervention for	sess the need for medical r a resident with a significant dition; and failed to immediate	ely					1
		ency medical services for 1 of sident #188) reviewed for cha		•		A CONTRACTOR OF STREET		
	· · · · · ·	opardy began on 2/7/13 wherecame aware of Resident #18	(4)4 (.)					
	İ	- 1 1311 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ID: 4DS511	<u> </u>	Facility ID: 923120		If continuation	sheet Page 13 of 2

	THE OF UEALTH	AND HUMAN SERVICES			i.	RINTED: 12/12/2013 FORM APPROVED MB NO. 0938-0391
DEPARTM	FOR MEDICARE			CONSTRUCTION	<u> </u>	(X3) DATE SURVEY.
CENTERS	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	COMO		C
N D PFVM OL	CORRECTION	IDENTIFICATION NOTICE			i i	09/20/2013
		345143	In santo /		THE CODE	00120124.1
			s	TREET ADDRESS, CIT	Y, STATE, ZIP COOL	
NAME OF PE	ROVIDER OR SUPPLIER		9	00 W DOLPHIN ST	1944	
SH ER CIT	Y CENTER	一个人还在本情感情数。		ILER CITY, NC 27	IN DUAN OF CORRECTI	ON (X5)
		TATEMENT OF DEFICIENCIES	PREFIX	(EACH CORR	ECTIVE ACTION SHOU	1.00 01 5 5 5 5
(X4) ID PREFIX	(EACH DEFICIENT	TATEMENT OF DEFICIENCE BY FULL SOME STATEMENT OF DEFICIENCE BY FULL SOME STATEMENT OF STATEMENT	TAG	CROSS REFER	ECTIVE ACTION OFFICE ENCED TO THE APPRO (DEFICIENCY)	
TAG	REGULATORY OR	CY MUST BE FREGUE INFORMATION	\$ J. J. J.		3	
		The same with the				*
E 000	Continued From	nage 13	F.309			
F 309						ļ
	acute change in	g, moaning, and elevated blood	or in the second			
	sugar, falled to ic	g, moaning, and elevated for lentify and assess her need for lent interventions, and delayed			对条 检告员	
	emergency med	cal liller verification and e change	in the	中心激激发		
	calling EMS for a	milities and vina hospital W	as.	1		Ì
	imantalii al	11 11E1EH (24ACAA)		1,	,	- į
	approximately of	sent and ongoing.				
ł	1	と こうしょ こうしゅう こうしゅん はんしゅん こうしゅん しゅうしゅん しゅうしゅん しゅうしゅん しゅうしゅう しゅう しゅう				
	Findings include	ed:	1			1
		- state of the control of the contro				
	Resident #100	was originally admitted on 12/28/12 12 and readmitted on 12/28/12	1			
					一般高春的 20 古代美春期 20	i
	_ ' difficile, mus¢l€	Megkiteza' iligonia		1. 大大大		į
	dialysis, and as	inma.	6			Ì
	Thora was a b	hysician order dated 12/28/12	for all.			'
	Cartaga A MINIO	rams und/ording ~~	very.			
	4-6 hours for r	ausea or vomiting.	y (L
1		A death Administration Reco	ord .			
.	The January N	ed Resident #188 received 17				1
	doese of Zofra	an for nausea.		*		1 1 1
	There was a f	physician order dated 1/2/13 fo	nours			į
1	Vicodin 5-500	omysician order dated very 6.1		11.		•
	for pain.			15 -15		}
	The quarterly	Minimum Data Set (MDS)	dant			i i
			ueni -			
	was cognitive	ely intact, did not reject care,	ensive			
	participated i	n the assessment, needed ext with activities of daily living (AD)	Ls),			Ì
	assistance W	en, and received dialysis.	3 3			ļ
	was on oxyg	CHI WING TO THE STATE OF THE ST	in "			i .
Ì	The social W	vork note dated 1/4/13 indicate	o (ne ;;;)			
- 1	resident had	NO deministration of warrant	Un angesti	Facility ID: 923120		continuation sheet Page

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDIC / SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION : COMPLETED (X1) PROVIDER/SUPPLIER/CLIA-IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES A. BUILDING C AND PLAN OF CORRECTION 09/20/2013 B. WING 345143 STREET, ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 W DOLPHIN ST SILER CITY, NC 27344 ٠.,٢ SILER CITY CENTER (X6) COMPLETION DATE PROVIDER'S BLAN OF CORRECTION LEACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY TAG PREFIX : TAG F 309 F 309 Continued From page 14 all the time with occasional tack of interest in doing things, "is understood and understands," The Medication Administration Record dated 1/15/13 indicated Resident #188 was given Vicodin 5-500mg by mouth once for pain. There was no documentation indicating location of pain, or if pain medication was effective. The nurse's note dated 1/21/13 indicated Resident #188 had decreased nausea after her Renvela (phosphorus-binding medication) was discontinued on 1/18/13. The nurse's note dated 1/24/13 at 9:00 am stated, "[Resident] continues to refuse [appointment] for [upper gastrointestinal exam]. [Physician] in facility and in to assess [resident regarding] refusal. [Resident] continues to refuse despite discussion with [physician]. The physician assessment dated 1/24/13 stated, "Patient is being seen for routine monthly" examination. Patients case and care discussed with nursing staff. Patient is seen and examined. Palient expresses no concerns or new issues. Patient is doing well and no complaints." Diagnoses included: "hypertension, diabletes mellitus without mention of complication, type II, not stated as uncontrolled." The Medication Administration Record (MAR) dated 1/30/13 indicated Resident #188 was given Vicodin 5-500mg by mouth once for pain. There was no documentation indicating location of pain; or if pain medication was effective. A review of the February 2013 physician orders revealed there were no orders for blood glucose

PRINTED: 12/12/2013

ENTERS	FOR MEDICARE & MEDIC) SERVICES FOR MEDICARE & MEDIC) SERVICES DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEFICIENCIES (X2) MULTIPLE CONSTRUCTION	C 09/20/2013
	345143. STREET ADDRESS, CILY, STATE, ENGAGE WE DOLPHIN ST	
	Y CENTER PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION PAGE CORRECTION SHOULD PAGE CORRECTIVE ACTION SHOULD PAGE CORRECTIVE ACTION SHOULD PROVIDER'S PLAN OF CORRECTION PRO	BE COMPLETION DATE
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE TAG CROSS-REFERENCED TO THE TAG CROSS-REFERENCED TO THE TAG TAG TAG CROSS-REFERENCED TO THE TAG TAG TAG TAG TAG TAG TAG TAG	
F 309	Continued From page 15 monitoring, oral or subcutaneous glucose medications. F 309	
	A review of the Behavior Monthly Flow Sheet for February 2013 revealed the resident exhibited no behaviors.	!
	The nurse's note dated 2/6/13 at 9:30 am indicated the resident had a temperature of 100.3 degrees, was alert and verbal, made her needs known, and was up in her wheelchair. There were known, and was up in fer wheelchair in no physician orders for a fever reducer, no no physician orders for the resident's	
	nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse's notes of into a nurse and a nurse	
	with no complaints.	
	at 5:00 pm.	
	completed by Nurse Alde #1] reported resident "At 2:30 am (Nurse Alde #1] reported resident non-verbal and fluttering eye lids. Nurse noted non-verbal and fluttering eye reddened [with] resident lethargic, both eyes reddened [with]	
	warm. Temp Too. warms during examination [and] moaning [with] arms during examination [and] moaning [with] sound similar to a cat's meow. Nasal cannula sound similar to a cat's meow. Nasal cannula sound similar to a cat's meow. Nasal cannula sound of nostrils [and oxygen saturation].84%.	
	Increased to somether Gave Vicodin 5-500nly	continuation sheet Page 18

· · · · · · · · · · · · · · · · · · ·	,	Part of		FORM	12/12/2013 APPROVED	
LELIAND IN MAAN SERVICES	· · ·			OMB NO.	0938-0391	
DEPARTMENT OF HEALTH AND HUMAN SERVICES			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAN DAT	COHRVEY	
CENTERS FOR MEDICARE & MEDICARE	(X2) MULTIP	LE CONSTRUCTIO	N .	COM	PLETED	
OTATELIENT OF DEFICIENCIES (AT) PROPERTION NUMBER:	A. BUILDING				C \	Ì
AND PLAN OF CORRECTION IDENTIFICATION	· ;			09/	20/2013	ļ
345143	B. WING		S, CITY, STATE, ZIP CO	DDE		1
	W (1)	STREET ADDRESS	OT WE		-	†
NAME OF PROVIDER OR SUPPLIER		900 W DOLPHIN	(5)			}
SILER CITY CENTER	1	SILER CITY, N	AL AL AL AL AL	PRECTION	(X5)	ļ
SILER OIT OUT OF PERIOR NOIFS	ID.	PROV	JOER'S PLAN OF COF	SHOULD BE	COMPLETION	, \
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	PREFIX	CROSS-R	EFERENCED TO THE DEFICIENCY)	APPROPRIATE		į į
DECENTATION OF CONTINUE AND ASSESSED.	1,00	A distinct	DEFICIENCY.			1.
TAG	1				į	
	F.30	19			j)
F 309 Continued From page 16			母驱馈激的 2000	•		1
quality of moaning (with) reading the still not still not still not stimulus. Resident said 2-3 words but still not stimulus. Resident said 2-3 words but still not stimulus.					<u> </u>	1
slimulus. Resident said 2-5 words sture 99.1. clear headed. At 3:45 am [temperature] 99.1.	i l				}	
clear headed. At 3:45 am temperature of moan land [No] nausea or vomiting. Continue to moan land						
throw arm slowly at timoon blood pressure		4 4			•	
documented at 2:30 am as, blood production 100/60, pulse 56, temperature 100.6, respiration	s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				1
20, and blood sugar "H".	-					
		: A			1	1
The Medication Administration Record (MAR)	8					1
The Medication Administration Record (1) the Medication Administration Resident #18 dated 2/7/13 indicated at 2:30 am Resident #18 dated 2/7/13 indicated at 2/7/13 indicated at 2:30 am Resident #18 dated 2/7/13 indicated at 2:30 am Resident #18 dated 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indicated at 2/7/13 indi	•	140				1
was given Vicodin 5-300mg by mountain	- ! .					
was given victorin 3-366m generalized pain. The as-needed Pain generalized pain. The as-needed Pain Management Flow Sheet indicated the resident Management Flow Sheet indicated the resident						1
Management Flow Sheet Indicated and in mild pain at 2:3 was cognitively impaired and in mild pain at 2:3	0				1	
was cognitively impaired and in no pain at am and cognitively impaired and in no pain at	"				:	1
6:30 am.		. 3		•		1
	1 3				•	1
During a telephone interview with Nurse Aide #				•		
Ouring a telephone interview with the control on 9/20/13 at 10:15 am, when asked about a control of the control	she			•	ļ	1
Resident #188's usual memarated "That night	t •]					1
was different on 2////3, she stated, she seemed like she was in a lot of pain. She she seemed like she was in a lot of pain. She						l l
	3				ļ	
screaming so loud she was waking up other screaming so loud she was waking up other to the purse (Nurse #1		a 330				
		- 1		•	1	1
residents. I reported it to the hat [The resident] was not acting like herself that						1
night."	. 1				1	1
During a telephone interview with Nurse #1 of	n [] 🖫				ļ	}
During a telephone interview water 19/19/13 at 12:00 pm, she stated, "I think g/19/13 at 12:00 pm, she stated to check h			第二次	. *	:	
9/19/13 at 12:00 pm, she stated, the stated of the stated	er :			•	4	
	was			4	j	
blood sugar. She wash trough spoke in full different for her. She usually spoke in full different for her.	nok:				1	1
different for her. She usually spoke with sentences and was easy to understand. It is sentences and was easy to understand.	ean it				ļ	{
sentences and was easy to understained, her blood sugar as a vital sign, 'HI' would me			THE PARTY OF	. '		1
was over 500. She was not the about the	\$* 31 h			•		
was over 500. She was not diagnost the was diabetes so I just checked because she was acting like other diabetics with high sugar. I	did :			If continuali	on sheet Page 1	7 of 24
acting like other diapetios management	100544	Facility ID: 9	23120	II COUNTROL	•	

opplices.			FOR	ED: 12/12/2013 RM APPROVED IO: 0938-0391
DEPARTMENT OF HEALTH AND HUMAN SERVICES			(X3)	DATE SURVEY
CENTERS FOR MEDIONICE OF THE PROPERTY OF THE P	(X2) MULTIPL	E CONSTRUCTION	<u> </u>	1
STATEMENT OF DEFICIENCIES (X1) PROVIDENSOFFLENCES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING			C
	B. WING	1, 1, 1, 2		09/20/2013
345143	1 B. 41113	TREET ADDRESS, CITY	STATE; ZIP CODE	
NAME OF PROVIDER OR SUPPLIER	i. i. i. i. i. j. j.	00 W DOLPHIN ST		
The state of the s		SHED CITY NC 273	344	
SILER CITY CENTER	1D	PROVIDER'S	FLAN OF CORRECTION CTIVE ACTION SHOULD BE	(X5) COMPLETION DATE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROPERTY OF A COLDENTIFYING INFORMATION	PREFIX :	CROSS-REFERE	CTIVE ACTION SHOULD BE NGED TO THE APPROPRIATE DEFICIENCY)	=
TO THE PERSON OF LOCAL PROPERTY OF THE PERSON OF THE PERSO		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEFICIENCY	
TAG	1 1 1 1 1	3 1.7		
	F 30	3 集集 \$	4-A19	
F 309 Continued From page 17				
not check her sugar with another madining		别。这就是一个孩子		
cannot remember it trait control of machine. She started acting normal about	an	如本统门的		
machine. She started acting normal days hour later and maintaining eye contact so hour later and maintaining eye contact so hour later and maintaining eye contact so hour later and maintaining eye contact so hour later and maintaining eye contact so hours are so hour later and maintaining eye contact so hour later and main	faxed			
hour later and maintaining eye contact so the doctor the change in condition form. I the doctor the change in condition hetter. I di	ala not			
call because she statted admits bottom	or other		· · · · · · · · · · · · · · · · · · ·	
get an order for insulin or sigh blood sugar	finer			
medication related to her high slow as a behavior had not improved, I would have a behavior had not improved. I would have a	palled [3-11	
the doctor. I can't remember writing a not	e apout	1		
the doctor. I can't remember white a her condition improving. I did not recheck her condition improving. I did not have an	order		ements of the second se	
her condition improving. Tuld not have an blood sugar because she did not have an for [blood glucose monitoring] or a diabete	est d			
diagnosis."				
Other than the Change of Condition	es.			
Other than the Change of Contains? Documentation, there were no other nurs notes written on Resident #188 from 2/6/	13 at 👑 💮	一支 海豚 化 好		
10:30 am to 2/7/13 at 9:45 am.				
	stated "			
Nurse #2's note dated 2/7/13 at 9:45 am	ionsi 18.			
"[Temperature] 98.6, [pulse] on trouvel	on] 84%			
(blood pressure) 90/02, (0x/99), eyes the Resident unresponsive. Opens eyes the	n roll	**************************************	1 4 1 K	
Resident unresponsive. Opens syco and back in head. Moans with movement of back in head. Moans with movement of	any kind			
back in head. Moans with movement by staff. Unable to verbalize anything. [I	nachine -			į.
by staff. Unable to verbalize diffusion of glucose level) 57 on facility accucheck refused breakfast this a.m. Hands cold	to touch."			
Refused breakfast tine a.m. Hands	4. 16			1
During an interview on 9/19/13 at 12:05	pm!			!
During an interview on 9/19/10 at 12/20 Nurse #2 stated, "Her blood sugar was Nurse #2 stated, are sent to the femel	low that			
morning that she was sent to millurse	#1] that : :			
room]. I had gotter report and her blood	sugars			
she was acting different and the sile were elevated. [Nurse #1] said she fill were elevated. [Nurse #1] said she fill were elevated.	ed out a			
were elevated. [Nurse #1] said unding. Change In Condition form. When you'll	Intour The			
form, you automatically float morning	She was			
form, you automatically notify the pay- resident had behaviors that morning, usually very alert and oriented and wo	uld answer		If confinu	ation sheet Page 18 of 24
usually very alert and offence who	Event ID: 4DS511	Facility ID: 923120	H COMBNO	(Milest Ell.)

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

				<u> </u>	.	· 9.	(MB NO. C	1938-0381	1
		of UEALTH	AND HUMAN SERVICES: & MEDIC, SERVICES					VALDATE	SURVEY	
	DEPARTM	ENT OF HEACH	& MEDIC, SERVICES.		TIPLE CONSTRI	UCTION	·	COMP	LETED	
	CENTERS	FOR MEDICARE	(X1) PROVIDER/SUPPLIER/CLIA.		HALE COUNTY			C		ì
r		e neelchenches	(X1) PROVIDEROSULT LILE.	A BUILD	ING		.			ĺ
١	AND PLAN OF	CORRECTION	- Detrino	· 1			•	09/2	0/2013	1
7	TAIL FORTH OF			B. WING			TIP CODE		1	}
١			345143		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		1	1
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	新拉斯	non M DOI	pHIN-ST しき	1 14 - 4 12 1		1	}
	MAME OF PE	ROVIDER OR SUPPLIER	San Line and Bental	3 BH 18	1	TV NC 2734	4			}
	1				SILERGI		LAN OF CORRECTIVE ACTION SHO	TION	COMPLETION	1
	SILER CIT	Y CENTER	100	, in	1.1	PROVIDERS	LAN OF CORRECTIVE ACTION SHOULD TO THE APPR	JLD BE	DATE	
			TATEMENT OF DEFICIENCIES	PRE	FIX	OSS REFEREN	TIVE ACTION SHOW CED TO THE APPR FRICIENCY)	OPRIA		}
	(X4) ID	SUMMART	TATEMENT OF DEFICIENCIES OF THE COMMENT OF DEFICIENCIES OF THE COMMENT OF THE COM	EF 液 、TA	G · · · · · · · ·	DI	EFICIENCY)			}
	PREFIX	REGULATORY OR	CY MUST BE PRECEDED BY COLOR (LSC IDENTIFYING INFORMATION)	() 4 () ()	10.0				1	
	TAG	1,000	3. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			经的现代转	.j			1
				". ii i	309		Ŋ.		1	1
			mage 18	ar Sil	.000				1	}
	F 309	Continued From	page to cha took her medi	cine.	3. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		Laugelians appro	Ullatory Virginia Languerast	4						1
		for me that them	In 9 The Literal che Wa	as nou i		化多点】	连 结节 / / /		\	\
	}	- Minan i Bikeu w	LIO WILL WAND FORTS	804 373		选举的 战人				1
		talking to me as	her after breakfast, site much as before breakfast, and sugar. She wouldn't response to know [Nurse #1] d	mond.						1
		shooked her blo	od sugar. She wouldn't o	lidn't						1
		The top payong	name. I know [Nurse #1] of hecause we would have to	have.		فيها والأناف				1
	1	Witeli Lagio na	name. I know (Nurse #1) because we would have to	nilna!						1
		give any mount	because we would have at 1 so to a the had filled out the control of the h	honde		· Y			:	1
		an order to the	it. I don't recall [Nuise in 10 than she had filled out the c	Hangy.					:	
	1	anything other	on P						1	1
	1	in condition for	***		*				;	1
	1		der dated 2/7/13 at 10:14 a	m i i i i		1.00	1. 1		į	1
		A Physician of	der dated 27713 at to the long temperature de la lace de lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de lace de lace de lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de la lace de lace de la lace de	for 1			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1	1
		stated, "Send	oneclousness."		. 3					
	1	evaluation un	100110011	2 **			4		Ì	1
	1			m 🔒 🖫 🦰				•		}
	l	The nurse's n	ote dated 2/7/13 at 10.19 a e notified supervisor at 9:45 non responsive. Assessed	am that		も登録しま			\	1
	1	etated "Nurse	Accesed	ipatienti !					l l	
	ļ	i resident was i	not isseement not	ea. ' ' i	: 1				ļ	1
		- decreased [non responsive. Assessor level of consciousness] not reactive to light, sluggish."						:	1
	1	i Punils equal,	16donto o						1	1
	(1 .	20040 of 40.30 S	m' i		3 13 1			•	
		Nurse #2's n	ote dated 27773 at 10,00 conergency Medical Services	(FMS)						1
		Lindicated Eff	IGINOLIO) MONING	ant to the		41.	· 33 & 1:		•	
	}	was at the fa	nergency Medical Services acility to transport the resident the Nurse Practitioner was	notified.	1	• •	\$ \$\frac{1}{2}\$:	1
	}	boonital and	acility to transport the reside the Nurse Practilloner was		13.4				!	1
		HOSpital	TAR.	Viransnort					l l	1
	1	The Emerge	ency Medical Service (EMS	n ctaffrat		3 3 4 5			İ	Į.
		Life Chiola	ency Medical Service (Emi- 1 2/7/13 stated, "Per nursing 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.2. Gir					ļ	1
	l	report dates	ne, [Resident #188] began	is procedu	"				1	1
	1	nursing non	ne, [Resident #188] began ng decreased [level of consi one is a dialysis [patient]	Cionanessi	4 1	4 1.0			1	
	}	experiencin	Cho is a dialysis [patient]	and 1				•	1	1
	}	last (night).	She is a dialysis [patient] of the standard diabetic].	had ner		3 46 4			}	1
	1	l (non-insuli)	J-deherraous and strip impl	nindi 🐩 🗀		, 43.	1. 特徽	•	}	l
	1	I dialucis VAS	Stellial tropic and the	oreasen :		1.01	· 计算机			- 1
	ţ	/orotto// 2.2	300 0000 000	iar.niirse Nui	3				i	}
	1	Date of CC)IISCIDADITIOO I	MALAUU.		1 1 1			:	ļ
	1) thiond ditt	CO20 10 10 10 1	anding Lies	* . *		The Kar 🖔			1
	1	'This imore	Biogli Iropinating	A NIIISIIIU	1 -					19 05 24
	1	in bed and	ning), [resident] is not respond d yells and moans (no word 244 " The chief complaint	indicated on	. \	1	0 1 1	II continua	llon sheet Page	100,5
		staff calls	d yells and moans (no word 911." The chief complaint	Event ID: 4DS	511 F	acility ID: 923120				
	t t		And the Party of t	EVERTING TO THE						

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED CENTERS FOR MEDICARE & MEDIC. (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER! A. BUILDING _ 09/20/2013 AND PLAN OF CORRECTION 345143 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 900 W DOLPHIN ST NAME OF PROVIDER OR SUPPLIER SILER CITY, NC 27344 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SILER CITY CENTER (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES in (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG · (X4) ID PRÉFIX TAG F-309 F 309 Continued From page 19 the report was "Unresponsive patient. Duration: 9. hours" and the diagnosis was "Altered level of nours" and the diagnosis floor consciousness, Diabetic symptoms. A review of the EMS assessment, dated 2/7/13 indicated: At 10:18 am EMS received call EMS arrived at 10:24 am. At 10:25 am, the resident was agitated and, combative, "eyes open but does not converse. [Patient] moans and yells", decreased level of consciousness, pulse 112, blood pressure 104/80, and had a blood glucose of 34. At 10:35 am, EMS gave an intramuscular injection of Glucagon 1mg. At 10:40 am, the resident's blood glucose was rechecked and was 20. Vascular access was started at 10:45 am. ; · . At 10:48 am, Dextrose 25grams was administered through the vascular access. At 10:50 am, the resident's blood glucose was rechecked and was 211. At 11:05 am, there was no change in the resident's condition. She continued to not respond, yell, and moan. At 11:25 am, the resident's blood glucose was rechecked and was 200. At 11:45 am, the resident was released to the care of the emergency department and there was "no change in [patient] status throughout EMS care." During a telephone interview with the EMS*. Supervisor, on 9/22/13 at 5:40 pm, he indicated "Duration" time on an EMS report was "the amount of time the signs and symptoms had been occurring prior to EMS being called." If continuation sheet Page 20 of 24 A review of the emergency department

PRINTED: 12/12/2013

				i signi sa An ege			EORMA	2/12/2013 PPROVED 938-0391	
		AND HUMAN SERVICES			1 1		(X3) DATE	CHRVEY	
DEPARTMEN	OF HEALTH	& MEDIC SERVICES	1vint	E CONSTRUCT	IJON .		(X3) DATE	LETED	
CENTERSE	OK MEDIOANE	THE WOLDEN STREET	(X2) MULTIPL	E COROTISE			C		
STATEMENT OF D	FFICIENCIES	(X1) PROVIDENCE IN THE INTERPRETATION NUMBER	A. BUILDING	7 7 1137	: 1:-1			0/2013	ļ
AND PLAN OF CO	WEALO	1. 人名英格兰人名	B. WING		<u> </u>		1 0912	0/2010	
		345143	10. 44.10	STREET ADDRE	ess, city, st	ATE, ZIP CODE		1	ı \
	on el IDDI IFR		1 1	AND WEDDLEY	ŊN'ST}				
NAME OF PROV	IDER OR SUPPLIER		y	・・・・ニネ ベイソ・	. N.C. 27344	<u> </u>		(X5)	
SILER CITY	CENTER			(pr	ROVIDER'S PL	ANIOF CORRECT	ILD BE	COMPLETION	
		ATEMENT OF DEFICIENCIES	ID PREFIX	(EAC	SH CORKEON	D TO THE APPR	OPRIATE.		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	1	DE	ICIENCY)		†	1
TAG	REGULATORY OR	LSG (DENTIS)							
		The second	1200						1 1
	I Parama I	sage 20	F.30	\$.	法意图			Ì	
F 309 C	ontinued From	ed 2/7/13 at 11:51 am indicated applicated applications appeared to be in	dig to the		4. [海县				1
a	ssessment, date	as anxious, appeared to being a had a blood pressure of		1				1	
R	tesident 7F100 W	d, had a blood pressure of of 120 respiratory rate of 26,			1994	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de Natura de la companya de la companya de la companya de la companya de la companya de la companya de la companya		1	1
p	ain, was ayilate	d, had a blood preson of 120, respiratory rate of 26, oxygen saturation of 96% o	n 2		医验验			1	
1	emperature of 9	of 120, respiratory rate 96% on the same of 120, respiratory for 120, re	in E					!	
1	iters of oxygen,	9, oxygen saturation of sychological had a soft, nontender abdome				•		i	1
1 (cool skin, was 🤫	" Dad "me " had s			ar in the	*		}	
	disoriented to pe	confused, controlling the second seco	ich.			t.		Ì	
1 11	ncoherent tesp	offecol out				1			
1 1		the shares summary.						1	}
	A review of the	hospital discharge summer hospital discharge	Ma.					Ì	
	admitted on 2/7	indicated Resident #155 12/11/ 1/13 and passed away on 2/11/ monant arrest secondary to se	ńlic					,	
1 :	from cardiopuli	noticity and a stated in the	he · i					į	1
	shock. The ax	sunding out the found	o be l	· 其中可屬	or , te or . Landau and A			į	1
1	emerdency de	Partition, is and had multi	pie i		Maria de la Compania de la Compania de la Compania de la Compania de la Compania de la Compania de la Compania La compania de la Compania de la Compania de la Compania de la Compania de la Compania de la Compania de la Com			ļ	1
	aditated, Yellin	y noncontra mente intubate	ea 'i		Υ.			; 1	
	loose stools.	It - modical fintensive care	uniti;					1	1
	and admilled	o the medical price ally resuscitated, requiring : :	a hor		,			;	1
	Vacantessor S	ally resuscitated, requires support (medication to maintain to), and a surgical consultation	was					į	
	blood pressur	e), and a surgical consultation of the evidence of peritonitis			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	1
•	· obtained, Du	(nemobde od to the shoot of the	an i			2 4 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ļ	
	i (inflammation	of the ming of the examine	the 🖰 📗					ļ	1
1	 exploratory is 	parotorn the was perform	ned, 🔡 🕒 -	- 1				}	1
l	: inside of the	abdumination Bol	Nel ∴				•	1	l
	Which demo	s performed and the patient was the surgical intensive care u	as			42.		ļ	
	transferred t	s performed and into particles of the surgical intensive care upon the surgical intensive care upon the surgical and the surg	30 C 3					1	
	Angressive	o the surgical interpolation and attempts at resuscitation and							1
}	stabilization	Wele misuccoon			Edge at 1			<u>:</u>	
	compartmen	IL SYLLOTOTION TO COMPLETE	liand a.		\$ *2* *			Ì	1
	intra-abdon	inal pressuro, inclision into the abdo	ominal .		. 4	1.		l	1
	hedside lap	arotomy three states at the state of the sta			1 to 1 to 1				
	cavity) was	performed with relief of hinal pressure. However, the performed and she expired	atient !		1 3 T				1
	wae not ah INUX-auuvi	ninal pressure. However, lie to recover, and she expired	3. 3		. 1, 11	, , , , , , , , , , , , , , , , , , ,			}
	AAGG TIOL GO	0.000 of 10.30 to	om, the	, ,		4 1	If continual	on sheet Page	21 of 24
	During an	interview on 9/19/13 at 12:30 p	ent ID: 4DS511	: Facility	/ID: 923120				

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDIC. (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES A BUILDING IDENTIFICATION NUMBER! AND PLAN OF CORRECTION 09/20/2013 B. WING: ·· · 345143 🐠 STREET ADDRESS, CITY; STATE, ZIP CODE 900 W DOLPHIN ST NAME OF PROVIDER OR SUPPLIER SILER CITY, NC 27344 SILER CITY CENTER (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X4) ID DÉFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX 2. TAG Continued From page 21 F 309 Director of Nursing stated,"Intermittant [blood glucose monitoring) would be documented in the nurse's notes because it would not be on the MAR. If the reading said 'HI', I would expect the blood sugar to be rechecked. If it remained 'Hi', I: would expect the physician to be contacted, depending on the resident's condition and level of consciousness or a change for that particular. resident. When I came in the nurse told me. about her change in mental status and that the Nurse Practitioner was called and EMS was called." The DON indicated that had she known of the resident's condition, including change in behavior and elevated blood sugar, at 2;30 am she would have called EMS. She further indicated the change in behavior and low blood sugar that resulted in transport to the hospital on 2/7/13 at 10:30 am would have been the same 3 reason to transport the resident on 2/7/13 at 2:30 am when she had a documented change in :behavior and high blood sugar. . During an interview with the Assistant Director of Nursing (ADON) on 9/19/13 at 11:39 am, she stated, "If there was an elevated blood sugar, there would be a doctor's note stating to give insulin. If someone was in distress and a blood sugar was checked, it would be documented in the nurse's notes. I see a blood sugar of 57 on 2/7/13. I do not see any documentation of an elevated blood sugar." "The night nurse would have faxed the change in condition to the physician. We don't keep the face sheets as part: of the record so there is no way to know what time the physician was notified by fax. There is an on-call so I would expect the physician would have been called, not just a fax sent, since it was 2:30 in the morning when the change occurred." 经支线

PRINTED: 12/12/2013

		AND HUMAN SERVICES		ч .	. * .	,		ŕ		•			. 0938-0391
CENTER	RS FOR MEDICARE	& MEDIC. SERVICES						· · · · ·	 		······································		
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	::	(X2) MUL	TIPL	E CO	12 LLIC	TION ;	į 9 ,				E SURVEY
AND PLAN.O	F CORRECTION	IDENTIFICATION NUMBER:	1	A. BUILO	ING							1	
			١. [·					i į			l l	C
		345143	٠	B. WING	<u>.</u>	<u> </u>			. }			09	20/2013
NAME OF F	ROVIDER OR SUPPLIER	3 (41)			S	TREE	TADDRE	SS, CII	Y, STAT	E, ZIP (CODE		1
		・ 「	: . :1 .		9	00 W	DOLPH	IN ST	1 21:				
SILER CI	TY CENTER			*			CITY,		7344	٠,٠			1
. 		Personal Property of the Paris	· ·	[©] JD			*			LOE CO	RRECTIO)N	(X5)
(X4) ID PREFIX	SUMMARY STA	NTEMENT OF DEFICIENCIES A STATE OF THE STATE	ia.	PREF	X	. 12	(EAC!	1 CORR	ECTIVE	ACTIO	n Shoul	DBE	COMPLETION
TAG	: REGULATORY OR L	SC IDENTIFYING INFORMATION)	ا بر	TAG		1 :	CROSS	REFER	ENCED	TO THE	EAPPRO	PRIATE	DATE
	., ·		7	·	٠,		7.00		DEFIC	H:NCY}			
	,		ÿ.]	10.0	, ,	1.75	.,		V				
F 309	Continued From pa	age 22		· F.3	309	. ,	3			1 14 2			
, 000				,			22. 0	- v , .	17813				· I
,		interview with the Nurse		٠, ١,							,		
;		9/13 at 3:39 pm, she indicated	32			: E	7.0						
		office, and not in the facility,		.,	م. د.								i
	sne may not immed	dialely receive an incoming fa "If there is a change in a	6 [35. 11	37	4				
			٠. ا		r		1967	1					
		ey should call the on-call ——always someone on call. That		•									
		especially if the resident is				,			, J 👸 🐪	7			
	acting differently	Even if they can't contact a	4.		•	1.			4 \$ v				
	acting unresently. t	ild go ahead and call EMS wit	hi l				14.	: : ;					
	provider, they shou	and the resident being	:		,		1						!
,	evmotomotic. The	expectation is the same if the	.	**	•					•			
	blood engar is low.	and they are symptomatic.		. ;			- 1		11				
i		e physician and call EMS;	I			'	·,						•
	They should but we	ait on a response from a fax	:	":	r :					•			:
Ì		get seen right away.	- '		. 4		2.2			•			
	remember that day	i was called and told she was	s	•	. ;					,			
		not receive the faxed change in		.,	. :	107							1
		she had already left the	' :		•				1.60				
	facility."		1	17	;		44 a		11-14				
	idomey.		*:	. "	٠.		4.	• ' '		¥ .			1
	During a telephone	interview with the Physician		4.4.3	3]. '							
		pm, he stated, "If there is a	: :			.:				•			!
		nt's condition, the facility 🖫	74 74			i		o 14					•
	should immediately	y contact EMS and contact the	g . │	1.3	٠.	1. 1. 3	****						÷
		My group policy is a 10-15	i.,				1,		- 1 1 - 1 1				
		They should never wait: If the	1		:					•			
		a change in condition form,:	4:				. :						
		ing the physician. They have	٠.				1.						į
	my orimary contact	t, secondary contact, and ever	'n	"	:					;			
		an always be contacted." The		5.	. ;								
		I, regarding Resident #188, th				1.			:				1
		called the physician at 2:30	. 4- 24	· . 1		.:	h .						
		ge in condition was recognize	ä.	4		:	377	*					-
		** ** ** ** ** ** ** ** ** ** ** ** **			,	1	4 (10 d);	1.4		•			*
	During an interview	with the Administrator on		· ·	_			•					:
		, he stated, "I would expect in	١,		, . , .] :		·		'			
		ion for the nurse to follow:	į.			1	, ,	:	;	,			;
1		dure and follow her nursing		1 1	٠,	.] "		i (. ()				

ACTIVITY OF DEFICIENCIES (X1) PROVIDERS UNIVERSE (APPLICATION NAMEER) BELLAN OF CORRECTION A46143 B. WIND A46145 B. WIND A		RŞ FOR MEDICARE	& MEDIC. SERVICES		FORM APPROVE OMB NO. 0938-039
TAGE OF PROVIDER OR SUPPLIER SILER CITY CENTER SUMMARY STATEMENT OF DEFICIENCIES 1 PROPULES RAIN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION TAGE PROPULES READ OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION TAGE PROPULE REPROPULE REPROPULED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION TAGE PROPULE REPROPULE TO THE APPROPRIATE DESCRIBENCY) F 309 Continued From page 23 F.309 Ludgment and then contact the physician and or family: The Administrator was notified on 9/20/13 at 140 pm of the Immediate Jeopardy.	TATEMENT	OF DEFICIENCIES		- 1 2	
JAME OF PROVIDER OR SUPPLIER SILER CITY CENTER SUMMARY STATEMENT OF DEFICIENCES 1 ON DOLPHIN ST. SILER CITY, NC. 27344 PREFER OF CONTROL OF PROVIDER OF CONTROL OF PROPERTY OF CONTROL O				A. BUILDING	
ILER CITY CENTER SILER CITY OF SUMMARY STATEMENT OF DEFICIENCES SILER CITY, INC. 27344 (A) D SUMMARY STATEMENT OF DEFICIENCES SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 27344 (CA) D SUMMARY SILER CITY, INC. 273			345143	B. WING	1
SILER CITY, NC. 27344 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 23 Judgment and then contact the physician and or family. The Administrator was notified on 9/20/13 at 1.40 pm of the immediate Jeopardy.	NAME OF F	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE	
SUMMARY STATEMENT OF DEFICIENCIES ID PROPERTY PREFIX PRE	SILER CI	ITV CENTED		1 7 5 8 6	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE DATE CHOSS REFERENCE TO THE APPROPRIATE CHOSS REFERENCE CHOSS REFERENCE TO THE APPROPRIATE CHOSS REFERENCE CHOSS REFERENCE TO THE APPROPRIATE CHOSS REFERENCE CHOSS REFERENCE CHOSS REFERENCE CHOSS REFERENCE CHOSS REFERENCE CHOSS REFERE		ii oruiri	A STATE OF THE STA	" SILER CITY, NC 27344 "	<i>*</i> .
F 309 Continued From page 23 Judgment and then contact the physician and or family." The Administrator was notified on 9/20/13 at 1:40 pm of the Immediate Jeopardy.	(X4) ID	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 19 1	ID PROVIDER'S PLAN	OF CORRECTION (X5)
F 309 Continued From page 23 judgment and then contact the physician and or family." The Administrator was notified on 9/20/13 at 1-40 pm of the Immediate Jeopardy.	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION) 📒 🕌	TAG CROSS-REFERENCED	TO THE APPROPRIATE DATE
judgment and then contact the physician and or family." The Administrator was notified on 9/20/13 at 140 pm of the Immediate Jeopardy.	!			DENCE	:NOT)
judgment and then contact the physician and or family." The Administrator was notified on 9/20/13 at 140 pm of the Immediate Jeopardy.	F 309	Continued From pa	no 23	5000	1
family." The Administrator was notified on 9/20/13 at 1:40 pm of the immediate Jeopardy.		•	·	Fisos	•
pm of the Immediate Jeopardy		family."	solution are physician and of		· · · · · · · · · · · · · · · · · · ·
pm of the Immediate Jeopardy		The Assessment			
					,
		pin or the timilodist		The state of the s	
	l				
		•	一个分级物本维罗首		
	Ì				į
	į				•
	ĺ	•		200	
	f				·
					- - -
					' i
	:				
		1			ļ
	*				
	1				· •
					•
				A STATE OF THE STA	:
		•			
					· :
	i		and the first of the contract		: ! !
		•			
			一		
	1				
	***				,