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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVICER/SUPPLIER/CLIA IDENTIFICATION REMBER:	1 -	CONSTRUCTION	COMPLETED	
AND PLAN OF CORRECTION		IDEM INCATION RESIDEA.	A BUILDING _		C	
			I VANC		12/30/2013	
		345369		TREET ADDRESS, CITY, STATE, ZIP CODE	1213072340	1
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פבע מבע	AB & NSG CARE CENTE	p		20 LAKE BOONE TRAIL		
KEX KER	AD & NOO CARE CENTE		R	ALEIGH, NC 27607		-
(X4) ID PREFIX TAG	REACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION	
PREFIX TAG	INITIAL COMMENTS On 12/23/13, the Div Regulation, Nursing I Certification Section on a recertification survey. 12/23/13. However, provided additional ininterview was conduct exit date was 12/30/1483.10(b)(11) NOTIF (INJURY/DECLINE/F A facility must immediate consult with the resid known, notify the resid known, notify the resid accident involving the injury and has the pointervention; a significantly (i.e., a nexisting form of treat consequences, or to treatment); or a decit the resident from the §483.12(a). The facility must also and, if known, the reconsequence or interested family rechange in room or reconsequence or recon	ision of Health Service flome Licensure and conducted an onsite revisit invey and a complaint The survey team exited on on 12/30/13, the facility information and a physician sted. Therefore, the survey 3. Y OF CHANGES ROOM, ETC) Illately inform the resident; ent's physician; and if ident's legal representative by member when there is an a resident which results in idential for requiring physician cant change in the resident's asychosocial status (i.e., a in, mental, or psychosocial reatening conditions or of a need to alter treatment ened to discontinue an ment due to adverse commence a new form of sident's legal representative in facility as specified in of promptly notify the resident sident's legal representative member when there is a commate assignment as		This plan of correction is not admission that any deficie existed at the time of the sur in question, or of the accur of any of the allegatic contained in the CMS 2 survey report. This plan correction is the facility allegation of compliance of all applicable state and fed requirements and is be submitted to meet requirement of state and federal law skilled nursing facilities. F157 During the 12/23 complaint survey, the survey alleged that the facility did notify the physician that psychiatric consult was provided and that behavic continued after trazodone of started for 1 of 1 residence in the facility did notify the physician that psychiatric consult was provided and that behavic continued after trazodone of started for 1 of 1 residence in the facility did notify the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and that behavic continued after trazodone of the facility of the physician that psychiatric consult was provided and the facility of the physician that psychiatric consult was provided and the psychiatric consult was provided and the psychiatric consult was provided and the psychiatric	t an necy vey racy ions 567 of ty's with eral eing ents for lith a not iors was lent atic lity on per	<u>Au</u>
	specified in §483.15	(e)(2); or a change in	Į.	findings. [12/18/13]		
	resident rights under	Federal or State law or				1
	regulations as specil	fied in paragraph (b)(1) of	i ·	1		_1
1	j.				NEL 0143 F	

LABORATOR OFFICE OR PHOMOERISUPPLIER REPRESENTATIVES SIGNATURE

FARING MISSE

following the date of survey whether or not a plan of correction is provided. For cursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

FORM CRY ON IN ENGINEER & Versions income

PRINTED: 01/06/2014 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIFLE CO	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A BUILDING		
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		345369	8 WNG		12/30/2013
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REX REHA	AB & NSG CARE CENTE		RAL	EIGH, NC 27607	
(X4) IB PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CO (EACH OEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIVE) REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY				LE UVIE CONTITUDIS
_	'				
F 157	Continued From page	a 1	F 157		
	this section.			To determine whether any o	ther
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			residents were affected by	the
;	The facility must reco	rd and periodically update		alleged deficient practice,	the
	the address and phor	ne number of the resident's		facility audited all records of	fall
	legal representative of	or interested family member.		residents for physician or	ders
			ŧ.	for psychiatric consults an	
	THE DECLUDEMENT	is not met as evidenced		medications designed to add	ress
	py:	IS NOT THE AS EVIDENCED		psychiatric/mental behaviors	s to
		iew, staff, and physician		determine if ordered refer	rals .
	interviews, the facility	failed to notify the physician		were timely made and	the
	that a psychiatric con	sult was not provided and		consults provided, and whe	ther
	that behaviors contin	ued after trazodone was		the behaviors at issue contir	nued
		pled resident reviewed for a			ered
	1	(Resident #485). The		medications and whether	the
	findings included:				were
	D: #405	desired into the facility on		notified as appropr	
	Kesident #485 Was a	dmitted into the facility on spital. Diagnoses included		[1/9/14]	
	Demontia The admir	ssion minimum data set		[113134]	
	completed on 12/3/1	3 indicated Resident #485		Preventive measu	rec
	cognitive status was	moderately impaired.		1)010)1110	the
	Inattention and disorg	ganized thinking was listed		mpidiness.	ino i
	as present/fluctuated	. Trouble falling asleep or		following:	
	staying asleep or sle	eping too much and			
	detusions, was indica	ited as occurred. Extensive		The Clinical Nurs	
	assistance of one pe	rsonal physical assist was		Managers have provi	
	required with dressin	g and toilet use. Urinary and	1	training to all nurses regard	ling
	Dowel was listed as i	requently incontinent. y was not indicated as		when and how to notify	the
	rsychological therap	y was not indicated as lan dated 12/4/13 listed		MD/PA/NP of episo	odic
	altered thought proce	ess related to age and		events. This train	
	change in environme	nt as a problem concern. As		specifically included the	
	an approach, the car	e plan read "refer to		to notify the physician	of
	physician orders for	update of interventions."	i f	to nonly the physician	trio i
			44:	missed referrals for psychia	u 10
	A review of the physi	cian telephone order dated	į		
	12/2/13 revealed an	order was obtained for			
	trazodone 25 milligra	m (mg) to be administered	<u> </u>		

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

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
	CORRECTION	RECTION IDENTIFICATION NUMBER: A BUILDING		l			
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		345369 _	B MNG		12/3	10/2013	
NAME OF P	ROMDER OR SUPPLIER		1	EET ADDRESS CITY, STATE, ZIP CODE			
554 554			4420	LAKE BOONE TRAIL			
KEX KEH	AB & NSG CARE CENTE	er.	RAL	EIGH, NC 27607			
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ξ ξ	(XS) COMPLETION DATE	
	Continued From page by mouth at bed time A review of the physical 12/4/13 revealed and consult - status post toom, patient crying or care." A review of the psychisted Resident #485 "traumatic cath in the crying out at night and plan of care cost 12/9/13 revealed the consult ordered on 12 "trauma and why patible touched." A review of the nurse at 4:00 am, Resident someone was "moles private parts." A review of the medic revealed trazodone 2 mouth at 9:00 pm on 12/7, 12/8 (not signed 12/10, 12/11, 12/12, and 12/17/13 with impossible touched trazodone in the revealed trazodone 2 mouth at 9:00 pm on 12/7, 12/8 (not signed 12/10, 12/11, 12/12, and 12/17/13 with impossible training trator when oppsychiatric consult the stated that per her revealed that per her re	a 2 for insomnia. cian telephone order dated order that read "pysch traumatic cath in emergency out in the night and refusing data to be evaluated for emergency room, patient d refusing care." cian assistant assessment ligned by the physician on purpose of the psychological 2/4/13 was to address ent will not allow herself to 's note revealed on 12/9/13 #485 reported that sting her, and touching her stilling her, and touching her station administration record 5 mg was administered by 12/2, 12/3, 12/4, 12/5, 12/6, 12/3, 12/14, 12/15, 12/16 proved sleep pattern. (23/13 at 11:37 am, the uestioned regarding the at was ordered on 12/4/13 view of the clinical record	F 157	or other specialty consultation and ongoing psychiatric/men behaviors that persist affinitiation of order medications designed address those behaviors. The training will be completed 1/9/14 for all staff on du Any staff nurse not educate on this process on or befound the staff on the contract of the staff on the sta	tal ter ted to nis by ty. ted ore an to s in ted ses' aily on- iate rere ave eges. s as to the In dent to		
	another facility) she d	M13 (date of discharge to tid not see where services					

Event to YW2L11

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

PRINTED: 01/06/2014 FORM APPROVED OMB NO 0928-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
MAD LOCACIE	A Contract			С		
		345369	0 WNG		12/30/2013	
	ROVIDER OR SUPPLIER	R	442	REET ADDRESS, CITY, STATE. ZIP CODE 10 LAKE BOONE TRAIL LEIGH, NC 27607		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	SE COMPLETION	
	ordered. In an interview on 12/social worker when quesident #485 stated social worker for the reacknowledged that shapending psychiatric not aware that the corprovided. During a telephone in am, the physician who Resident #485 stated after trazodone was a continued statements to the facility staff on someone touched her. She indicated the impression that after resident's behavior im acknowledged that she psychiatric consult was traumatic urine cathele emergency room, follout in the night and resided in the nursing 483.25(f)(1) TX/SVC MENTAL/PSYCHOSO Based on the compreresident, the facility myho displays mental of the resident of the facility myho displays mental of the resident of the facility myho displays mental of the compression of the c	23/13 at 12:00 noon, the sestioned regarding that she was the primary esident. The social worker the was aware that there was consult; however, she was assult service was not service was not service was not service was not aware that the was not aware that the was not aware that tarted on 12/2/13, that were made by the resident 12/9/13, of thoughts that reprivate parts and molested at she was under the proved. The physician he was aware that the initial as ordered as a result of a serization completed in the powed by the resident crying fusing care while she facility. FOR DCIAL DIFFICULTIES thensive assessment of a facility and the serization that a resident or psychosocial adjustment reprivate treatment and	F 157	appropriate notifications significant changes in resist condition per the follow schedule: 100% of resist charts each day for five duthen a 20% random sample emonth, to continue until incidents of failure to notificial significant changes identified. Additionally weekly audit will be completely the Clinical Manacomparing the team lear report to the physic communication log. If anython the team leader report missed on the physic communication report, Clinical Manager will educate the nurse complete the team leader report notify the physician of patient change/episodic every the Director of Nursing we monitoring the weekly and the second and the physician of patient change/episodic every the Director of Nursing we monitoring the weekly 1/9/14 & Ongoing)	dent ving dent ays; ach no / of are a eted ager ader cian ing is cian the re- ting and the ent. will kly	

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

PRINTED: 01/05/2014 FORM APPROVED OMB NO 0928-0391

	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		E SURVEY PLETED		
AND FLAN OF CORRECTION		IDENTIFICATION NUMBER	A BUILDING					
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THE PROPERTY OF THE PARTY OF TH					30012510			
NAME OF P	ROVIDER OR SUPPLIER		1	4420 LAKE BOONE TRAIL			l	
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F 319	by: Based on record revinterviews, the facility evaluation for a residual signs and symptoms 1 of 1 sampled residuexperience (Residen included: Resident #485 was a 11/18/13 from the homogenetial of 12/3/1 cognitive status was linattention and disordas present/fluctuated staying asleep or sledelusions, was indicated assistance of one percequired with dressin bowel was listed as 1 Psychological therap received. The care paltered thought proceed thought proceed the care of	riew, staff and physician y failed to obtain a psychiatric lent who presented with of a traumatic encounter for ent reviewed for a traumatic t #485). The findings admitted into the facility on spital. Diagnoses included ssion minimum data set 3 indicated Resident #485 moderately impaired. ganized thinking was listed 1, Troubte falling asleep or	F 31!	Any discrepancies monthly monitoring audits will be review monthly QAPI Meet months and quarterly until there have beconsecutive quarters	of the red at the ing for 3 thereafter, seen two with no 9/14 & survey on or alleged i to obtain on for a nted with as of a for 1 of 1 for a ce. The e resident ansas per r. to the g these any other ed by the ctice, the	01/09/14	<u>K</u>	

PRINTED: 01/06/2014 FORM APPROVED OMB NO 0928-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				X3) DATE SURVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(Al) (Alexander)			CNSTRUCTION	COMPLETED	
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	345369		a. WING		<u></u>	12/30/2013	
MALIE DE DE	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
POWE OF FR	AOAIDEK OK SOFT GICK			4420	LAKE BOONE TRAIL	1	
REX REHA	AB & NSG CARE CENTE	R		ŧ	EIGH, NC 27607	1	
			10	— ——	PROVIDER'S PLAN OF CORRECTION	(XS) COMPLETION	
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E 340	Continued From pag	a 5	F	319			
L 219	[*		, _{r0}	
	facility staff she was	indicated as "agitated and area under the covers with		- 1	residents for physician order	15	
	granded her genital a	ch reassurance the resident		ĺ	for psychiatric consults and		
	mer hadicated as "fin	ally calmed down." It was		l	medications designed to addre		
	noted that a friend w	ho came to the facility			psychiatric/mental behaviors	10	
		hat the resident had a			determine if ordered referra		
	traumatic catheteriza	tion completed in the		!	were timely made and t		
	emergency room by			consults provided, and wheth			
	noted that the reside			the behaviors at issue continu	1 1		
	married, nor had any		ĺ	notwithstanding order	· · · · · · · · · · · · · · · · · · ·		
	further assessment t			medications and whether t	he		
	assessed that the re-			residents' physicians we	exe ex		
	man was nurting her	", even when left alone and the resident would "suddenty			notified as appropria	te.	
	and contangous" el	art yelling that "she is being			[1/9/14]		
	allacked "Recomme	indation was for no male			g		
		provide personal care. On			Preventive measure	es es	
	11/29/13 at 5:00 am,	when care was attempted				ie l	
	Resident #485 states	d repeatedly "you should be			following:	`	
	ashamed of yourselv	es what you have done to		- 1	tonowing.		
	me" and yelled out "	get away from me." The					
	resident refused to a	llow the nursing staff to wash			Under her existing contract w	ith	
	her or blood to be dr	awn. Continue to monitor the	ĺ		Rex, the facility engaged Ele		
		ed. On 11/29/13 at 11:20 am,			Matthews, MD to provi		
		sident #485 was "agitated,			routine and consulta		
		ted, yelling out, having her room trying to touch her			=	or.	
		ng her groin area, even			PDJ 0323244.10		
		en no men around or in her			Matthews made her first vi		
	room." It was indicat	ed that the resident stated "I			to the facility on December 2	21,	
		s will kill me, I'll never get			2013. [12/27/13]		
	over this." It was furt	her documented that the		1	·		
	resident "had been a	wake for the majority of the 3		***	In addition to Dr. Matthe	ws'	
	pm - 11 pm shift with	this delusion, vital signs and			services, we also re-instr	1	
	morning needs not o	btained, administration get		:	our previous contract with D		
	order to allow reside	nt to sleep, physician			our bresions compact with D	··	
	assistant aware " Or	12/1/13 at 6:30 pm, the		,		<u> </u>	
		get these men out my room;		£			
	I they're trying to loud	h my privates." It was further	1				

Facility ID 223527

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

PRINTED 01/06/2014 FORM APPROVED OMB NO 6938-0391

	(XI) PROVIDER/SUPPLIER/CUA	rxz) MIJILT	IPLE CONSTRUCTION	(XX) DATE SURVEY COMPLETED
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ROVIDER OR SUPPLIER				
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18 a NOO CARE CENTE				- Mar
#ACH DEFICIENC	Y MUST BE PRECEOED BY FULL	ID PREFII TAG	. I DEALTH CORRECTIVE ACTION SHOW	FDSE Francisco
		F	319	Apr. Apr. American
reassured that there and that the resident note dated 12/2/13 (t	were no men in her room refused to eat. The nurse's time not specified) stated that		Kamdar effective 12/ [12/31/13]	31/13.
12/2/13 revealed an trazodone 25 milligra by mouth at bed time	order was obtained for am (mg) to be administered a for insomnia.		immediately faxed outstanding psychiatric c orders to the psychiatri	any onsult
12/4/13 revealed an consult - status post room, patient crying care." A review of the psyclisted Resident #485 "traumatic cath in the	order that read "pysch traumatic cath in emergency out in the night and refusing hiatry referral dated 12/4/13 to be evaluated for e emergency room, patient		Nursing already conducts reviews on a daily including a review of ord psychiatric consults er referrals have been Discrepancies identified communicated via the 2 report and during the M-	basis, ers for suring made. will be 4-hour F AM
and plan of care co- 12/9/13 revealed the	signed by the physician on a purpose of the psychological [2]4]13 was to address		stand-up me Additionally, a new proce been implemented for re of psych orders. Upon	etings. ess has etrieval receipt ervices,
at 4:00 am, the residuas "molesting her, parts," The resident a friend, who was in resident, and inform and stay all night with concerns were observed.	dent reported that someone and touching her private requested that the facility call dicated as spoke with the led her that she would come the her, and that no acute greed while the friend was			
	ROWDER OR SUPPLIER SUMMARY ST (EACH DEFICIENCY OR REGULATORY OR Continued From pag noted that the resident note dated 12/2/13 ("Resident #485 had A review of the phys' 12/2/13 revealed an trazodone 25 milligra by mouth at bed time A review of the phys 12/3/13 revealed an consult - status post room, patient crying care." A review of the psyc (isted Resident #485 "traumatic cath in the crying out at night at A review of the phys and plan of care co- 12/9/13 revealed the consult ordered on "trauma and why pa be touched." A review of the nurs at 4:00 am, the resident a friend, who was in resident, and inform and ream were obse	ROWDER OR SUPPLIER AB & NSG CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 noted that the resident was redirected and reassured that there were no men in her room and that the resident refused to eat. The nurse's note dated 12/2/13 (time not specified) stated that "Resident #485 had not slept all night." A review of the physician telephone order dated 12/2/13 revealed an order was obtained for trazodone 25 milligram (rng) to be administered by mouth at hed time for insomnia. A review of the physician telephone order dated 12/4/13 revealed an order that read "pysch consult - status post traumatic cath in emergency room, patient crying out in the night and refusing care." A review of the psychiatry referral dated 12/4/13 listed Resident #485 to be evaluated for "traumatic cath in the emergency room, patient crying out at night and refusing care." A review of the physician assistant assessment and plan of care co-signed by the physician on 12/9/13 revealed the purpose of the psychological consult ordered on 12/4/13 was to address "trauma and why patient will not allow herself to	ROUNDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECISED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 noted that the resident was redirected and reassured that there were no men in her room and that the resident refused to eat. The nurse's note dated 12/2/13 (time not specified) stated that "Resident #485 had not slept all night." A review of the physician telephone order dated 12/2/13 revealed an order was obtained for trazodone 25 milligram (mg) to be administered by mouth at bed time for insomnia. A review of the physician telephone order dated 12/4/13 revealed an order that read "pysch consult - status post traumatic cath in emergency room, patient crying out in the night and refusing care." A review of the physician assistant assessment and plan of care co-signed by the physician on 12/9/13 revealed the purpose of the psychological consult ordered on 12/4/13 was to address "trauma and why patient will not allow herself to be touched." A review of the nurse's note revealed on 12/9/13 at 4:00 am, the resident reported that someone was "molesting her, and touching her private parts." The resident requested that the facility call a friend, who was indicated as spoke with the resident, and informed her that she would come and stay all night with her, and that no acute concerns were observed while the friend was	A review of the physician telephone order dated 12/2/13 revealed an order that read "pysch consult-status post transmit cath in the emergency room, patient crying out all night and refusing care." A review of the physician assistant assessment and plan of care co-signed by the physician or 12/9/13 revealed the purpose of the psychological consult ordered on 12/2/13 revealed the purpose of the psychological consult ordered on 12/2/13 revealed the purpose of the psychological consult ordered on 12/2/13 revealed the purpose of the psychological consult ordered on 12/2/13 revealed the terms of the physician telephone order dated 12/2/13 revealed that the regions to the psychiatric consult. Status post traumantic cath in the emergency room, patient crying out all night and refusing care." A review of the physician assistant assessment and plan of care co-signed by the physician on 12/9/13 revealed the purpose of the psychological consult ordered on 12/4/13 was to address "trauma and why patient will not allow herself to be touched." A review of the nurse's note revealed on 12/9/13 at 4:00 am, the resident reported that someone was "molesting her, and that no acute concems were observed while the friend was and stay all night with her, and that no acute concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was and the concems were observed while the friend was a concems were observed while the friend was a concems were observed while the friend was and the concems were observed

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (XX) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (XI) PROVIDER/SUPPLIER/CUA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBERS A, BUILDING ___ AND PLAN OF CORRECTION €. 12/30/2013 345369 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4420 LAKE BOONE TRAIL REX REHAB & NSG CARE CENTER RALEIGH, NC 27607 PROVIDERS PLAN OF CORRECTION (KS) SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) IÛ CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG the psych referral binder and F 319 F 319 Continued From page 7 notify the social worker. The A review of the physician assistant assessment social worker will initiate the and plan of care co-signed by the physician on referral to psych by faxing 12/11/13 indicated "patient refusing to be the order to the psychiatrist touched." and will document the date A review of the medication administration record the referral was sent. When revealed trazodone 25 mg was administered by the psychiatrist visits the patient mouth at 9:00 pm on 12/2, 12/3, 12/4, 12/5, 12/6, he/she will sign and date the 12/7, 12/8 (not signed as administered), 12/9, psych communication binder as 12/10, 12/11, 12/12, 12/13, 12/14, 12/15, 12/16 well as complete any necessary and 12/17/13 with Improved sleep pattern. documentation/physician orders. [1/9/14] A review of the social worker progress notes completed on 11/29, 12/2, 12/5, 12/9, 12/10, 12/11, 12/16, and 12/18/13 (date of discharge) The Clinical Nursing Managers revealed no specific approaches that addressed have provided training to all Resident #485's needs for effective coping, per nurses and social workers behaviors indicated in the nurses notes from regarding the process change. 11/28/13 to 12/9/13, nor a follow up on the This training will be completed ordered psychiatric consult. by 1/9/14 for all staff on duty. A review of the physician statement dated Any staff nurse or social 12/27/13 in part read "acute events of 12/2/13 worker not educated on this with delitium, patient refusing contact, cleared. process on or before 1/9/14 will Baseline demontia history. We added trazodone at night which lead to much improved sleep and be educated on an individual improved behavior reported - acute psychlatric basis prior to returning to evaluation not necessary with Improvements work. [1/9/14] though we never canceled consult (oversight)." The social work office will In an interview on 12/23/13 at 11:11 am NA

(nursing assistant) #1 when questioned regarding

Resident #485 stated "Loverheard that Resident

#485 was resistant to care in the morning, would

not allow the MAs to wash between her legs and

would light the NAs when care was attempted."
NA #1 stated she recalled once when the resident
had a bowel movement she was resistant to allow
her to provide care to clean her. She added that

conduct weekly audits of the

psych communication binder.

The social work office will

re-fax to the psychiatrist any

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OLI MIII	NEITH OF THE PARTY	MARINE AND DEBUILDED				OWB ND A	nag.u.s
SIME CITY OF THE PROPERTY OF T		X11 PROVIDER/SUPPLIER/CLIA	(X2) MILTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		DENTIFICATION NUMBER:	A BUILCING			C	
						12/30/	2013
		345369	B. VEAV		70 400	1 12/30/	E1117
NAME OF P	ROVIDER OR SUPPLIER			ı	ET ADDRESS, CITY, STATE, ZIP CODE		
				4420	LAKE BOONE TRAIL		
REX REHA	AB & NSG CARE CENTE	R		RAL	EIGH, NC 27607		
		THE PROPERTY OF STREET	10	1	PROVIDERS PLAN OF CORRECTIO	N .	(KK) ICHTEJIPNO:
(X4) ID	ICACU DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	LON:	DATE
PREFIX TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAC	ì	DEFICIFICY)	1	
			1	i			
			_			:	
F 319	Continued From pag	e 8	F	319			
	the resident required	lots of reassurance		Ì			
	regarding what type	of care was going to be		-			
	provided to her. NA	#1 stated that when she					
	Inuched the resident	to provide care, the resident			orders for consults that		
	iumped and was star	rtled. NA #1 added that she			more than one week old an	iđ j	
	had to constantly ex	plain and reassure the			not yet completed. The so-	cial	
	resident the type of o	care that she was going to			work office will notify		
	provide to her, and t	he resident would allow her to		-		*	
	clean her quickly. No	A #1 concluded that the	ŀ				
	nursing staff was aw	are of the resident behavior		1	physician, and the DON		
	and her resistant to	allow care to be provided.		- [Administrator, of any del		
		amaria -+ 44:05 am Nurca #1			in service greater than	ten	
	In an interview on 13	2/23/13 at 11:25 am Nurse #1	1		business days and	will	
	when questioned re	gardiny Resident #485	1	1	document such notification	ı in	
	statements that her	private parts were touched in he was uncomfortable,		- 1	the psych communicat		
	a manner in which s	re to be provided, stated that					
	resistant to allow ca	ident screamed and yelled			binder, [1/9/14 & Ongoing	1	
	sne recalled the les	mpted by the nursing staff to	1				
	Muen cale was alle	nital area". She added that			Any discrepancies from	the	
	the private area ge	cular incident in which a male	1	- 1	monthly review of the a	udits	
	MA aggisted the reg	ident while she ambulated to		- 1	will be assessed at the mor		
	the toilet and the ma	ale nursing assistant assisted		1	QAPI Meeting for 3 mc		
	with snapping the b	rief around the resident and	-		and quarterly thereafter,		
	she screamed that I	the male nursing assistant	1			į.	
	fouched her private	parts. Nurse #1 added upon		1		two	
	hecoming aware of	the statement made by the			consecutive quarters with	1	
	resident she questi	ioned the resident regarding			discrepancies. [1/9/14	&	
	where the man was	and the resident indicated he	1	1	Ongoing]	Ţ	
	was under the cove	rs. She added that as a		1		-	
	volution she assign	ed a female NA to provide	ļ	1		į	
	care to the resident	Nurse #1 acknowledged that		1		ł	
	she was aware that	t the resident screamed and		1			
	velled whenever ca	re was attempted to her	W. Cond.				
	genital area, was re	esistant to care, and that the				2	
	resident required in	creased reassurance and		•			
	Leacouragement by	the nursing staff, before care	1			į.	
ĺ	could be provided.	Nurse #1 did not acknowledge	Ì			1	
	that she was aware	of the ordered psychiatric	1	1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPFLIER/CUA IDENTIFICATION NUMBER STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BUILCING

			1			1	
	·	345369	a. WING			12/30/	2013
				STREET ADDRESS	S, CITY, STATE, ZP CODE		
AME OF PE	ROVIDER OR SUPPLIER			4420 LAKE BCO			
CY DCU!	LB & NSG CARE CENTE	R		RALEIGH, NC			
E > KE112	D & Had drive delive				ROVIDER'S PLAN OF CORRECT	ION	ex)
(X4) ID PREFIX TAG	JOANN MEDICISMO	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDEN TIFYING INFORMATION	ID PREFI FAG		NOVIDERS FIXED ACTION SHOULD SHOULD SHOULD TO THE APPRICATE OF THE APPRICA	TD 8F	CHPLEIRI
						į.	
F 319	Continued From page	9	F	319			
	consult.					Ì	
	In an interview on 12	/23/13 at 11:31 pm, NA #2					
	when anestioned (ed	arding Resident #485				1	
	Indicated "It was a ch	allenge to provide care to	1				
	hardus to the recider	nt screamed, yelled, and					
	ten and in the tesiner	ing to provide care to her."					
	10ugin, when attempt	you touched her hand she				1	
	NA #2 Stated event	\#2 concluded the nurses					
	were aware of this be	theriat					
	Mete awate or mis or	Mavior.					
	In an intention on 12	/23/13 at 11:37 am, the					
	in an interview on 12	uestioned regarding the					
	administrator when q	at was ordered on 12/4/13	1	ľ		1	
	psychiatric consult in	view of the clinical record	1				
	stated that per her to	8/13 (date of discharge to	1	ł			
	FOR 32/4/15 to 12/30	did not see where services					
	another racility) she is	added that the process for a					
	were provided. She	s that once a physician order	•				
	resident to be seen	ed services, the resident	Ì				
	was written for need	e psychiatric referral book		ļ		-	
	name is written in the	valuated when the clinician is		- 1		Ì	
	and the resident is e	valuated when the chimen is					
	onsite. The administ	rator indicated that she					
	identified there was	a problem with the contracted	1				
	psychiatric provider	services on November 3,					
	2013, which has cor	linued to date with delayed					
	visits, which contribu	ited to Resident #485 not				1	
	being evaluated duri	ng her stay. She elaborated				1	
	that she expected the	e resident to have been		1		Į.	
	evaluated as ordere	d. The administrator				· ·	
	concluded that if res	idents presented with acute	1			i i	
	psychiatric concerns	in which the facility was	Avelantino	ļ			
	unable to manage t	esidents would be expected	į	į			
	to be transported to	the hospital to be evaluated.		!			
	1	ningida at 19:00 anon the	2.	Vesselle :			
	In an interview on 1	2/23/13 at 12:00 noon, the	1	· i			
	social worker when	questioned regarding		Į.		-	
	Resident #485 state	d that she was the primary		•			
	social worker for the	e resident. The social worker		1		continuation sheet	Dogg 1

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(X3) DATE SURVEY COMPLETED

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				0938-0391		
STATEMENT OF DEFICIENCIES (X.1) PROVIDER/SUPPLIER/CLIA		(X2) MULI	HPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	IDENTIFICATION IDENTIFICATION NUMBER		A BUILDI	NG	A STATE OF THE STA			
						. (C	
		345369	8 MMG		-	12/	30/2013	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
`				4420	O ŁAKE BOONE TRAIL			
REX REHA	AB & NSG CARE CENTE	R		RAI	LEIGH, NC 27607			
		AVENUE DE DESMINADES	1 10		PROVIDER'S PLAN OF CORRECTION	1	(23)	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MIJST BE PRECEDED BY FULL	PREFI	x	REACH CORRECTIVE ACTION SHOULD	0E	COMPLÉTION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ME	1	
							·	
				1			,	
F 319	Continued From page	≘ 10	F:	319			<u>.</u> ŧ	
		en a psychiatric consult was	•				.	
	ordered, if nursing ob	lained the order for needed	ĺ				t s	
	consultation, the nurs	sing department was	į				1	
	responsible for ensur	ing that the ordered services] .	-			*:	
	was completed. She	added that if a consult order	1					
	was physically preser	nted to her, then she would	1				i	
	write the resident's na	ame in the psychiatric					Í	
		cial worker acknowledged					1	
	that she was aware to	hat there was a pending						
		owever, she was not aware		1				
	that the consult servi	ce was not provided.						
	During a talombass is	stantinu on 12/30/13 at 9:23						
	Dunng a relephone in	nterview on 12/30/13 at 9:23 en questioned regarding						
	Docident #485 etaled	I that she was not aware that						
		started on 12/2/13, that	1.					
		were made by the resident						
	to the facility staff on	12/9/13, of thoughts that						
		r private parts and molested						
	her. She indicated the							
		trazodone was started the	all control of the co	1				
	resident's behavior in	nproved. The physician	- Company of the Comp	- 1				
	added that it was not	uncommon for residents						
	with delirium to becor	me agitated, and the goal						
	would be to provide of	lirectional guidance and						
		unther questioned regarding						
	the psychiatric consu	It that was ordered, the					At control of the con	
	physician stated that	if the resident physical						
	condition could not b	e managed by the staff, the					-	
·	resident could have t	been sent to the emergency].			1	
	room, nowever, she l	felt the resident condition did		ļ				
	not warrant such an	action, being the resident		1				
	penaviors improved,	after the trazodone was						
		added that it was hard to say	:					
	is the psychiatric con-	sult should have been ing the resident condition	į					
	improved during her	my me resident culturion etau. The physician	1	Ì				
	soneluded that shou	stay. The physician as aware that the initial	i	-				
	nevehiatric consult w	as ordered as a result of a	1					
	しゅうさいけんじょう さいじゅうけん カメ	an alabidia an a locale as a		1				

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CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A BUILDING_ 12/30/2013 345369 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4420 LAKE BOONE TRAIL REX REHAB & NSG CARE CENTER RALEIGH, NC 27607 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) iO PREFIX (X4) ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 319 F 319 Continued From page 11 traumatic urine catheterization completed in the emergency room, followed by the resident crying out in the night and refusing care while she resided in the nursing facility.