PRINTED: 02/03/2014 FORM APPROVED OMB NO. 0938-0391

· · · · · · · · · · · · · · · · · · ·	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION .	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILO	ING_		COMP	LETED
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		345061	B. WNG	•		01/	17/2014
NAME OF P	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
UNIHEALT	H POST - ACUTE CARE	OF DURHAM		1	B100 ERWIN ROAD		
				[	DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE		(X5) COMPLETION CATE
					DEFICIENCY)		
					This plan of correction constitutes a writ		
F 157			F	157	allegation of compliance. Preparation a		
SS=G	(INJURY/DECLINE/R	ROOM, ETC)			submission of this plan of correction doe	as not	
					constitute an admission or agreement by		
		lately inform the resident;			provider of the truth of the facts alleged		
		ent's physician; and if			correctness of the conclusions set forth o	on me	
		dent's legal representative	·l ·		statement of deficiencies. The plan of	_1	
		y member when there is an			correction is prepared and submitted solu		
		resident which results in			because of requirements under state and	iederai	
		tential for requiring physician			law	1	
		cant change in the resident's			W157		
1		sychosocial status (i.e., a			F157		
] .		n, mental, or psychosocial				A (C	
		reatening conditions or	1		<ol> <li>Corrective action will be accomplished resident found to have been affected by</li> </ol>		
İ		); a need to alter treatment	1		deficient practice;	fTIC.	
	significantly (i.e., a ne				Resident no longer resides in the	facility	2/20/14
	existing form of treatm				* Resident no longer resides in the	lacility	5, 20, 21
		commence a new form of			2. Commettee estimation will be accommissed	San Albania	
	the resident from the	ion to transfer or discharge facilily as specified in			Corrective action will be accomplished residents having potential to be affected same deficient practice;	by the	
	§483.12(a).				On January 17, 2014 the Director	of	
	The facility must also	aromath, notify the realdest			Health Services, Unit Managers, 1	T I	
		promptly notify the resident			Coordinator and Nursing Supervi		
		ident's legal representative			reviewed all Medication Adminis		
		nember when there is a commate assignment as			records with physicians notification		
	specified in §483.15(				regarding residents who have refu		
		Federal or State law or	1		consecutive doses of vital medica		
		ed in paragraph (b)(1) of	1		facility policy.	tions for	•
ļ	this section.	od in paragraph (b)(1) or			3. Measures put into place or systemic cha	Angoe	
	uno addudii.				made to ensure that the deficient practic	aiges Bliur e	
	The facility must reco	rd and periodically update	1		not occur;	V	
i i		ne number of the resident's			On January 17 <sup>th</sup> , 2014 Clinical		
		r interested family member.	İ		Competency Coordinator and/or N	Aursing	
	iogai roprocontanto o	intorooted talling member.			Managers have educated License	s Nurses	
			1.		on Physician Notification related		
	This REQUIREMENT	Is not met as evidenced	1		Medication Administration Protoc		:
	by:		1		states the Physician would be not	ned after	
	•	ew, physician, and staff			two consecutive doses of a vital medication has been missed.		,
		failed to immediately notify			menication has occu misseo.		
		of 1 sampled residents					
		•	1		<u> </u>		
LABORATORY	DIRECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X8) DATE
					- ACMMISTRATORS		11/21/4

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7, 50,150,1	•••	<del></del>		2
		345081	B. WING_			01/	17/2014
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			REET ADDRESS, CITY, STATE, ZIP CODE	F	
UNIHEALT	TH POST - ACUTE CARE	OF DURHAM			DO ERWIN ROAD		
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F 157	Resident # 3 was adr 12/23/2013 with re-ac 1/6/2014, and 1/10/2 decompensated liver Hepatitis C complicat anemia, diabetes me stage III chronic kidni Hospital records revin November 2013 Resi intrahepatic portosys was a procedure to c between two blood v severe liver problems  The Nurses' notes fo Resident #3 arrived a was alert and respon pain or discomfort.  On the Admission Ph Jan. 6, 2014 Lactulos 12 noon, 6 pm, and 1 550 mg po bid at 9an Also noted was Lactu hrs as needed titrate per day  The Medication Admi January 6-31, 2014 in 1/6/2014 Lactulose 3 6 pm, had no initials had circled initials for mg po bid had no initial a circled initial for 9ai	ound arousable only to as included.  mitted to the facility on dmissions on 1/2/2014, 014. Diagnoses included cirrhosis secondary to led by portal hypertension, lilitus type 2 on insulin, and ey disease.  ewed documented that in ident # 3 had a Transjugular temic shunt (TIPS) which reate new connections essels in the liver due to	F	157	<ul> <li>The corporate policy committee reviewed the Change of Condiction Care Guard Program, Physician notification "states the Physician would be notified after two consecutive doses of a vital medication has been missed. Education began on 1/17/14 th 1/26/14 for Licensed Nurses attendance will be educated put their next scheduled shift.</li> <li>Physician notification of after consecutive doses of a vital medication has been missed headded to the general orientation. Licensed Nurses upon hire.</li> <li>The Licensed Nurses completed Medication Administration Reserview daily to identify medication that have not been administered residents and to validate that the Physician has been notified. The Licensed Nurses document the of the review on a "Medication to shift review" form. The Director of Health Services</li> <li>The Director of Health Service and/or Nurse Managers review Licensed Nurse "Medication as shift review form" weekly to the completion audit as well a verification that the notification physician has been completed review will be completed wee four weeks, then monthly for months then as directed by the Assurance Committee.</li> </ul>	ition in ian irough elated to not in rior to  two as been on of e a ecord eations ed to the he e results n shift ector of es v the shift to validate s the on to the in it to validate s the on to the kly for 3	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION -	(X3) DATE SURVEY COMPLETED
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F 157	all meds were held de 9am and unable to ro not documented any Lactulose given.  On 1/7/14 at 2 am the distress was observe Resident #3 was ass and aroused enough rub being done and no monitor and have it today.  The 12pm note indicassessed Resident #A review of the Physilinto care note reveal hospitalization the Lahrs. He was transferr 1/6/2014 and it is not his oral medications. not responding to stir or sternal rub. Staff's take medications due level of consciousnes to the hospital via EM services).  The Nurses' note for MD was with the patithe resident to the hocalled and at 4:15 pm transported to the hocon 1/17/2014 at 8:45 1/7/2014 when she veroring medications	ue to resident very drowsy at buse at noon. The MAR had PRN (as needed) doses of a Nurses' notes indicated no d for Resident #3. At 8 amessed by the nurse manager to open eyes with sternal noaned a little. Will continue MD (physician) to see patient ated the nurse manager 3 and found no changes.  clan's 1/7/2014 Transition and the following. After actulose was litrated up to q 6 and back to the facility on a clear whether he tolerated Today on my exam he was mulation, painful stimulation, tated resident not able to a to somnofence, decreased as. Patient will be transferred 1S (emergency medical 2:30 pm documented the ent and orders given to send aspital. At 3:50 pm 911 was a Resident #3 was	F 157	<ul> <li>The policy has been reviewed corporate policy committee "Condition Care Guard Prograt" acute change of condition is clinically important deviation patients/residents baseline in a cognitive, behavioral or funct domain. Communication and discussion of an acute change condition must occur with the physician and facility manage a timely manner when finding observed Education began on through 1/26/14 for Licensed related to the protocol, Licen Nurses not in attendance will educated prior to their next so shift.</li> <li>Licensed staff will receive edi Monthly with follow up testing to describing a resident's symand/or condition by the Clinic Competency Coordinator, Din Nursing and/or Nurse Manage training and testing shall inclureview of specific examples of in condition (utilizing the integral and Care to Learn web based education,) that should be repathe physician.</li> <li>The Director of Nursing reviewed daily nursing report sheet and compares the documentation the physician has been notified acute change of condition and documents on the "Notification Review Form". This review is completed daily for one week for four weeks then monthly in months.</li> </ul>	Change of m: states a sudden, from a physical, ional in depth of

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F 157	at 1pm on 1/7/2014 w lethargy and then he Nurse #5 said the ME morning of 1/7/2013 a and said if he wasn ' send him to the hospi  During an interview o physician (also the M facility) who sent Res 1/7/2014 stated that s re-admission note. Si she saw Resident #3 noon and the nurse re taken his scheduled I lethargy. The physicia Resident #3, he was indicated he did not r rub. She added that w disease missing 1 or lead to the same effe his doses what were nurse, she responder nurse to call right awa arousable only to stel expected someone to the physician herself, missed his medicatio would have sent him  During an interview o nurse manager states physician was coming waited for the physici see the patient to info She added that when #3 was lethargic on 1 the resident she was	was sent to the hospital. O or NP was there on the and assessed Resident #3 it more alert by afternoon to tal.  In 1/17/2014 at 10:10 am the edical Director for the ident #3 to the hospital on the saw him on 1/7/13 for a ne was not sure what time is but thought it was around exported that he had not exclulose for her due to his an said when she examined limp and very lethargic. She expond at all for her sternal with his advanced liver 2 doses of Lactulose would ct. Asked when he missed ther expectations of the id that she expected the ay. When Resident #3 was mal rub, she would have to call the physician service or if she had known he had ans and had lethargy, she to the hospital right away.	F 15	<ul> <li>The root cause analysis was completed by Dr. Jackson on 27, 2014 thru March 1, 2014.</li> <li>Existing policy and procedure when to notify a physician and management, including staff responsibility on a significant in condition (Uni-Guard) in or strengthen this program we re licensed and non-licensed by 10, 2014.</li> <li>In order to strength the ongoin education of licensed personn additional training and follow testing to licensed staff was p to include bowel sounds, hear fluid volume and cardiac asses was completed as of March 1</li> <li>Facility plans to monitor its perform make sure that solutions are sustain facility must develop a plan for ens that correction is achieved and sustain to the findings of the Me Administration Review with p notification to the Quality Ass and Performance Improvement Committee monthly for review recommendation for revisions</li> <li>The Clinical Competency coowill present the results of the related to training and follow testing to the Quality Assuran Performance Improvement co for review, recommendations revision</li> </ul>	s for d facility change reder to trained March  ng el, up rovided t sounds, ssment 0, 2014. mance to ted. The uring ained. es will edication physician surance at w and trained to redinator educated up ce / mmittee

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F 157	manager further state	e 4 ed that she didn't check the d her nurses to let her know	F	157	The Director of Health Services     present the findings of the     "Notification Review" of phys     posification to the Oscillar Assurance	ician	
		s. She added that none of	1		notification to the Quality Assu and Performance Improvement		
		esident #3 had missed any	Ì		Committee monthly for review		
	medications.			ļ	recommendation for revisions.	,,,,,	
	(DON) was asked wh her nurses if a reside	pm the Director of Nurses eat her expectations were of int had altered mental status y to sternal rub. The DON e nurse to notify the		Į	F272	.J. Co.,	
F 272	• • •	REHENSIVE	F:	272	<ol> <li>Corrective action will be accomplishe the resident found to have been affected</li> </ol>	by the	
SS≐D	ASSESSMENTS				deficient practice;	o,	
	a comprehensive, ac	duct initially and periodically curate, standardized nent of each resident's			<ul> <li>A significant correction was completed for resident # 5. Re #9 diagnosis was dry skin whi able to be coded on the MDS.</li> </ul>	ch is not	2/20/14
	resident assessment by the State. The as- least the following: Identification and den Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior p Psychosocial well-be	dent's needs, using the instrument (RAI) specified sessment must include at mographic information; eatterns; and structural problems; and health conditions;			<ol> <li>Corrective action will be accomplish those residents having potential to be affect by the same deficient practice;</li> <li>The Director of Health Care Service Managers and Nurse Management conducted functional limitation test resident on 2/14/14 and correlated valued by last MDS to validate correct coding MDS.</li> <li>Case Mix Director was educated by Clinical Reimbursement Consultant 1/16/14 with return demonstration (Senior Nurse Consultant) on 1/17/14 correct way to perform the function limitation assessment.</li> <li>The facility reviewed the residents skin observation s to validate the action.</li> </ol>	on all with the of the ton to the al	,
	Activity pursuit;				of MDS coding on 1/28/14 for skin integrity conditions		

MANUE OF PROVIDER OR SUPPLIER   UNINEALTH POST - ACUTE CARE OF DURHAM   STREET ADDRESS, CITY, STATE, ZIP CODE 3400 ERWIN ROAD DURHAM, NO ZITOS		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE : COMPL	
NAME OF PROVIDER OR SUPPLIER  UNINEALTH POST - ACUTE CARE OF DURHAM  DURHAM, NO 27795  CAG ID PARTY REGULATORY OR LSC IDENTIFYING INFORMATION)  F 272  Continued From page 5  Medications; Special treatments and procedures; Discharge potential; Documentation of surmary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment,  This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) for 2 of 11 sampled residents. (Residents #9 was admitted to the facility on 6/14/81/2 with diagnoses which included: bipolar disorder, psycholic disorder, globates mailtius, diabetic neuropathy, left slided paresis, morbid obasity, muscle veakness, and late effect corebinovescular accident.  Review of the Dermatology Consult dated 11/6/13 revealed Resident #9 had atrophy of both forearms with xerosis (dry skith). The Dermatologist concluded the sidents with xerosis (dry skith). The Dermatologist concluded the sidents with xerosis (dry skith). The Dermatologist concluded the sident's skin may		•			-	· c	;
INHEALTH POST - ACUTE CARE OF DURHAM  PRESULTANDAY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY AUST BE PRECEDED BY FULL TAGE  FERROLLATORY OR IS C: IDENTIFYING INFORMATION)  FREGULATORY OR IS C: IDENTIFYING INFORMATION)  FREGULATION IN INFORMATION  TAGE  F 272  Contlinued From page 5  Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas ingegred by the completion of the Minimum Deta Set) (for Sign of Marian Information In			345061	B. WNG		01/1	7/2014
DURHAM, NC 27708   DURHAM   DURHAM   DURHAM, NC 27708   PROVIDERS PLAN OF CORRECTION(EACH CARCH PRIEFIX TAG)   PROVIDERS PLAN OF CORRECTION(EACH PRIEFIX TAG)   PROVIDERS PLAN OF CORRECTION EXCENTION EXC	NAME OF PE	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	<b>V</b>	
(A) ID PHEFEX REGULATORY OR ISE DENTIFYING INFORMATION)  F 272  Continued From page 5  Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.  This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility failed to accurately code the MDS (Minimum Data Set) for 2 of 11 sampled residents. (Residents #9 and #5).  Findings included:  1. Resident #9 was admitted to the facility on 6/18/12 with diagnoses which included: bipolar disorder, psycholic disorder, psycholic disorder, psycholic disorder, gravels, and alto effect corebrovascular accident.  Review of the Dematology Consult dated 11/5/13 revealed Resident #9 had atrophy of both forearms with xerosis (dry skih). The Dematologist concluded the resident \$40 and \$45 and \$45 areas.	UNIHEALT	H POST - ACUTE CARE	OF DURHAM				
F 272  Continued From page 5 Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Date Set (MDS); and Documentation of participation in assessment.  This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility falled to accurately code the MDS (Minimum Date Set) for 2 of 11 sampted residents. (Residents #9 and #5).  Findings included:  1. Resident #9 was admitted to the facility on 8/18/12 with diagnoses which included: bipolar disorder, psycholic disorder, geycholic disorder, getopic was admitted to the facility on 8/18/12 with diagnoses which included: bipolar disorder, psycholic disorder, geycholic disorder, geycholic disorder, geycholic disorder, geycholic disorder, geycholic disorder, disbetes mellitus, diabelic neuropathy, leff sided paresis, morbid obesity, muscle weekness, and late effect cerebrovascular accident.  Review of the Demnalology Consult dated 11/5/13 revealed Resident #9 had atrophy of both forearms with xerosis (dry skin). The Demandologist concluded the resident's skin may	G711.11.71.21			t	DURHAM, NC 27705		
F 272 Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.  This REQUIREMENT is not met as evidenced by: Based on record reviews, resident and staff interviews, the facility falled to accurately code the MDS (Minimum Data Set) for 2 of 11 sampled residents. (Residents #9 and #5).  Findings included:  1. Resident #9 was admitted to the facility on 6/18/12 with diagnoses which included; bipolar disorder, psycholic disorder, fabetes mellitus, diabetic neuropathy, left added paresis, morbid obesity, muscle weakness, and late effect carebrovascular accident.  Review of the Dermatology Consult dated 11/6/13 revealed Resident #9 had atrophy of both forearms with xerosis (dry skin). The Dermatologist concluded the residents skin may	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S-	COMPLETION
on the dorsal arms, only. Also, the resident's scalp was scaling with a few erosions. The	F 272	Medications; Special treatments ar Discharge potential; Documentation of suithe additional assess areas triggered by the Data Set (MDS); and Documentation of part  This REQUIREMENT by: Based on record rev Interviews, the facility the MDS (Minimum Eresidents. (Residents Findings included:  1. Resident #9 was a 6/18/12 with diagnos disorder, psychotic di diabetic neuropathy, obesity, muscle weal cerebrovascular accidents Review of the Derma revealed Resident #6 forearms with xerosis Dermatologist conclut have been photo exa on the dorsal arms, of	mmary information regarding ament performed on the care a completion of the Minimum ricipation in assessment.  If is not met as evidenced iews, resident and staff y failed to accurately code that Set) for 2 of 11 sampled is #9 and #5).  Individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual individual indiv	F 272	made to ensure that the deficient practic not occur  The Case Mix Director was early the Clinical Reimbursement Consultant on 1/16/14 with redemonstration (to the Senior Management Consultant) on 1/17/14 on conthe functional limitation asses. The functional limitation test added to the new orientation for Mix Directors. The Clinical Reimbursement Consultant (CRC) and/or Senutrant (SNC) will a 10% of completed MDS's perfor six months, to ensure functional limitation assessment is compappropriately. The CRC and/or SNC will conduct the function limitation test on those 10% or residents, to validate the MDS accurate. The Director of Health Care S will trend the CRC and/or SN and present to the Quality Ass Performance Improvement Commonthly. The Director of Health Care S will reviews the weekly skin observation completed month validate the MDS coding and observations identify skin interest.	e will fucated at turn furse appleting sment. will be or Case alor review r month tional leted ar the brithe lis fervices C audit surance / ominittee dervices ly to skin	

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F 272	recommendations we cream on dorsal hand morning; apply (antiburning; and, apply (a skin on arms. The resident's Seborrheid resident's Scalp with times each week, learinsing.  The review of the Phyrevealed that Reside lotion) applied daily to and, her scalp was to each week with (antito be left on for ten more resident was a seach week with (antito be left on for ten more resident was a seach week with (antito be left on for ten more resident was a seach week with (antito be left on for ten more resident was a seach week with (antito be left on for ten more resident was a seach week with (antito be left on for ten more resident was a seach week with alignose with aggressive behave.  2. Resident #5 was a 6/1/11 with diagnose with aggressive behave.  Review of the quarte indicated Resident was a review of the quarte indicated Resident was a review the resident had the	are as follows: apply barrier dis and forearms every litch lotlon) at night for enti-litch lotlon) daily for scaly incommendation for the excemmendation for the excemmendation was to wash the anti-fungal shampoo three eve on ten minutes before  ysician's Order dated 11/5/13 ant #9 was to have (anti-litch to the scaly skin on her arms; to be washed three times fungal shampoo) which was alinutes before rinsing.  If MDS (Minimum Data Set) and Resident #9 was to had no skin problems.  If MDS (Minimum Data Set) and the MDS but should admitted to the facility on swhich included: brain injury aviors, abnormal posture, syndrome, and flaccid on-dominant side.  If MDS dated 11/6/13 5 had no functional limitation		272	<ul> <li>4. Facility plans to monitor its perform make sure that solutions are sustain facility must develop a plan for enst that correction is achieved and sustain the correction of Health Service present the trending of the fundimitation assessment completed the CRC and/or SNC to the QUASSURANCE / Performance Improvement Committee for a nand revisions as needed.</li> <li>The Director of Nursing Services of the trending of the sking observation with correlation to MDS coding to the Quality A and Performance Improvement Committee monthly for review revision as needed.</li> </ul>	ed. The uring ained. es will ectional ed by uality review ices will not the ssurance of	

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F 272			F 272				
	and tremors. Approac	decreased range of molion ches to this potential decline mechanical lift by two staff resident.					
	were observed exiting was pushing a mecha propelling the resider Both of the resident's	m, two nursing assistants g Resident #5's room: one anical lift and the other was nt in a highback wheelchair. I feet were elevated and int on her left hand which					
	was resting on a lefts wheelchair. During an interview o Nurse #3 revealed th mechanical lift for tra	ided tray attached to her  n 1/16/14 at 10:27 am, Staff at Resident #5 required a nsferring due to her inability cle weakness to the left side					
F 280 \$S≃D	MDS Coordinator act Motion section of Resinaccurately coded. 483.20(d)(3), 483.10 PARTICIPATE PLAN  The resident has the incompetent or other incapacitated under the participate in plannin changes in care and A comprehensive call within 7 days after the comprehensive asset interdisciplinary team.	(k)(2) RIGHT TO NING CARE-REVISE CP right, unless adjudged wise found to be the laws of the State, to g care and treatment or treatment. re plan must be developed	F 280	1.Corrective action will be accomplished resident found to have been affected by deficient practice;  • Resident # 9 care plan was up include the resident's skin issue.  2. Corrective action will be accomplish those residents having potential to be affected by the same deficient practice;  • On 1/28/14 the Director of Health Society Case Mix Director, and Nurse Man began correlating resident care plan weekly body audits to ensure care phave been updated to include skin or the street of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the skin of the ski	the dated to les. ed for fected Gervices, agers us with		

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F 280	for the resident, and disciplines as determ and, to the extent properties the resident, the resident, the resident, the resident representative; and revised by a tear each assessment.  This REQUIREMENT by: Based on record revinterviews, the facility	other appropriate staff in fined by the resident's needs, acticable, the participation of dent's family or the resident's and periodically reviewed m of qualified persons after  It is not met as evidenced fiews, resident and staff y falled to update the Carekin problems of 1 of 11	F2		3. Measures put into place or systemic of made to ensure that the deficient practic not occur;  • The Director of Health Service Mix Director and/or Unit Man will review the daily report she any change in skin integrity an validate the care plan has been updated. This will occur daily week, weekly for four weeks a monthly for four months.  • The Case Mix Director and/or Director of Health Services we educate the Licensed Nurses of updating care plans for reside skin issues. Education to be control by 2/18/14.  • Education of updating of the of has been added to the orientat Licensed Nurses during gener orientation.	e will es, Case lagers eets for id r for one and then lill on onts with completed care plan ion of	
	6/18/12 with diagnos disorder, psychotic diabetic neuropathy, weakness, and late eacident.  Review of the Derma revealed Resident #8 forearms with xerosis Dermatologist conclutave been photo exacon the dorsal arms, of scalp was scaling with recommendations we oxide barrier cream of forearms every morn	s (dry skin). The uded the resident's skin may acerbated given the presence only. Also, the resident's th a few erosions. The ere as follows: apply zinc	•		4. Facility plans to monitor its performa make sure that solutions are sustained. I facility must develop a plan for ensuring correction is achieved and sustained.  • The Director of Health Servic Mix Director will present the of the Care plan audit to the C Assurance / Performance Improvement committee for r and recommendations as need.	The g that es / Case findings Quality eview	

	of Deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 280			F	280				
	the resident's Seborn the resident's scalp w	s. The recommendation for helc dermatitis was to wash vith (anti-fungal) shampoo ok, leave on ten minutes	1					
	revealed that Reside lotion) applied daily to and, her scalp was to each week with (anti-	ysician's Order dated 11/5/13  nt #9 was to have (anti-ltch  the scaly skin on her arms;  be washed three times  fungal shampoo) which was  ainutes before rinsing.	- Commonwell		·		•	
	dated 11/7/13 indicate cognitively intact and	had no skin problems. The are Plan did not include the			·			
	2:46 pm, Resident #8 reading. The resident and received a bed bunsure which shift of responsible for washing Resident revealed the her scalp which require	n and interview on 1/15/14 at 3 was sitting upright in bed t revealed that she preferred bath every morning, but was nursing assistants was ling her hair twice a week, at she had some sores on ired a medicated shampoo; pright that her hair was assistants.		•	•			
F 309 88=G	MDS Coordinator rev Plan was updated on the Care Plan should		F	309		•		

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			-		F309		
F 309	provide the necessar or maintain the highe mental, and psychose	eceive and the facility must y care and services to attain st practicable physical,	F	309	<ol> <li>Corrective action will be accomplis         the resident found to have been affe         the deficient practice;</li></ol>	hed for	2/20/14
	and plan of care.				affected by the same deficient pract  On January 17,2014 The Dire Health Services, Unit Manage Coordinator and Nursing Supe	ice; ector of rs, Unit	
	by: Based on observation and staff interviews, the administer physician resulting in two hospi	ordered medications talizations for one of five r medication administration	more and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec		has reviewed all Medication Administration records with physicians notification regard residents who have refused tw consecutive doses of vital med per facility policy.  3. Measures put into place or systemi	o lications e	
	12/23/2013 with re-ad 1/6/2014, and 1/10/2/ decompensated liver Hepatitis C complicat anemia, diabetes me stage III chronic kidne Hospital records revie November 2013 Resi intrahepatic portosys was a procedure to c between two blood was evere liver problems Record review found Data Set (MDS). The	ewed documented that in ident # 3 had a Transjugular temic shunt (TIPS) which reate new connections essels in the liver due to 6.  no completed Minimum MDS nurse stated on			changes made to ensure that the def practice will not occur;  On January 17, 2014 the Clini Competency Coordinator and Nursing Managers has educate Licenses Nurses on Physician Notification related to the Medication.  The policy has been reviewed corporate policy committee "Coof Condition Care Guard Progue "protocol that states the Physical would be notified after two consecutive doses of a vital medication has been missed. Education began on 1/17/14 the 1/26/14 for Licensed Nurses this protocol. Licensed Nurses	ical for ed dication by the Change gram: clan arough elated to	
		m that Resident # 3 had not ough consecutive days to hich was in progress.			attendance will be educated purses their next scheduled shift.		

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F 309	The Interim Care Plat and 1/10/2014 were rabdominal pain, and addressed.  Physician orders revial admission 12/23/20130 ml (milliliters) (20 gRifaximin 550 mg (miday).  The Medication Admid December 23-27, 20 gray are ceived each ord po (by mouth) and Rithen night of 12/23/20 dose the morning of the hospital.  Physician Progress may be reviewed and documinitially resident was a communicate with state the had been presented and sommola level yester 20-70). On eval very hospital for further may be reviewed and that Fadmitted on 12/27/20 status secondary to resident #3's ammola facility was 177. The encephalopathy grad	ewed found that on 3 Resident # 3 was receiving g) (grams) of Lactulose and illigrams) bid (two times a inistration Record (MAR) for 13 documented that Resident ered dose of Lactulose 30 ml faximin 500 mg po starting 14 and ending with the last 12/27/2014 before going to interest of the ented in part the following: able to sit up in bed and aff. Today it was reported senting with increased ence since 2 days ago. His reday was 177 (normal lethargic. Will transfer to the anagement.  Discharge Summary dated Resident #3 had been 113 with altered mental nepatic encephalopathy, in a level checked at the summary noted that the fuelly occurred despite I doses of Lactulose 20 gm	F 309	Physician notification of all consecutive doses of a vital medication has been misse been added to the general orientation of Licensed Numbers.  The Licensed Nurses comparing the Licensed Nurses comparing to shift Medication Administration Record revidentify medications that he been administered to the reto validate that the Physici been notified. This review included any omission, or medications are to be docuted on back of MAR with reast resident did not receive meand physician notification.  The Director of Health Seriand/or Nurse Managers review weekly to validate completion of the review to includes documentation or medication record of reason resident did not receive medication, and that the notification to the physicial been completed. This review be completed weekly for five weeks, then monthly for 3 then as directed by the Quanta Assurance Committee.  The facility has reviewed to revised as needed the policing and when to notiphysician, and facility management.	d has d has erses plete a liew to ave not esidents an has circled mented on why edication evices view the lift the hat a back of on months ality and ey ge in

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	discharge the Lactulo three times a day (tid counseled on the limp Lactulose titrated to 2 day. (The liver normal but in liver disease strong bypass the liver, substance to pass to brain function, causin finally coma. Per the Drug Handbook Lact of blood ammonia intexpelling it in the fect reduction of recurren encephalopathy in padisease.)  A review of Nurses' narrived at the facility was able to verbalized distress. Medications practitioner (NP) and On the Admission Ph Jan. 2, 2014 Lactulo 5pm and Rifaximin 55 5pm were noted.  The MAR for 1/2-1/3 1/2/2014 the MAR hadministration of Lact the initials were circle 1/3/2014. Rifaximin 5 on 1/2/2014 at 5 pm for 9am on 1/3/2014. documentation on the	ose was increased from bid to and Resident #3 was portance of taking the 2-3 bowel movements per ally breaks down ammonia, such as cirrhosis the blood allowing this poisonous the brain. Here it can impair a geonfusion, drowsiness and 2013 Lippincotts Nursing ulose causes the migration of the colon trapping and as. Rifaximin is used for ce of hepatic atients with advanced liver to the strain of the patic atients with advanced liver were verified by the nurse faxed to the pharmacy.  1/2014 was reviewed. For a do no initials indicating tulose 30 ml po at 5 pm and and at 9am and 1pm on 50 mg po bid had no initials and the initials were circled. There was no back to indicate the reason celed initials indicated the	F	309	<ul> <li>The policy has been review the corporate policy comm "Change of Condition Car Program "states" acute of condition is a sudden, clinimportant deviation from a patients/residents baseline physical, cognitive, behavifunctional domain.</li></ul>	ittee e Guard lange of ically in ioral or oth ian and cation lition mer d. d. ed ocol. endance neir next ollow up g a or Director v of ges in eract II sed	

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F 309	On 1/3/2014 the nor Resident # 3 was ald needs known. At 8 at that during rounds R very lethargic and ur Dr. to see this am." In physician was there orders were written. There was an order thospital and at 3 pm.  A physician order da Send pt back to hospital and at 3 pm.  A physician order da Send pt back to hospital order was review information. Lactulo eval today pt (patier difficult to arouse, ur answer simple questing nurse, he had been was not able to eat mental status). Night awake and alert and become more in and requested blook today, will transfer be at 1/6/2014 note admitted to the hospital by a nature of Lactulose. The summer thought the cause we doses of Lactulose, the hospital by a nature of the service of Lactulose.	tes indicated that at 2 am ent and oriented, able to make am the nurse manager noted resident #3 was found to be nable to arouse. 'Will have At 9 am the note indicated the to see the patient and new At 2 pm the note indicated or send Resident #3 to the 1911 was there to transport.  Ited 1/3/2014 11:30 am was pital if not more awake this  Is Note of 1/3/2014 Transition red for the following se was increased to tidOn was restling in bed, asleep, mable to keep eyes open or tions. According to daytime like this all morning today and unch due to AMS (altered time nurse reported he was "Since he failed to wake up interactive as was his baseline if work won't be available	F 30	The root cause analysis was completed by Dr. Jackson on 27, 2014 thru March 1, 2014. Existing policy and procedure when to notify a physician ammanagement, including staff responsibility on a significant in condition (Uni-Guard) in o strengthen this program we re licensed and non-licensed by 10, 2014. In order to strength the ongoin education of licensed personn additional training and follow testing to licensed staff was provided to include bowel sounds, hear fluid volume and cardiac asses was completed as of March I facility plans to monitor its performake sure that solutions are sustain facility must develop a plan for enthat correction is achieved and sus. The Director of Health Service present the findings of the Mean Administration Review with protification to the Quality As and Performance Improvement Committee monthly for review recommendation for revisions. The Clinical Competency convill present the results of the related to training and follow testing to the Quality Assura Performance Improvement confor review, recommendations revision.	s for d facility change reder to trained March  ng el, up orovided t sounds, ssment 0, 2014.  mance to med. The suring tained. ses will edication oblysician surance int w and 5. ordinator educated up ince / ommittee

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F 309	Continued From page		F	309			
	mouth and was to be	ose was being given by given q (every) 6 hours. The				•	:
		d to continue his scheduled sed to avoid altered mental					
		lons noted the Lactulose					
	was to be given for a	goal of 3-4 bowel					
	movements a day. If	the scheduled dose was not 3-4 bowel movements a day					
	extra doses could be						
	The Nurses' notes fo	r 1/6/2014 documented that					
	Resident #3 arrived a	at the facility around 6 pm,					
		sive with no complaints of					
	pain or discomfort.			.}			-
		ysician's Order Sheet dated				i	
		se 30 ml po q 6 hrs at 6 am, 12 midnight and Rifaximin					
		n and 5 pm were noted.					
		ulose [20 gm/30 ml] po q 4					
	hrs as needed titrate	to 3-4 bowel movements per		l		:	
					•		
		y 6-31, 2014 in review 2014 Lactulose 30 ml po was	Ì				
		n, had no initials for 12					
:	mldnight or 6 am and	had circled initials for 12					
		550 mg po bid had no inilial and a circled initial for 9am		ļ			
		ck of the MAR documented					
	that at 9 am and 12 i	noon all meds were held due					
		sy at 9am and unable to MAR had not documented					
		i) doses of Lactulose given.					
	On 17/14 of 2 am th	e notes indicated no distress					
		sident #3. At 8 am Resident					
1	#3 was assessed by	the nurse manager and		1			
	aroused enough to o	pen eyes with sternal rub			****		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 309	Continued From page	o 15	F	309			
		ned a little. Will continue to O (physician) to see patlent					
		ated the nurse manager 3 and found no changes.					
	into care note reveale	cian's 1/7/2014 Transition ad the following. After ctulose was titrated up to q 6					
	hrs. He was transferre	ed back to the facility on clear whether he tolerated					
		Today on my exam he was					
		nulation, painful stimulation, tated resident not able to					
		to somnolence, decreased	ļ				
		s. Patlent will be transferred IS (emergency medical					:
		2:30 pm documented the					Į.
		ent and orders given to send spital. At 3:50 pm 911 was					
	called and at 4:15 pm	Resident #3 was				ļ	
	transported to the ho	spital				:	
	The hospital Discharg	ge Summary dated dission on 1/7/2014 was					
	reviewed. The Summ	ary Indicated that Resident					
.4.*	# 3 was again admitte						
		ammonia level was 163. of the recurrent hepatic				!	
	encephalopathy "reve	ealed medication				;	
		e facility." The Summary Sian spoke with the 7 am to 3				i	
	pm nurse and had he	r read the Medication					
		d (MAR) revealing that hours without receiving any			£		
		the encephalopathy. The					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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F 309	Continued From page physician noted that if #3's regular care nur the importance of not Lactulose given his T tendency to develop if physician added that contact the medical dexpress the concerns caused hepatic encepton and the medical dexpress the concerns caused hepatic encepton in the Admission Physician and polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 10, 2014 including polyappanuary 11, 2014 at 3:30 stated in an interview to the hospital 3 times with high ammonia le Resident #3 was on Land had refused a collaboration and refused a collaboration page 11, 2014 at 3:30 stated in an interview to the hospital 3 times with high ammonia le Resident #3 was on Land had refused a collaboration page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical page 2015 in the physical pa	e 16 ne had spoken with Resident se and again emphasized missing any doses of IPS procedure and his high hepatic encephalopathy. The attempts had been made to irector of the facility to and avoid recurrent facility bhalopathy.  cians Order sheet dated luded Lactulose [20 gm/30 n, 12 noon, 6 pm, 12 ler at 12 midnight, Rifaximin am, Lactulose 20 gm po q 4 ate 3-4 BMs/day.  31/2014 documented that sived each ordered dose of and Rifaximin 550 mg po 10/2014.  made of Resident # 3 on a lying in his bed awake and ne was doing all right, he io."  a pm the nurse manager of that Resident #3 had been as for end stage liver disease avels. She added that Lactulose for the ammonia auple of doses. With missing	F3	· ·			
	educated him and he came back, Resident Lactulose q 6 hours a			·			
i .							

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 309	pm. He was alert and he received. He kept Lactulose. Nurse # 3 was due at 6 pm so it this time. Asked if he Lactulose, Resident # At 9 am on 1/16/2014 interview that Reside Lactulose and that it get it. If he misses evievels go up.  On 1/17/2014 at 8:45 Resident #3 had neve when alert. When he change. The nurse re 1/7/2014 when she with morning medications could not take his me at 12 noon on 1/3/20 were also held due to was sent to the hosp NP was there both m Resident #3 and said afternoon to send hir added that before his didn't know that miss Lactulose would caus #3's lethargy. They k takes it. Asked what indicated she replied given and they usual MAR the reason.  During an interview of	vation on 1/15/2014 at 4:10 I aware of each medication asking if it was time for his explained that his Lactulose I was too early to give it at knew why he received the If 3 said yes he did	F 30	09		
		sident #3 to the hospital on				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345061	B. WNG		·	01/17/2014	
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OMINEVE	n rosi • Nooie Onne	OF BORDAM		1	DURHAM, NC 27705		
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F 309	re-admission note. Sishe saw Resident #3 noon and the nurse retaken his scheduled lethargy. The physicia Resident #3, he was indicated he did not rub. She added that disease missing 1 or lead to the same effect his doses what were nurse, she respondenurse to call right awarousable only to stee expected someone to the physician herself missed his medicatio would have sent him  On 1/17/2014 at 11:5 Resident #3 to the hoan interview that whe morning of 1/7 aroun hard to keep awake, the resident had bee medications because physician added that (Immediate) ammoning etting it back that destill difficult to arouse the ammonia results to send him to the hoe expectation was for it the hospital, she repireceive his evening of was any doubt to call the nurse was to call	she saw him on 1/7/13 for a he was not sure what time, but thought it was around eported that he had not Lactulose for her due to his an said when she examined Ilmp and very lethargic. She espond at all for her sternal with his advanced liver 2 doses of Lactulose would lot. Asked when he missed her expectations of the dithat she expected the ay. When Resident #3 was mat rub, she would have call the physician service or if she had known he had ans and had lethargy, she to the hospital right away.  So am the physician who sent peptial on 1/7/2014 stated in an she saw him on the dom, the resident was The nurse informed her that in unable to take his 9 am and he was too lethargic. The she ordered a STAT a level with the hopes of ay. In 2-3 hours when he was a and she was unable to get back that day, she decided ospital. When asked what her Resident #3's return from lied that she expected him to dose of Lactulose and if there I the physician. On admission the physician to verify the	F	309	9		
	the nurse was to call						

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MIN CEMION	VARIATION .	Peritin in the Hamiltonian	A. BUILDING	<del></del>	•	3
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	*********					
F 309	Continued From page	e 19	F 309	9		
		that when she re-admitted				
		spoken to the nurses about				
	his condition and nee	d for his medications.		•		
	During an intentieuro	n 1/17/2014 at 2:33 pm, the				
	nurse manager state					
		g to the facility that day, she				
	waited for the physici	an to come to the floor to			•	
		orm them about changes.	İ			
		the nurse told her Resident		,		
		/3 and on 1/7/2014 and she				
		at she was not aware that he es of his Lactulose. The				
	nurse manager fught	er stated that she didn't				
]		ne expected her nurses to let				
		nedications. She said that				
		ysician called and talked to				
		ted them that this resident				
ĺ		a single dose of Lactulose				Į.
		liver disease. The nurse				
		ne did not know if the night had given the Lactulose for				
	12 midnight and 6 an					İ
	· → thum realist with a gri					
		014 Nurse #4 stated in an	İ			
]		mitted Resident #3 on 1/3				
		he came in she called the				
		d had his orders verified. The				
		ed to the pharmacy. If he alose when due, they would				
	have to call the back	up pharmacy to get It. Nurse				
	#4 added that Reside	ent #3 had several bottles of		,		1
	Lactulose on hand so	o he could get it. She said				
	that she gave the 5 p	om dose on 1/3/2014, but				
		d just arrived. The nurse said		1		
		y she didn't initial the MAR			•	
		night. Nurse #4 said she				1
		of Lactulose on 1/6/2014, but over an hour after the 5 pm	•			
l .	I regardent to anned t	otor and more and more pin	1			I

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			Y. BOILDIN			С	
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F 312 SS=D	dose of Rifaximin was Several attempts wer to 7am nurse and shinterview.  On 1/17/2014 at 4:49 (DON) was asked wher nurses if a reside she expected the nurses if a reside she expected that if available the nurses is pharmacy. She had in missing administratic 12 midnight and 1/7// confirmed that circle indicated a medicatic that the reason shout back of the MAR 483.25(a)(3) ADL CA DEPENDENT RESID A resident who is una daily living receives to maintain good nutriti and oral hygiene.  This REQUIREMENT by: Based on record rev interviews, the facility	e due so it wasn't given.  The made to contact the 11pm The was unavailable for an  The pm the Director of Nurses That her expectations were of That had AMS. The DON said The tree to notify the physician. The dications were not Thould call the back up The physician of the physician of Lactulose on 1/6/14 at The DON The dinitials on the MAR The DON The mas not given. She added The documented on the	F3		en affected by ashed with the nampoo.  complished for ial to be at practice;  of Health agers, and/or yed the		
	Findings included:			· with medicated shampo	o orders.		

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F 312	Resident #9 was adm 6/18/12 with diagnose paresis, muscle weak cerebrovascular accidence of the Derma revealed Resident #9 forearms with xerosis Dermatologist conclustion have been photo exa on the dorsal arms, of scalp was scaling with recommendations we cream) on dorsal hand morning; apply (anti-liburning; and, apply (askin on arms. The reresident's Seborrheid resident's scalp with times each week, lear insing.  The review of the Phyrevealed that Reside lotton) applied daily to and, her scalp was to each week with (anti-to be left on for ten more resident was washed with a comparation for the resident was washed with a comparation indicated was used on the residence of the Novem Administration recomparation indicated was used on the residence of the residence was used on the residence of the residence of the Novem Administration indicated was used on the residence of the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residence of the Novem Administration indicated was used on the residenc	nitted to the facility on es which included: left sided tness, and late effect dent.  tology Consult dated 11/5/13 had atrophy of both (dry skin). The ded the resident's skin may cerbated given the presence nly. Also, the resident's ha few erosions. The are as follows: apply (barrier anti-tich lotlon) at night for canti-tich lotlon) daily for scaly commendation for the dermalitis was to wash the (anti-fungal) shampoo three ve on ten minutes before	F 312	changes made to ensure that the def practice will not occur;  The Director of Health Service Managers and/or Nursing Manwill review the Medication Administrator record to ensure medicated shampoos are being completed as ordered. This rewill be completed weekly for weeks, monthly for four month as recommended by Quality Assurance Committee.  The Clinical Competency Cook has educated the Licensed Nurstaff on the process of administ of medicated shampoos. Licer education to be completed 2/1 Licensed Nurses who did not at the education will be educated their next scheduled shift.	es, Unit nagers the sview four hs then ordinator rsing stration nse nurse 6/14. attend	

	OF DEFICIENCIES FORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 312	dated 11/7/13 indicate cognitively intact and A review of the Nursin indicated Resident #8 with bathing and to he shampoo. The nursin routinely use a barrie skin.  The review of the fact indicated Resident #8 on Tuesdays, Thursd 7:00 am and 3:00 pm.  Review of the Januar Resident #9's hair was medicated shampoo shift on 01/2/14 througexception of 01/12/14.  During an observation exception of 01/12/14 througexception of	and Resident #9 was had no skin problems.  Ing Assistant Care Record of was to receive assistance are the use of a special and assistants were also to receam on the resident's  Illity's Shower Schedule of was to receive a bed-bath ays, and Saturdays between of the standard standard standard season of the standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard standard sta		312	<ul> <li>4. Facility plans to monitor its perform make sure that solutions are sustaint facility must develop a plan for ensuthat correction is achieved and sustaint the correction of Health Care Swill submit the findings of the Medication Administration reverse the Quality Assurance / Perfor Improvement Committee for and recommendations monthly</li> </ul>	ed, The aring ained. ervices view to mance eview	

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F 312	was important that few days.  During an interview Staff Nurse #3 reve was washed on he Mondays, Wednessecond shift. She see was washed during resident did not take During an interview 3rd Floor Unit Cooresident's hair is to medicated shampoo to the resum assistant was After the resident's nurse should sign to 1/17/14 at 1:19 revealed that she in often for approximating assistants shampoo supplied NA#1 stated that the any special shamp resident's hair.  During an interview DON (Director of Ner back pain, Resarather than shower each resident receiveek (more often in the stated that in the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident received the shamp resident the shamp resident received the shamp resident received the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident received the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident the shamp resident	d a medicated shampoo, so it her hair was washed every  on 01/17/14 at 12:17 pm, haled that Resident #9's hair is shower days which were days, and Fridays during tated that the resident's hair in her bed-baths because the e showers.  on 01/17/14 at 1:05 pm, the redinator stated when a be shampooed with a o, the nurse should apply the sident's hair, and then the rould wash the resident's hair. hair was shampooed, the		312	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		CONSTRUCTION	(X3) DATE	SURVEY LETED
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					<u> </u>	<u> </u>	
F 312			F:	312			
	requested). The DO hair was typically was	each week (more often if N stated that a resident's shed on shower days.	_				
F 333 SS=G	SIGNIFICANT MED I	ERRORS  ure that residents are free of	F		<ul> <li>F 333</li> <li>Corrective action will be accomplish the resident found to have been affer the deficient practice;</li> <li>Resident no longer resides in the facility</li> </ul>	cted by	2/20/14
	by: Based on observation interviews, the facility ordered medications detoxicant) and Rifax encephalopathy), who medication error for 1/43). Findings include Resident # 3 was add 12/23/2013 with re-addication error for 1/6/2014, and 1/10/2 decompensated liver Hepatitis C complication anemia, diabetes mestage III chronic kidnication. Hospital records revision November 2013 Resilntrahepatic portosys was a procedure to continuous anemia, diabetes mestage III chronic kidnication. Hospital records revision was a procedure to continuous anemia, diabetes mestage III chronic kidnication. Hospital records revision was a procedure to continuous anemia, diabetes mestage III chronic kidnication. Hospital records revision and procedure to continuous anemia and procedure to continuous anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anemia anem	ich resulted in a significant in of 5 residents (Resident ed: mitted to the facility on dmissions on 1/2/2014, 014. Dlagnoses included cirrhosis secondary to ted by portal hypertension, lilitus type 2 on insulin, and ey disease.  Sewed documented that in ident # 3 had a Transjugular temic shunt (TIPS) which reate new connections essels in the liver due to s.		WARRIST CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	<ol> <li>Corrective action will be accomplise those residents having potential to be affected by the same deficient pract</li> <li>On January 17, 2014 The Direct Health Services, Unit Manage Coordinator and Nursing Superhave reviewed all Medication Administration records with physicians notification regardines who have refused two consecutive doses of vital medication per facility policy.</li> <li>Measures put into place or systemic changes made to ensure that the defipractice will not occur;</li> <li>On January 17, 2014 Clinical Competency Coordinator and Nursing Managers has educated Licenses Nurses on Physician Notification related to the Medication related to the Medication would be notified at consecutive doses of a vital medication has been missed.</li> </ol>	cice; cetor of crs, Unit crvisors ing co dications dication dication	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE: COMPI	
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F 333	Rifaximin 650 mg (miday).  The MAR for December that Resident #3 recells are that Resident #3 recells are that Resident #3 recells are that the last dose the more going to the hospital.  Physician Progress mereviewed and docume initially resident was communicate with state that he had been present that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that the had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present ammonia several that he had been present	per 23-27, 2013 documented sived each ordered dose of and Rifaximin 500 mg po 2/23/2013 and ending with ning of 12/27/2013 before  otes for 12/27/2013 before  otes for 12/27/2013 were ented in part the following : able to sit up in bed and aff. Today It was reported senting with increased mnolence since 2 days ago. esterday was 177 (normal 20 hargic. Will transfer to the anagement.  Discharge Summary dated Resident # 3 had been 213 with altered mental nepatic encephalopathy. onla level checked at the summary noted that the	F	333	<ul> <li>The policy has been reviewed corporate policy committee Cl Condition Care Guard Program protocol that states" the Physic would be notified after two consecutive doses of a vital medication has been missed". clinical Competency Coordina DHS and Nursing Supervisors education on 1/17/14 through for Licensed Nurses related to protocol, Licensed Nurses not attendance will be educated protheir next scheduled shift.</li> <li>Physician notification of after consecutive doses of a vital medication has been missed in added to the general orientation. Licensed Nurses upon hire.</li> <li>The Licensed Nurses complete to shift Medication Administration Record review to identify medithat have not been administered residents, documentation on both MAR to state reason for circle omitted medication, to validate the Physician has been notified.</li> <li>The Director of Health Service and/or Nurse Managers review. Licensed Nurse shift to shift reveally to validate the complete the review, documentation on MAR to state reason for omitted to the physician has been committed to the physician has been committed to the physician has been committed for four weeks, the monthly formonths then as directed by the Assurance Committee.</li> </ul>	nange of n: cian  The tor/ began 1/26/14 the in ior to two as been on of e a shift ation lications of to the ack of cd or e that d es v the eview tion of back of ed ication pleted. I weekly or 3	

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F 333	Drug Handbook Lack of blood ammonia int expelling it in the fect reduction of recurren encephalopathy in padisease.)  Pyssician orders date 30 ml po (by mouth) Rifaximin 550 mg po  The Medication Admi January 2-3, 2014 wathe MAR had no initial of Lactulose 30 ml po were circled at 9 am Rifaximin 550 mg po 1/2/2014 at 5 pm and am on 1/3/2014. The the back to indicate the back to indicate the facility was able to verbalized distress. Medications practitioner (NP) and On 1/3/2014 the Numam Resident # 3 was make needs known noted that during rout to be very lethargic a have Dr. to see this a indicated the physicia patient and new order note indicated there were reducted the residual to the reducted the residual to the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted the reducted	ulose causes the migration of the colon trapping and es. Rifaximin is used for ce of hepatic citients with advanced liver.  Indicated January 2, 2014 Lactulose and January 2, 2014 Lactulose and January 2, 2014 Lactulose and January 2, 2014 Lactulose and January 2, 2014 Lactulose and January 2, 2014 Lactulose and January 2, 2014 Lactulose and Sam and Spm.  Inistration Record (MAR) for as reviewed. For 1/2/2014 and initials and 1 pm on 1/3/2014. Bits indicating administration on the reason for missed doses.  Into the initials were circled for 9 are was no documentation on the reason for missed doses.  Into the initials were circled for 9 are was no documentation on the reason for missed doses.  Into the initial series of the initial series and had no pain or a were verified by the nurse faxed to the pharmacy.  In the initial series of the initial series in the initial series were written. At 2 pm the initial series were written. At 2 pm the instruments and was there to see the are were written. At 2 pm the	F	333	The root cause analysis was completed by Dr. Jackson on 1 27, 2014 thru March 1, 2014. Existing policy and procedures when to notify a physician and management, including staff responsibility on a significant in condition (Uni-Guard) in or strengthen this program we red licensed and non-licensed by 10, 2014. In order to strength the ongoin education of licensed personne additional training and follow testing to licensed staff was p to include bowel sounds, heart fluid volume and cardiac assess was completed as of March 1.  Facility plans to monitor its performa make sure that solutions are sustained. Tacility must develop a plan for ensuring correction is achieved and sustained. The Director of Health Service present the findings of the Me Administration Review with p notification to the Quality Assessand Performance Improvement Committee monthly for review recommendation for revisions The Clinical Competency cook will present the results of the crelated to training and follows testing to the Quality Assurant Performance Improvement confor review, recommendations revision.	s for i facility change rder to trained March ng el, up rovided t sounds, ssment 0, 2014.  nce to The g that es will dication ohysician surance nt v and rdinator educated up ce/ mmittee	

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F 333	Physician's Progress into care was reviewed information. Lactulose eval today pt (patient difficult to arouse, un answer simple questinurse, he had been li was not able to eat tu mental status). Nighti awake and alert "Sand become more into and requested blood today, will transfer bath and requested blood today, will transfer bath and requested blood today, will transfer bath and requested blood today, will transfer bath and requested blood today, will transfer bath and services of the hospital transfer bath and services in the hospital transfer baseline. On dischargiven by mouth and whours. Instructions and given for a goal of 3-the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also and the scheduled dose was also	Note of 1/3/2014 Transition of for the following a was increased to tidOn was resting in bed, asleep, able to keep eyes open or ons. According to daytime ke this all morning today and inch due to AMS (altered lime nurse reported he was bince he failed to wake up eractive as was his baseline work won't be available ick to the hospital."  Ital Discharge Summary I that Resident # 3 was tal on 1/3/2014 with hepatic altered mental status and monia level was on the summary indicated that use was possibly due to ulose. After being given ital by a nasal gastric (ng) tesident # 3 was back to his ge the Lactulose was being was to be given q (every) 6 oted the Lactulose was to be 4 bowel movements a day. If was not sufficient to achieve a day extra doses could be ad January 6, 2014 reviewed 30 ml po q 6 hrs at 6 am, 12 hidnight and Rifaximin 550 it 5 pm. Also ordered was mil] po q 4 hrs as needed	F	333			

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F 333	The MAR for January 1/6/2014 Lactulose 3 6 pm, had no initials had circled initials for mg po bid had no initial a circled initial for 9 the MAR documente all meds were held d 9 am and unable to not documented any Lactulose given.  The Nurses' notes for Resident #3 arrived a was alert and responpain or discomfort.  On 1/7/14 at 2 am the was observed for Re #3 was assessed by aroused enough to a being done and moa monitor and have MI today. At 12pm the normal may with the send the resident to was called and at 4:1 transported to the hors. He was transfer 1/6/2014 and it is not his oral medications, not responding to stir or sternal rub. Staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staff staf	y 6-31, 2014 revealed that on 0 ml po was initialed given at for 12 midnight or 6 am, and r 12 noon. The Rifaximin 550 lial for 5 pm on 1/6/2014 and am on 1/7/2014. The back of d that at 9 am and 12 noon ue to resident very drowsy at ouse at noon. The MAR had PRN (as needed) doses of r 1/6/2014 documented that at the facility around 6 pm, sive with no complaints of the nurse manager and pen eyes with sternal rub ned a little. Will continue to 0 (physician) to see patient urse manager assessed nd no changes. At 2:30 pm patient and orders given to the hospital. At 3:50 pm 911 l5 pm Resident #3 was	F	333		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		. 7	(X3) DATE SURVEY COMPLETED	
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F 333	Continued From page level of consciousnes to the hospital via EM services).  The hospital Dischard 1/10/2014 for an adm reviewed. The Summ # 3 was again admilted encephalopathy. His Search for the cause encephalopathy "revenoncompliance by the added that the physician noted that I was a gain administration Record Resident # 3 went 24 Lactulose resulting in physician noted that I was a regular care nurthe importance of not Lactulose given his Totendency to develop physician added that contact the medical dexpress the concerns caused hepatic encephiculated Lactulose [2] am, 12 moon, 6 pm, 12 midnight, Rifaximi Lactulose 20 gm po control of the page 12 midnight, Rifaximi Lactulose 20 gm po control of the page 12 midnight, Rifaximi Lactulose 20 gm po control of the page 13 midnight, Rifaximi Lactulose 20 gm po control of the page 14 midnight, Rifaximi Lactulose 20 gm po control of the page 15 midnight, Rifaximi Lactulose 20 gm po control of the page 15 midnight, Rifaximi Lactulose 20 gm po control of the page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 midnight page 15 mi	ss. Patient will be transferred as (emergency medical)  ge Summary dated alission on 17/2014 was pary indicated that Resident ed for portosystemic ammonia level was 163. of the recurrent hepatic ealed medication e facility." The Summary clan spoke with the 7 am to 3 per read the Medication of (MAR) revealing that I hours without receiving any in the encephalopathy. The he had spoken with Resident rese and again emphasized to missing any doses of TIPS procedure and his high hepatic encephalopathy. The attempts had been made to director of the facility to se and avoid recurrent facility	<u> </u>				
	that Resident #3 had	y 10 - 31, 2014 documented received each ordered dose o and Rifaximin 550 mg po /10/2014.					

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F 333	stated in an interview to the hospital 3 time with high ammonia le Resident #3 was on I and had refused a co doses she said his are educated him and he came back. Resident Lactulose q 6 hours at Resident #3 was observed. He kept Lactulose. Nurse #3 was due at 6 pm so I this time. Asked if he Lactulose, Resident #3 had nev when alert. When he change. The nurse re 1/7/2014 when she v morning medications could not take his me at noon on 1/3/2014 were also held due to was sent to the hosp before his last hospit that missing even on cause an increase in know now and make circled initials on a M the medication was resident was resident was resident was resident was resident was sent to the hosp before his last hospit that missing even on cause an increase in know now and make circled initials on a M the medication was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was resident was	is pm the nurse manager I that Resident #3 had been I store end stage liver disease I store end stage liver disease I store end stage liver disease I store added that Lactulose for the ammonia I suple of doses. With missing I mmonia levels go up. She I had been taking it since he I that he had been taking it since he I that he had been taking it since he I that he had been taking it since he I aware of each medication I aware of each medication I aware of each medication I aware of each medication I sking if it was time for his I was too early to give it at I knew why he received the	F				

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F 333	During an interview or physician (also the Maclility) who sent Res 1/7/2014 stated that is re-admission note. Sishe saw Resident #3, noon and the nurse retaken his scheduled tethargy. The physician Resident #3, he was indicated he did not rub. She added that will disease missing 1 or lead to the same effer his doses what were nurse, she responded nurse to call right awa arousable only to ste expected someone to the physician herself, missed his medicatio would have sent him. The physician further returned the hospital forwarded to another number. She indicate physician spoke on 1 been worked out.  On 1/17/2014 at 11:5 Resident #3 to the hoan interview that whe morning of 1/7, the reawake. The physician STAT (immediate) and getting it back that was still difficult to and get the ammonia resident #3 so the ammonia resident #3 and figurity and get the ammonia resident #3 and figurity and get the ammonia resident #3 and figurity and get the ammonia resident #3 and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figurity and figur	n 1/17/2014 at 10:10 am the edical Director for the ident #3 to the hospital on she saw him on 1/7/13 for a ne was not sure what time, but thought it was around eported that he had not actulose for her due to his an said when she examined himp and very lethargic. She espond at all for her sternal with his advanced liver 2 doses of Lactulose would ct. Asked when he missed that she expected the ay. When Resident #3 was rnai rub, she would have o call the physician service or If she had known he had ns and had lethargy, she to the hospital right away.	F	3333			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 333	what her expectation from the hospital. Shi him to receive his evil there was any doub admission the nurser verify the medication pharmacy. The physical readmitted Resident nurses about his commedications.  The nurse manager of 1/17/2014 at 2:33 pm her Resident #3 was 1/7/2014 and she as not aware that he has Lactulose. The nurse she didn't check the nurses to let her known is and talked to the nurthis resident could not Lactulose due to his nurse manager also night nurse (11pm to Lactulose for 12 middle on 1/17/2014 at 3:42 gave the 5 pm dose late since Resident # said she doesn't km MAR except it was a she gave the 6 pm dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose of the form dose	was for Resident #3's return e replied that she expected ening dose of Lactulose and of to call the physician. On was to call the physician to s and then fax them to the dician added that when she didion and need for his  estated in an interview on that when the nurse told lethargic on 1/3 and on sessed the resident she was d missed any doses of his manager further stated that MAR as she expected her w of missed medications. The hospital physician called ses, he educated them that of miss even a single dose of advanced liver disease. The said she did not know if the 7am) had given the night and 6 am on 1/7/2014.  It pm Nurse #4 said that she of Lactulose on 1/3/2014, is had just arrived. The nurse ow why she didn't initial the busy night. Nurse #4 said ose of Lactulose on int #3 arrived over an hour of Rifaximin was due so it		333			
	to 7am nurse and sh	e was unavailable for an					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
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F 333 F 425 SS=D	(DON) stated she had missing administration at midnight and 1/7/2 confirmed that circled indicated a medication that the reason should back of the MAR 483.60(a),(b) PHARM ACCURATE PROCE  The facility must providings and biologicals them under an agree §483.75(h) of this particle shear under an agree law permits, but only supervision of a licental A facility must provid (including procedures acquiring, receiving, administering of all dithe needs of each resulting and the shear a licensed pharmacis.	pm the Director of Nurses of no explanation for the nof Lactulose on 1/6/2014 014 at 6 am. The DON 1 initials on the MAR on was not given. She added d be documented on the MACEUTICAL SVC - DURES, RPH of the routine and emergency to its residents, or obtain ment described in the facility may permit it to administer drugs if State under the general sed nurse.  The pharmaceutical services is that assure the accurate dispensing, and rugs and biologicals) to meet sident.  They or obtain the services of it who provides consultation provision of pharmacy	F 4		g as ordered d. led for e ce; g, Unit nent s to cribed	
	by:	l' is not met as evidenced				

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E I A III DITTA I T	H POST - ACUTE CARE	AE BUBLAN	3	100 ERWIN ROAD		
ONINEALI	n POSI * ACUIE CARE	OF BORHAM	1	DURHAM, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE OEFICIENCY)	3S-	(X5) COMPLETION DATE
F 425	and staff interviews, to ordered insulin from the residents observed of (Resident #3). Finding Resident #3 was addressed in 12/23/2013 with re-addressed liver Hepatitis C complication anemia, diabetes mestage III chronic kidner Physician orders reviadmission 12/23/201 Humulin N insulin 12 before breakfast and Review of Medication (MARS) from admission 17/2014 indicated the was given as ordered Review of physician dated 1/14/2014 for fivith SSI (sliding scall (every) ac (before metramsmission verification was faxed to the 1:22 pm.  Resident #3 was observed the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received. An accuracy in the was alert and he received in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the scheduling in the sch	the facility failed to obtain an the pharmacy for 1 of 5 uring a medication passings included:  mitted to the facility on dimissions on 1/2/2014, 014. Diagnoses included cirrhosis secondary to ted by portal hypertension, littus type 2 on insulin, and by disease.  ewed found that on 3 Resident # 3 was receiving units SQ (subcutaneous) 8 units SQ before dinner.  Administration Records Ion on 12/23/2014 through that the Humulin N insulin	F 425	<ul> <li>Measures put into place or systemic changes made to ensure that the depractice will not occur;</li> <li>On 1/17/14 the Clinical Comp Coordinator/ Nursing Manage began educating the Licensed on medication ordering with con insulin. Licensed Nurses we ducated prior to their next so shift.</li> <li>The Unit Managers, Nursing and/or Director of Health Serwill complete a medication or related to insulin's to validate medications are available for will be completed weekly for weeks then monthly thereafte</li> <li>The Director of Health Servic trending the weekly medication and present to the Qual Assurance Committee month.</li> <li>Facility plans to monitor its performake sure that solutions are sustain facility must develop a plan for ensthat correction is achieved and sust.</li> <li>The Director of Nursing will the findings of the Medication audit monthly to the Quality Assurance and Performance Improvement Committee for and revision as needed.</li> </ul>	petency ement I Staff emphasis vill be cheduled Manager rvices art audit use, this four r, ees will on cart lity ly. mance to ned. The suring tained. present n Cart	

	of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		COMPLETED		
		345061	B. WNG		01/17/2014		
	ROVIDER OR SUPPLIER H POST - ACUTE CARE	OF DURHAM	310	REET ADDRESS, CITY, STATE, ZIP CODE 10 ERWIN ROAD RHAM, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	CH (X5) S- COMPLETION DATE		
F 425	was present in the m Novolog Insulin for hi Nurse #4 went to eac (emergency insulin ki Insulin. She then place service. At this time t was speaking by pho pharmacist. She told of 307 requiring 6 un be considered an em a narcotic it would be resident's insulin. N drawing up Novolog 's vial and giving it S Novolin insulin was d syringe and also give  On 1/15/2014 at 4:30 reconciliation from the the MAR documente accuckeck on 1/15/2 not require any insuli lunch that yielded a a insulin and was initia  The DON was asked they used for the ins She responded that back up pharmacy a that night. The day in resident's insulin.  On 1/16/2014 at 3:50 Interview that when i E-kit (emergency kit) and fax it to the phar some nurses waited before faxing to the j	adication cart. There was no m in the medication cart. the of the 3 floors 'E-kits ts) finding no Novolog sed a call to the physician 's he Director of Nurses (DON) ne to the consultant Nurse #4 that a blood sugar lts of Novolog insulin could ergency and since it was not acceptable to use another urse # 4 was observed insulin from another resident Q to Resident #3. The trawn up into a separate en SQ to him.  In pm the medication e above observation found d that Resident #3 had an 1014 before breakfast and did in and an accucheck before need for 2 units of Novolog	F 425				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		2/2004				C	
		345061	B. WING			01/17/2014	
NAME OF PA	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE		
UNIHEALTH POST - ACUTE CARE OF DURHAM				3100 ERWIN ROAD			
OMUGALI	II I OOT - MOOTE OAKE	o, bottom		ום	JRHAM, NC 27705		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		10	1	PROVIDER'S PLAN OF CORRECTION (EACH		(X6)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREF		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	S-	COMPLETION DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	' [	REFERENCED TO THE APPROPRIATE DEFICIENCY)		
					***		
E 405	Continued From nor	26		400			
F 425			Г	425			
		and the yellow copy went with		l			
		was more than 1 of each E-kit she responded no only		l			
		est recent date on the plnk		- 1			
		s during 10/2013, Asked who					
		refilling the E-kits, she replied		- 1			
		lurse #4 was asked what		1			
		or getting newly ordered					
		eplied the order was verified					
	by the physician or n	urse practitioner (NP) and	- [	Ī			
	then faxed to the pha	armacy. Pharmacy made one		Ţ		;	
	delivery a day at nigi	ht. If medications were		1		!	
		elivery time, they called the	1	ļ		!	
		She added that even then it		Ì			
		re the medication arrived.	1	l			
		they had problems with the					
·		ey never received the fax			•		
		ly received a verification of		Í			
		stated that she has faxed d the pharmacy and been	}				
1		were being sent and the		- 1			
		e them. When asked what	1		•		
		ppened, she indicated that					
•		e manager and the DON.					•
ŀ		a transmission verification		1			
		esident #3 's Novolog SSI		- 1			
		he pharmacy on 1/14/2014 at		l			
١.	1:22 pm.	•					
				Ì			
		/2014 the facility pharmacy		-			
		macist stated that when they			,		
		ler, it was processed and sent					
1		ery. Deliveries occurred once					
		and 8 pm. if a fax was	1				
		it was processed the next day	ļ				
		next day 's delivery. If a dication before the scheduled					
		to call the 24 hour back up		į			
l '		re rotated weekly by courier.		1			
1	Pilaimay, L MO 110	יים וישועם וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים וויים ו	1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATIONALIMITED.		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345061	B. WING		١	C 01/17/2014	
NAME OF PROVIDER OR SUPPLIER  UNIHEALTH POST - ACUTE CARE OF DURHAM			1	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 ERWIN ROAD DURHAM, NC 27705			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROS		(X5) COMPLETION DATE	
F 425	The courier would tal supposed to bring the Sometimes the courie old one back and the they had to wait until When insulin was rensilip was filled out and billing purposes. The pharmacy fax records fax for Resident #3 's on 1/15/2014 at 10:50 the night of 1/15/2014 Indicating that it was at 1:10 pm on 1/17/2 pharmacies for the fair they had any reque Novolog insulin for Repharmacy ran a usag for the last month and for Novolog for any resecond pharmacy had Resident #3 during 1 the last request for at #3 was 12/23/2013.  In an interview on 1/1 manager said when a written, the nurse whisheet or took the tele it to the pharmacy an medication was received in the pharmacy said they had been a faxing orders to the paying they never received orders and call the pharmacy said they had a said they had a said they had a said they had a said they had a said they had been a faxing orders to the paying they never received orders and call the pharmacy said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said they had a said the	te the new one out and was a empty one back. For took longer to bring the y would run out of kits, so the empty kit came back in noved from a kit, a billing I put in the kit or faxed for pharmacist checked the sand said they received the sanew sliding scale Novolog 5 am. It would have gone out 4. They had the signed slip delivered on 1/15/2014.  O14 the two main back up cility were called and asked sts in the last month for	F	425			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
			A. Bolcomo			С	
345081		B. WING	B. WING			01/17/2014	
NAME OF PROVIDER OR SUPPLIER  UNIHEALTH POST - ACUTE CARE OF DURHAM				3-	TREET ADDRESS, CITY, STATE, ZIP CODE 100 ERWIN ROAD URHAM, NC 27706		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 425	interview that when o medications, they we the nurse taking off it were not received, the pharmacy should be added that sometime said they didn't have them to call their phathours. She had spoke consultant about issue the consultant pharm problems. Nurses have medications were not pharmacy. She further have to have a meetimanager and the admedications.	rders were received for re faxed to the pharmacy by ne order. If the medications eir 24 hour back up called. However, the DON is the back up pharmacy eithe medication or would tell rmacy if during business en with the pharmacy es getting medications and acist assisted with the	F	425			