MAR 1 9 2014

PRINTED: 03/07/2014 FORM APPROVED OMB NO. 0938-0391

(EACH DESCRIBING MUST BE ERECEDED BY FULL PRESENT (EACH CORRECTIVE ACTION SHOULD BE COMPLI		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SUR COMPLETE	
ASHTON PLACE HEALTH AND REHAB (X4) ID PREFIX TAG F 328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostorny, or ileostomy care; Tracheast suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record reviews the facility failed to ensure 1 of 3 residents (resident #14) received proper care and treatment concerning - 1) physician ordered oxygen; 2) follow physician's orders for checking ear padding on the resident's oxygen masal cannula tubing every shift; 3) clarifying conflicting physician's orders for the earden't services. BASHON PLACE HEALTH AND REHAB SIRRET ADDRESS, CITY, STATE, ZIP CODE \$533 BURLINGTOR ROAD MC LEANSVILLE, NC 27301 PREMOX TREASHOLD AND CATON SHOULD BE EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPONDENCY PREFIX TAG PROVIDERS FLAN OF C27301 PREMOX TAG PROVIDERS FLAN OF C27301 PREMOX TAG PROVIDERS FLAN OF C27301 PREMOX TAG PROVIDERS FLAN OF C27301 PREPIX TAG PROVIDERS FLAN OF CATON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DECACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE PROVIDE CR			345548		_		1	014
F 328 SS=D NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheal suctioning; Respiratory care; Prot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record reviews the facility failed to ensure 1 of 3 residents (resident #14) received proper care and treatment concerning - 1) physician ordered oxygen; 2) follow physician's orders for checking ear padding on the resident's oxygen nasal cannula tubing every shift; 3) clarifying conflicting physician's orders for coxygen the resident was to receive.	ASHTON	PLACE HEALTH AND RE	НАВ		56	533 BURLINGTON ROAD IC LEANSVILLE, NC 27301		(X5)
SS=D NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheostomy care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, and record reviews the facility failed to ensure 1 of 3 residents (resident #14) received proper care and treatment concerning - 1) physician ordered oxygen; 2) follow physician's orders for checking ear padding on the resident's oxygen nasal cannula tubing every shift; 3) clarifying conflicting physician's orders for the amount of oxygen the resident was to receive. Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiences. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law. F 328: Specific action taken to correct the deficiency: An immediate clarification order was obtained on 2/26/14 for two liters of oxygen per minute for resident #14. The resident's ear pieces were padded. In-servicing was initiated on 2/26/14 which reviewed the expectation for accurate documentation and task completion with the charge nurses.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE CC	MPLETION DATE
Resident #14 was re-admitted to the facility on 04/07/2012. The resident's diagnoses included - End Stage Chronic Obstructive Pulmonary Disease (COPD) and Chronic Respiratory failure. The resident's medications included conflicting physician's orders for continuous oxygen therapy (Oxygen at 2Liters/minute via nasal cannula continuous every shift and Oxygen continuous via nasal cannula at 3 Liters/minute secondary to COPD). Other physician's orders included - Pad oxygen tubing behind ears and check oxygen	SS=D	The facility must ensure proper treatment and special services: Injections; Parenteral and enters Colostomy, ureterost. Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT by: Based on observation interviews, and recordensure 1 of 3 resident proper care and treat physician ordered ox orders for checking example oxygen nasal cannula clarifying conflicting amount of oxygen the Findings include: Resident #14 was recorded to the conformation of the resident's medicing physician's orders for (Oxygen at 2Liters/montinuous every shin nasal cannula at 3 Literopp). Other physicoxygen tubing behind special services.	al fluids; omy, or ileostomy care; I is not met as evidenced ons, resident and staff d reviews the facility failed to outs (resident #14) received tment concerning - 1) ygen; 2) follow physician's out padding on the resident's a tubing every shift; 3) ohysician's orders for the e resident was to receive. -admitted to the facility on oldent's diagnoses included - obstructive Pulmonary of Chronic Respiratory failure. actions included conflicting or continuous oxygen therapy sinute via nasal cannula fit and Oxygen continuous via olders/minute secondary to olders orders included - Pad old ears and check oxygen		328	Correction does not constitute admit agreement by the provider of the trafacts alleged or conclusions set fort statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provisi Federal and State law. F 328: Specific action taken to correct the deficiency: An immediate clarification order was on 2/26/14 for two liters of oxygen for resident #14. The resident's ear pieces were padd In-servicing was initiated on 2/26/1 reviewed the expectation for accurate documentation and task completion	ission or ath of the h in the of the of the of the of the of the solely on of the as obtained per minute led.	10/14

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

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

Event ID: XTHT11

Facility ID: 061196

If continuation sheet Page 1 of 19

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE: COMPL	
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F 328	electronic) indicated in Minimum Data Set (N 11/18/2013 indicated intact. The Basic Interest (BIMS) was scored a indicated the resident COPD and was received which included oxyge participated in the MI review of the record is assessment dated 02 the resident to be cog BIMS score of 15 out the resident had an and was receiving spincluded oxygen the participated in the MI The resident's Care I most current update resident was at risk for COPD with the new therapy. The facility's would have no signs or respiratory distress 05/18/2014. The facility's would have no signs or respiratory distress 05/18/2014. The facility's would have no signs or respiratory distress 05/18/2014. The facility's would have no signs or respiratory distress 05/18/2014. The facility's would have no signs or respiratory distress the same area problem of the resident had a his was at risk for skin becare area problem of interventions were the	hift. #14's records (hard copy and the resident's quarterly MDS) assessment dated the resident to be cognitively erview for Mental Status to 14 out of 15. The MDS thad an active diagnosis of wing special treatments en therapy. The resident DS assessment. Further indicated a more recent MDS 206/2013 which indicated gnitively intact and having a set of 15. The MDS indicated active diagnosis of COPD recial treatments which apy. The resident DS assessment. Plan dated 04/07/2012 with on 02/13/2014 indicated the for respiratory distress related and for continuous oxygen is goals included the resident or symptoms of pneumonia is through the next update on illity's care plan interventions blem indicated they were ter the physician ordered anula and administer other and medications for The care plan also indicated story of skin breakdown and reakdown and initiated the	F	328	Measures to be put into place or sychanges made to ensure that the discrepancies will not occur: A 100% audit was completed on 2/2 residents in the facility receiving oxy. There were no further discrepancies. The in-service regarding the expecta accurate documentation and task correlated to checking oxygen setting pepadding as indicated, and proper documentation on the MAR and TAI completed for all charges nurses on with the exception of one charge nur PRN and whose phone is out of ordenot be able to work until the in-servic completed. Documentation omission documentation accuracy were stressed. The charge nurse responsible for the changeover first checks was in-servic 3/10/14 to ensure that all orders note new MAR pre-printed physician ordethat require recopying to a scheduled on the MAR are reviewed, validated accuracy and documented with her in	eficient 6/14 for //gen. noted. tion for npletion er shift, R were 3/10/14 se who i r; she wi ce is ns and ed. MAR ced on d on the er section l line iten for	3

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F 328	information that the fasupposed to check the was there every shift. During further review record it was revealed Physician's Order Shift O2/01-28/2014 which on 02/04/2014, had a flow rate orders. On POS revealed an ordinary per minute via nasal shift. On page 3 a had ocumented - O2 cording and of the commented of the commented of the continuary posterior was an accommented of the conflicting oxygen used. On 02/24/2014 at 2:3 and interview with received the commented of the commented	ntervention did not include acility's nursing staff were at the padding on the tubing as ordered by the physician. of resident #14's medical did the resident's monthly eet (POS) dated was signed by the physician a set of conflicting oxygen page 2 of the February 2014 er for - Oxygen @ 2 Liters cannula continuous every and written order in blue inkintinuous via nasal cannula OPD. In the hour column blue ink, was written 7-3, the shifts on which the verte oxygen at 3 ous 24/7). On page 2 of the Iditional order to - Pad I ears and to check for the There were no or written physician's orders apy) to indicate which of the n flow rate orders was to be 10 p.m., an observation of sident #14 was made. I served awake and lying on 4 indicated after lunch he om to take a nap but was a resident was observed an anasal cannula, provided concentrator. The floor was set at 1.5 Liters/minute.	F	328	Foam ear pads ordered as a stock surand are kept on the same shelf as oth respiratory supply items for use as ordered/needed. 100% of the residents on oxygen had plans reviewed and all were approprimately 100% of the residents receiving oxygen CNA, assignment sheets reviewed an correct 02 liters were noted on all the receiving oxygen for reference. On 2/26/14, Resident #14 was initiat frequent check monitor which has be maintained. MARs of those residents on oxygen checks reviewed. We will monitor our performance sure that solutions are sustained. A weekly audit of 100% of residents oxygen, to include proper documentable conducted for one month. Then, a monthly audit will be conducted for one months. Findings will be discussed in the QAA/monthly performance improve project meetings.	I their caliate. gen had had the ose ed on a sen had q shi to make receiving tion, will teted for	n 3/10/14
		rved around the backs of the re was no padding on the			provided as indicated.		

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F 328	the tubing. The oxyg resident's wheelchair nasal cannula attache padding observed on The resident was ask the oxygen concentrators. The resident in assistants turn on and concentrators when the bed to his wheelchair asked who sets the firesident indicated the and off the concentrator was concentrator was concentrator was concentrator attached to a concentrator attached wheelchair. The resident was all cannula and reall of the time. The oconcentrator on the real of the time. The oconcentrator on the real of the time. The oconcentrator on the real was asked if he could oxygen concentrator chair. The resident in the flow as he could knob (control). The reaching for the concapproximately 6-8 incompany the con	ident's ears or elsewhere on en concentrator on the was observed to have a ed to it. There was no the nasal cannula tubing, and if he ever turned on or off ators or adjusted the flow indicated the nursing doff the oxygen hey transfer him from his rand back. When again ow rate of the oxygen the enursing assistants turn on ators and set the flow rates. a.m., an interview and ducted with resident #14. The ed to have on a nasal a portable oxygen do to the back of his dent indicated he wears the ceives concentrated oxygen observation revealed the esident's wheelchair was set he resident indicated the ubing every couple of weeks cannula even when in bed Further observation revealed have any ear padding on the attached to the back of his indicated he could not adjust not reach the concentrator's resident demonstrated	F	3328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

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F 328	was observed to be a control area was left hand grip. The reside not use his hands (gr special silverware wit could eat. On 02/25/2014 at 4:2 resident #14 was many wheelchair. The observed to have no behind his ears to prochafing on the backs. On 02/26/2014 at 8:2 observed in his room breakfast. The reside cannula attached to a The floor concentrate Liters/minute. There on the tubing behind resident was observed breakfast and was us (large rubber handled When asked if he everate) of the floor oxygindicated - "No, the githat." On 02/26/2014 at 10: resident #14 was conobserved in his wheelchair. The resident and an and concentrator attached wheelchair. The con	attached in a way that the of and below the right side ent also indicated he could ip) very well as he needed the rubber handles so he is possible provided in the resident's wheelchair inute. Resident #14 was padding on the tubing of his ears. If a.m., resident #14 was sitting up in bed eating his ent was wearing a nasal a floor oxygen concentrator. For was set at 1.5 was no padding observed the resident's ears. The end to still be eating his sing special adaptive built up di) silverware to eat with. For changed the setting (flow gen concentrator the resident ints that put me in bed do all in the hall adjacent to ent was observed to have a di receiving oxygen from the di to the back of his	F	328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan of Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

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F 328	on the cannula tubing On 02/26/2014 at 1:5 resident #14 was con observed lying awake oxygen via a nasal ca oxygen concentrator. was observed to be a nasal cannula tubing ears of the resident. on the tubing around ears. A review of resident and Administration Recor revealed the facility's #14 had not checked treatment order to pa tubing every shift for month as of 02/26/20 the facility's nursing a and ensuring resident was padded on 5 - 1s resident was observe any padding on the n the resident's ears. A review of resident and Medication Administr indicated the resident ink on page 3 for oxy Liters/minute. The nu with the number 2 (al number 3 still visible, assigned to resident 2014 MAR on the 1s 02/24/2014 and 02/2 02/26/2014 indicating	pehind the resident's ears. 2 p.m., an observation of ducted. The resident was on his bed receiving annula attached to a floor. The oxygen concentrator et at 1.5 Liters/minute. The was observed around the No padding was observed or behind the resident's. 414's Treatment d (TAR) for February 2014 nurses assigned to resident //signed off the resident 14's d the resident's oxygen 16 of 75 shifts during the 14. The TAR also indicated staff signed off as checking to 14's nasal cannula tubing st and 2nd shifts when the id (see above) to not have asal cannula tubing behind. 414's February 2014 ation Record (MAR) thad a hand written order in gen to be given at a rate of 3 umber 3 was over scored so in ink) but leaving the The facility's nursing staff #14 signed off the February	F	328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan of Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

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F 328	above indicated their the correct oxygen raconflicting physician's February 2014 POS. also indicated resider was not checked/sign (3rd shifts) ensuring a proper physician order observation was convillage charge nurse for resident #14 (1st to observe resident #1 concentrator and his During the observation floor oxygen concent Liters/minute. The nindicated there was reannula tubing arour (attached to the floor no padding on the nato the oxygen concent wheelchair. Nurse #1 rate settings the oxygwheelchair) were sugresident #14. Nurse sure and she would it chart. A review of the MAR, and TAR for rewith Nurse #1. Nurse conflicting oxygen floor oxygen resident which for rewith surse #1. Nurse conflicting oxygen floor oxygen concentration oxygen resident which for oxygen concentrations as she if floor oxygen concentrations are she if floor oxygen concentrations as she if floor oxygen concentrations are she if floor oxygen concentrations as she if floor oxygen concentrations are she if floor ox	ts. The observations noted esident was not receiving the for either of the two is orders on the resident's. The February 2014 MAR int #14's oxygen flow rate ned off for 12 of 75 shifts the resident received the ered oxygen. 10 p.m., an interview and ducted with the Evergreens (Nurse #1) assigned to care shift). Nurse #1 was asked that's in room floor oxygen wheelchair concentrator. On Nurse #1 indicated the rator was set at 1.5 urse also observed and no padding on the nasal	F	328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the truffacts alleged or conclusions set forth statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or th of the in the of ed solely	3/10/14

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F 328	was no other verbal of indicate which oxyger were supposed to be of resident #14's reco #1 which included the indicated the resident wearing a padded ox TAR was signed off in cannula padding had both Monday 02/24/2 02/25/2014. The nursigned off the TAR for even though the shift resident had worn the tubing for over 7 of the indicated she knew the order was a treatment supposed to have the behind the resident's checked the resident noted above with the administering oral met though the shift had I #1 wanted to conduct #14 for the padding of second observation with the with the Nurse #14 with the Nurse #14 resident if he had any cannula pads to padding concentrator cannula cannula) for a while (again checked both the resident's wheelchair concentrator tubing the while lying in bed. The nasal cannula's tubing the supposed to have the padding concentrator tubing the while lying in bed. The nasal cannula's tubing the supposed to have the padding to the concentrator tubing the while lying in bed. The nasal cannula's tubing the padding to the padd	order or other written order to a flow rate order the staff using. A continued review ords was made by the Nurse or resident's TAR which the was supposed to be a supposed to the supposed to suppose a supposed to suppose a supposed to suppose a supposed to suppose a sup	F	328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provisio Federal and State law.	sion or th of the in the of ed solely	3/10/14

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F 328	There were no pads of drawers. The nurse is supposed to be wear cannula behind his explain why the TAR 02/24/2014 and 02/24 resident indicated he either of his nasal carshe had not checked rate or nasal cannula A second review of Reconducted with Nurse had signed off the Ferindicating resident #1 liters per minute. Nurse # checked resident #14 was recoper minute. Nurse # checked resident #14 oxygen concentrator not checked resident padding on either na shift thus far.	t stand drawers for the pads. found in the basket or indicated the resident was ing padding on each nasal ars. The nurse could not was signed off for 5/2014 even though the had not had any padding on nnulas on those days or why the resident's oxygen flow padding today (02/26/2014). Resident #14's MAR was e #1. Nurse #1 indicated she ebruary 26th's 1st shift order f4 was receiving oxygen at 2 arse #1 was asked why she as her observation revealed reiving oxygen at 1.5 liters 1 indicated she had not f4's oxygen flow rate for either f(floor/wheelchair) and had t #14 to ensure he had sal cannula tubing during her o.m., an interview was acility's Director of Nursing dicated it was her conflicting physician's orders	F	328	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or th of the in the of ed solely	3/10/14
F 514 SS≅D	also her expectation physician's orders ar orders were carried were signed off appr was not done. 483.75(I)(1) RES	The DON also indicated it was that all staff were to follow and ensure the physician's out and the MAR and TAR copriately as to what was or ETE/ACCURATE/ACCESSIB	F	514			

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F 514	Continued From page	e 9 ntain clinical records on each	F 5	14			
	resident in accordance standards and practice accurately documents systematically organize. The clinical record muinformation to identify resident's assessment services provided; the	ce with accepted professional ces that are complete; ed; readily accessible; and zed. ust contain sufficient the resident; a record of the ats; the plan of care and		Preparation/and or execution Correction does not constitute agreement by the provider of facts alleged or conclusions s statement of deficiencies. Th Correction is prepared and/or because it is required by the p Federal and State law.	e admiss the truth et forth i e Plan of executed	ion or of the in the f d solely	
	by: Based on observation interviews, and record ensure they kept accular residents (resident adocumenting physicial padding checks every documenting the resident amount of physicial padding checks every documenting the resident amount of physicial padding checks every documenting the resident amount ordered to receive. First Resident #14 was re	g conflicting physician's t of oxygen the resident was indings include: admitted to the facility on dent's diagnoses included - bstructive Pulmonary					3/10/14
	The resident's medical physician's orders for (a. Oxygen at 2Liters/continuous every shift	Chronic Respiratory failure. ations included conflicting continuous oxygen therapy /minute via nasal cannula t; b. Oxygen continuous via ers/minute secondary to					

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ASHTON	PLACE HEALTH AND RE	HAR			533 BURLINGTON ROAD		
ASHION	PLACE HEALTH AND RE	- TAB		M	IC LEANSVILLE, NC 27301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514	COPD). Other physicoxygen tubing behind tube padding every s A review of resident of electronic indicated of Minimum Data Set (National Minimum Data Set (N	cian's orders included - Pad I ears and check oxygen	F	514	Preparation/and or execution of this F Correction does not constitute admiss agreement by the provider of the truth facts alleged or conclusions set forth statement of deficiencies. The Plan o Correction is prepared and/or execute because it is required by the provision Federal and State law. Specific action taken to correct the deficiency: A clarification order was obtained on for two liters of oxygen per minute for	ion or n of the in the f d solely n of	
	the resident had an a and was receiving spincluded oxygen themparticipated in the Mill. The resident's Care Fill most current update resident was at risk for COPD with the new therapy. The facility's would have no signs or respiratory distress 05/18/2014. The facility for this care area prosupposed to administration oxygen via nasal can breathing treatments treatment of COPD, the resident had a his was at risk for skin breathing treatment.	Plan dated 04/07/2012 with on 02/13/2014 indicated the or respiratory distress related ed for continuous oxygen is goals included the resident or symptoms of pneumonia is through the next update on ility's care plan interventions blem indicated they were ter the physician ordered inula and administer other			#14 and documentation corrected on the resident's ear pieces were padded. In-servicing was initiated on 2/26/14 vertices the expectation for accurate documentation and task completion with the completion w	he MAR vhich	3/10/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL	
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ASHTON	PLACE HEALTH AND RE	HAB		M	C LEANSVILLE, NC 27301		
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F 514	oxygen tubing that go ears. The care plan is the facility is nursing ensure the padding of shift as ordered by the During further review record it was reveale Physician's Order Shift 2014/2014, had a flow rate orders. On POS revealed an order minute via nasal shift. On page 3 a had documented (no star received) - O2 continus econdary to COPD. order, also in blue infindicating the shifts or receive the oxygen a 24/7). On page 2 of additional order to - It ears and to check for There were no corresphysician's orders (eindicate which of the rate orders was to be on 02/24/2014 at 2:3 and interview with re Resident #14 was othis bed. Resident #10 ften comes to his round sleepy today. The receiving oxygen, via from a floor oxygen oxygen concentrator	pes behind the resident's intervention did not indicate staff were supposed to in the tubing was there every exphysician. of resident #14's medical did the resident's monthly eet (POS) dated was signed by the physician a set of conflicting oxygen page 2 of the February 2014 for for - Oxygen @ 2 Liters cannula continuous every and written order in blue inked to the total total to the hour column for this known with the resident was to the hour column for this known with the resident was to the POS there was an ead oxygen tubing behind or the padding every shift, sponding verbal or written lectronic or hard copy) to two conflicting oxygen flow	F	514	Measures to be put into place or sychanges made to ensure that the dipractice will not occur: A 100% audit was completed on 2/2 residents in the facility receiving oxy. There were no further discrepancies. Documentation omissions and docur accuracy was stressed with those nur assigned to resident #14. The in-service regarding the expecta accurate documentation and task con related to checking oxygen setting popadding as indicated, and proper documentation on the MAR and TAI completed for all charge nurses on 36 with the exception of one charge nur PRN and whose phone is out of orde not be able to work until the in-servic completed. Documentation omission documentation accuracy was stressed. The charge nurse responsible for the changeover first checks was in-servic 3/10/14 to ensure that all orders note new MAR pre-printed physician order that require recopying to a scheduled on the MAR are reviewed, validated accuracy and documented with her in	eficient 6/14 for a //gen. mentation rses tion for npletion er shift, R were /10/14 se who is r; she wi ce is ns and d. MAR ced on d on the er section d line iter for	

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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NAME OF PROVIDER OR SUPPLIER			S	FREET ADDRESS, CITY, STATE, ZIP CODE			
		5533 BURLINGTON ROAD					
ASHTON PLACE HEALTH AND RE	НАВ		M	C LEANSVILLE, NC 27301			
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tubing behind the resi the tubing. The oxyge	e was no padding on the dent's ears or elsewhere on en concentrator on the	F	514	We will monitor our performance sure that solutions are sustained.\\\			
the tubing. The oxygeresident's wheelchair nasal cannula tubing a padding observed on The resident was asked the oxygen concentrat rates. The resident in assistants turn on and concentrators when the bed to his wheelchair asked who sets the firesident indicated the and off the concentration was concentrated was observation was concentrator attached to a concentrator attached wheelchair. The resident indicated to a concentrator on the real of the time. The of concentrator on the real of the time. The other was a nasal resting or sleeping. Fithe resident did not he tubing behind the resident in the flow as he could a knob (control). The reaching for the concentrator on the reaching for the concentrator.	en concentrator on the was observed to have a attached to it. There was no the nasal cannula tubing, ed if he ever turned on or off tors or adjusted the flow adicated the nursing of off the oxygen ney transfer him from his and back. When again ow rate of the oxygen the nursing assistants turn on tors and set the flow rates. a.m., an interview and flucted with resident #14, ted in his wheelchair. The did to have on a nasal a portable oxygen of to the back of his dent indicated he wears the ceives concentrated oxygen beservation revealed the esident's wheelchair was set he resident indicated the desident's wheelchair was set he resident indicated the desident's wheelchair was set he resident indicated the did ave any ear padding on the ident's ears. The resident if adjust the flow rate of the attached to the back of his indicated he could not adjust not reach the concentrator's esident demonstrated			A weekly audit of 100% of residents oxygen, to include proper documenta be conducted for one month. Then, a audit will be conducted for four month addition, an audit of 10% MAR and records will be conducted weekly for month and then monthly for four month and then monthly for four month on-going basis. Findings will be discussed in the QAA/monthly performance improves project meetings. Follow-up counseling and training we provided as indicated.	receiving tion, with a monthly ths. and TAR one on an	Ĭ	

	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COM		1	E SURVEY PLETED C			
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F 514	controls while leaning was observed to be a control area was left hand grip. The reside not use his hands (gr special silverware wit could eat. On 02/25/2014 at 4:2 resident #14 was may wheelchair. The observed to have no behind his ears to prochafing on the backs. On 02/26/2014 at 8:2 observed in his room breakfast. The reside cannula attached to a The floor concentrate Liters/minute. There on the tubing behind resident was observed breakfast and was us (large rubber handled When asked if he everate) of the floor oxygindicated - "No, the githat." On 02/26/2014 at 10 resident #14 was conhis wheelchair in the The resident was observational on and was portable oxygen cone	to his right (concentrator attached in a way that the of and below the right side ent also indicated he could ip) very well as he needed he rubber handles so he 5 p.m., an observation of de while seated in his ervation revealed the oxygen of to the resident's wheelchair inute. Resident #14 was padding on the tubing otect the oxygen tubing from of his ears. 10 a.m., resident #14 was sitting up in bed eating his ent was wearing a nasal a floor oxygen concentrator.	F	514	Preparation/and or execution of this is Correction does not constitute admiss agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan of Correction is prepared and/or execute because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	COM		(X3) DATE S	E SURVEY MPLETED	
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F 514	resident's ears. On 02/26/2014 at 1:5 resident #14 was concobserved lying awake oxygen via a nasal canygen concentrator. was observed to be a nasal cannula tubing ears of the resident. on the tubing around ears. A review of resident and Administration Recorrevealed the facility's #14 had not checked treatment order to patubing every shift for month as of 02/26/20 the facility's nursing and ensuring resident was padded on 5 - 13 resident was observed any padding on the resident's ears. A review of resident and Medication Administration indicated the resident indicat	ere was no padding hula tubing behind the 2 p.m., an observation of iducted. The resident was e on his bed receiving annula attached to a floor. The oxygen concentrator set at 1.5 Liters/minute. The was observed around the No padding was observed or behind the resident's 414's Treatment id (TAR) for February 2014 nurses assigned to resident /signed off the resident 14's id the resident's oxygen 16 of 75 shifts during the 114. The TAR also indicated staff signed off as checking it 14's nasal cannula tubing st and 2nd shifts when the id (see above) to not have leasal cannula tubing behind	L.	514	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan Correction is prepared and/or execut because it is required by the provision Federal and State law.	sion or th of the in the of ed solely	3/10/14

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	2) MULTIPLE CONSTRUCTION (X3) DATE: BUILDING COMPL		SURVEY LETED	
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F 514	and 2nd shifts on 02/26/20 the 1st shift on 02/26/20 checked and the residencerect amount of oxyobservations noted all was not receiving the either of the two confit the resident's Februar 2014 MAR also indication rate was not che shifts (3rd shifts) ensit the proper physician of the observation of the purpose of the physician	bruary 2014 MAR on the 1st 24/2014 and 02/25/2014 and 1/2014 indicating they had dent was receiving the regen on those shifts. The bove indicated the resident correct oxygen flow rate for licting physician's orders on ry 2014 POS. The February ated resident #14's oxygen oxed/signed off for 12 of 75 bring the resident received ordered oxygen. 10 p.m., an interview and ducted with the Evergreens (Nurse #1) assigned to care shift). Nurse #1 was asked 14's in room floor oxygen wheelchair concentrator. In Nurse #1 indicated the rator was set at 1.5 urse also observed and to padding on the nasal	E	514	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan of Correction is prepared and/or execute because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE	
F 514	be receiving as she hill floor oxygen concentration as no other verbal or indicate which oxygen were supposed to be of resident #14's recomply the indicated the resident wearing a padded oxy TAR was signed off in cannula padding had both Monday 02/24/2 02/25/2014. The nursigned off the TAR for even though the shift resident had worn the tubing for over 7 of the indicated she knew the order was a treatment supposed to have the behind the resident's checked the resident noted above with the administering oral methough the shift had left wanted to conduct #14 for the padding of second observation with the Nurse #1 resident if he had any cannula pads to pad to behind his ears. The not had any padding concentrator cannula cannula) for a while (sagain checked both the strength of the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula) for a while (sagain checked both the concentrator cannula cannula)	sident #14 was supposed to ad observed resident #14's rator set at 1.5 liters/minute. by Nurse #1indicated there order or other written order to in flow rate order the staff using. A continued review ords was made by the Nurse or resident's TAR which was supposed to be ygen nasal cannula. The indicating the resident's nasal been checked each shift for 014 and Tuesday is indicated she had not yet in the 1st shift on 02/26/2014 was almost over and the unpadded nasal cannula e 8 hour shift. The nurse is e oxygen cannula padding torder and the resident was a padding on the tubing ears but she had not (except the observation as	F	Preparation/and or execution Correction does not constitute agreement by the provider of facts alleged or conclusions se statement of deficiencies. Th Correction is prepared and/or because it is required by the p Federal and State law.	e admission the truth et forth in the Plan of executed	on or of the n the	3/10/14	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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		345548	B. WING,			02/	27/2014
	ROVIDER OR SUPPLIER PLACE HEALTH AND RE	НАВ		56	TREET ADDRESS, CITY, STATE, ZIP CODE 533 BURLINGTON ROAD IC LEANSVILLE, NC 27301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 514	while lying in bed. The nasal cannula's tubing in a woven basket on stand and in the night. There were no pads if drawers. The nurse is supposed to be weard cannula behind his ear explain why the TAR to 2/24/2014 and 02/25 resident indicated he either of his nasal car she had not checked rate or nasal cannula. A second review of R conducted with Nurse had signed off the Fe indicating resident #1 liters per minute. Nurse #1 liters per minute. Nurse #1 checked resident #14 oxygen concentrator not checked with the far (DON). The DON indexpectation that all coshould be clarified. The lass her expectation that all coshould be craried or physician's orders an orders were carried or standard padding or derived the physician's orders an orders were carried or derived the same transfer and orders were carried or standard padding on derived the physician's orders an orders were carried or derived the physician's orders an orders were carried or derived the padding on derived the physician's orders an orders were carried or derived the physician's orders an orders were carried or derived the padding on the physician's orders an orders were carried or derived the physician's orders and orders were carried the physician's orders and orders were carried or derived the physician's orders and orders were carried the physician's orders and orde	ne resident was wearing nere were no pads on either g. The nurse also checked the resident's bedside night t stand drawers for the pads. found in the basket or indicated the resident was ing padding on each nasal ars. The nurse could not was signed off for 5/2014 even though the had not had any padding on inulas on those days or why the resident's oxygen flow padding today (02/26/2014). esident #14's MAR was #1. Nurse #1 indicated she bruary 26th's 1st shift order 4 was receiving oxygen at 2 rse #1 was asked why she s her observation revealed eiving oxygen at 1.5 liters I indicated she had not l's oxygen flow rate for either (floor/wheelchair) and had #14 to ensure he had sal cannula tubing during her m., an interview was icility's Director of Nursing	F	514	Preparation/and or execution of this Correction does not constitute admis agreement by the provider of the trut facts alleged or conclusions set forth statement of deficiencies. The Plan of Correction is prepared and/or execute because it is required by the provision Federal and State law.	sion or h of the in the of ed solely	3/10/14

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