PRINTED: 05/14/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		345090	B. WING _			C 03/2014
	PROVIDER OR SUPPLIER	ROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	1 04/	00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 329 SS=G	Each resident's dru unnecessary drugs drug when used in duplicate therapy); without adequate mindications for its us adverse consequents should be reduced combinations of the Based on a compresident, the facility who have not used given these drugs utherapy is necessar as diagnosed and crecord; and resident drugs receive gradubehavioral intervents	g regimen must be free from An unnecessary drug is any excessive dose (including or for excessive duration; or ionitoring; or without adequate se; or in the presence of inces which indicate the dose or discontinued; or any	F 32	29		5/2/14
ADODATOS	by: Based on staff inte facility failed to iden rate as a significant medication regimer (Resident #3) review medications. The findings include	NT is not met as evidenced rviews and record review, the stify a resident 's low heart adverse consequence of the for 1 of 3 sampled residents wed for unnecessary	MATURE	Preparation and/or execution of to farection does not constitute admission or agreement by the properties that the truth of the facts alleged or conclusions set forth on the State Deficiencies. This Plan of Correct prepared and/or executed solely be required by the provisions of Heal Safety Code Section 1280 and 42	an rovider of ment of ion is pecause th and	(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/22/2014

Electronically Signed

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
		345090	B. WING			04/0	
NAMEOF	PROVIDER OR SUPPLIE		5		TREET ADDRESS, CITY, STATE, ZIP CODE	04/0)3/2014
INAIVIE OF I	-ROVIDER OR SUPPLIEI	N.			, , ,		
WESTCH	IESTER MANOR AT	PROVIDENCE PLACE			795 WESTCHESTER DRIVE IIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	Continued From p	page 1	F3	329			
	Resident #3 was	admitted to the facility on			405.1907		
		dent was re-admitted to the					
		ospital on 5/21/12. The resident gnoses included hypertension			F329		
		ure) and a history of Irritable					
		(a disorder which affects the			Corrective action will be accomp	lished	
		d commonly causes cramps,			for those residents found to have be		
		bloating gas, diarrhea and			affected by the deficient practice:		
	constipation).						
					Resident #3 was discharged to High		
		ent #3 's medical record			Regional Hospital on February 22, 2		
		following antihypertensive			Resident #3 was discharged from H		
		reinitiated upon readmission to			Point Regional Hospital to another s		
		1/12: 200 milligrams (mg) cation classified as a			nursing facility on February 26, 2014	4.	
		locking agents or beta-blocker)			2. Corrective action will be accomp	lished	
		et by mouth twice daily; 50 mg			for those residents having potential	to be	
		ation classified as a			affected by the same deficient pract	tice:	
		plocking agents) given as one					
		vice daily; and 5 mg amlodipine			An audit of resident medication regi	mens	
	`	ssified as a calcium channel			was conducted by the consultant		
	blocker) given as	two tablets by mouth once daily.			pharmacist beginning April 13, 2014		
	According to Levi	-Drug, a comprehensive drug			completed April 17, 2014. Consulta pharmacist began noting pulse read		
		Comp, bradycardia (slowness of			on every resident in the facility, whe		
		ually a rate less than 60 beats			on cardiac medications or not, and		
		be observed more frequently in			continue to monitor monthly going		
		65 years of age) receiving			forward, and notify the physician for	any	
		locking agents (or			pulses that are outside of the establ		
	beta-blockers); do	osage reductions may be			vitals sign parameters as developed	d by	
	necessary.				the Medical Director on April 23, 201		
					audit of the monthly consultant phar		
		sident 's Medication			report will be completed by the Direct		
		ecords (MARs) from June 2013			Nursing or Assistant Director of Nur	_	
		2013 revealed the resident			ensure the ongoing monitoring of pu		
		ive the antihypertensive en initiated on 5/21/12, which			readings by the consultant pharmac well as documentation by consultan		
		labetalol given as one tablet by			pharmacist notifying the physician o		
		; 50 mg atenolol given as one			readings outside of the established		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		345090	B. WING			C 03/2014
NAME OF	PROVIDER OR SUPPLIER	₹	1	STREET ADDRESS, CITY, STATE, ZIP		30/2014
WESTCH	HESTER MANOR AT	PROVIDENCE PLACE		1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 329	tablet by mouth tw given as two tables. A review of the re- revealed the residual same antihyperter initiated on 5/21/1 November 2013 M vital signs were of week. The vital signs were of the service of	vice daily; and 5 mg amlodipine ets by mouth once daily. Sident's November 2013 MAR lent continued to receive the nsive medication regimen 2. Further review of the MAR revealed the resident's obtained and documented once a signs included measurements of the normal blood pressure (BP) lise rate (a normal resting pulse for adults may range from 60 to nute). Resident #3's vital signs included: IP (lying) = 131/70; Pulse (radial its per minute (bpm) IP (lying) = 112/56; Pulse (radial its per minute) IP (lying) = 166/84; Pulse (radial its per minute) IP (lying) = 166/84; Pulse (radial its per minute) IP (lying) = 166/84; Pulse (radial its per minute) IP (lying) = 166/84; Pulse (radial its per minute) IP (lying) = 166/84; Pulse (radial its per medication indicating a concern arding the resident's low heart he physician/Nurse Practitioner of a low HR. Is ident's December 2013 MAR lent continued to receive the nsive medication regimen 2. Further review of the MAR revealed the resident's obtained and documented once a side 's vital signs for December IP (lying) = 150/84; Pulse (radial its per minute) IP (lying) = 150/84; Pulse (radial its per minute)		sign parameters. Any disconsultant pharmaciss audit the facility consultant monthly reviews to ensure of pulses. If pulses are out the facility protocol, the fa	acy manager. It manager will It pharmacistL s It documentation It of range per Cility consultant In her nursing It facility, which It manager will Insultant I leted a I or residents on I additional Is to review them I ion as well on I itant pharmacy I iew of all I or therapeutic I the duration of I 14. Any I ations were I 14. I to place or I o ensure that I not occur: I I S and I the Director of I to of Nursing I of Nursing I of Nursing I of parameters. I w and sign the I ameter policy	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED	
		345090	B. WING			04/0) 3/2014	
NAME OF I	PROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	J 04/0	73/2014	
TW WILL OF T	NOVIDEN ON OUT FEET							
WESTCH	IESTER MANOR AT F	PROVIDENCE PLACE			795 WESTCHESTER DRIVE			
				Н	IIGH POINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 329	Continued From pa	age 3	F 3	29				
	or wrist) = 61 bpm 12/18/13 BF	P (lying) = 140/73; Pulse (radial			the facility Medical Director.			
	or wrist) = 55 bpm	P (lying) = 134/60; Pulse (radial			Indicate how the facility will mor performance:	y will monitor its		
	There was no docu was identified rega	Imentation indicating a concern rding the resident 's low HR or NP was notified of a low HR.			Director of Nursing or Assistant Dir Nursing will review 10% of resident weekly for 12 weeks to ensure prop notification of physician for any res	s per		
	revealed the reside same antihyperten- initiated on 5/21/12 January 2014 MAF signs were obtaine	ident's January 2014 MAR ent continued to receive the sive medication regimen? Further review of the R revealed the resident's vital d and documented once a B's vital signs for January	notification of physician for any resider vital signs that are outside of establish parameters. Periodic audits will be conducted by the Director of Nursing of Assistant Director of Nursing on a quarterly basis. Results will be presented to the Quality		lished ng or			
	2014 included: 1/1/14 BP (lyi wrist) = 57 bpm 1/8/14 BP (lyi wrist) = 58 bpm 1/15/14 BF	ng) = 122/65; Pulse (radial or ng) = 150/76; Pulse (radial or P (lying) = 172/81; Pulse (radial			Assurance team for recommendati and follow up for 12 months.			
	or wrist) = 52 bpm 1/29/14 BF or wrist) = 58 bpm There was no docu was identified rega	P (lying) = 119/64; Pulse (radial P (lying) = 128/65; Pulse (radial umentation indicating a concern rding the resident 's low HR or NP was notified of a low HR.						
	revealed the reside same antihyperten- initiated on 5/21/12 February 2014 MA signs were obtaine	ident's February 2014 MAR ent continued to receive the sive medication regimen?. Further review of the R revealed the resident's vital d and documented once a B's vital signs for February						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		E SURVEY PLETED
		345090	B. WING				C 03/2014
	PROVIDER OR SUPPLIER	PROVIDENCE PLACE		179	REET ADDRESS, CITY, STATE, ZIP CODE 15 WESTCHESTER DRIVE 6H POINT, NC 27262	1 04/	00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 329	wrist) = 69 bpm 2/12/14 BF (radial or wrist) = 5 2/19/14 BF (radial or wrist) = 6 There was no documant was identified regather the physician/N A review of the Nur 2/22/14 at 3:45 PM family member carrequested Resident Room (ER) due to during recent week contacted the oncomment of the ER note dated 2/22/14 signs were taken and her out and included HR 48 bpm. The Noreported, "but who Medical Service) gwas) 38 but resided propelling herself in difficulties noted." A review of the hose Resident #3 was trarrived at the ER or resident 's chief comment in the ER or resident 's chief comment in the ER or resident 's chief comment in the ER or resident 's heart rature. The EMS, upon a side in the EMS	ting) = 145/72; Pulse (radial or P (sitting) = 130/62; Pulse 6 bpm P (sitting) = 138/60; Pulse	F3	29			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
		345090	B. WING		04	C / 03/2014
	PROVIDER OR SUPPLIER	PROVIDENCE PLACE		STREET ADDRESS, CITY, STA 1795 WESTCHESTER DRIV HIGH POINT, NC 27262	ATE, ZIP CODE VE	103/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE
F 329	and diaphoretic (per Additional notes fro admission records to say that she sperpeople at the nursing hospital, 'and ever at some point, it was very low and some in the 30s between 33 and 38 of her medication, sas labetalol and also to bradycardia. " Further review of the 2/22/14 included the which read, in part: "An 84-year-old fer history of mild dem hypertension present feeling poorly and wordycardia." 1. Symptomatic brace in the symptoms to brady an acceptable bloostay. We would like glucagon (an intravenous mereverse beta-blocked and see if we can put the 40s. This may wellbeing. I am holding Aricep rate once it is re-intraliance. "Of note, the pat	in the 2/22/14 hospital read, in part: "She goes on int, 'the whole day telling the ing home to send me to the intually she called her son and its realized that her heart rate to she was brought to the intually she called her son and its realized that her heart rate to she was brought to the intually she called her stay, heats per minute. On review she is both on atenolol as well to on Aricept, all of which lead the hospital records dated the MD's Assessment and Plan interest and found to have severe adycardia: It can attribute several of her cardia. She has maintained did pressure throughout this interest in at least also improve her overall it and we should monitor heart the and we should monitor heart and we should mo	F3	329		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING			E SURVEY IPLETED
		345090	B. WING				C 03/2014
	PROVIDER OR SUPPLIER	PROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	, ZIP CODE	,	00/2011
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE
F 329	was doing so becar labetalol. Obviously, the patie back on both of the Resident #3 was di 2/26/14 to another records indicated the diagnoses included bradycardia second History of Present I reported in the 2/26 part: "The patient with heart rate of be was found to be (or labetalol). Both me The patient 's hear Started atenolol at Discharge instruction of labetalol (25 mg of symptomatic brady. An interview was considered with Nurse #1. Nurse hall during her standard taken once a week as needed basis. Swas out of that resi would contact the paware of a facility pguidelines or paramethe resident 's physialerted for a high of the patient of the payon	enolol and mentioned that he use she was already on ent was at some point placed im. " scharged from the hospital on nursing home facility. Hospital he resident 's discharge l, "1. Symptomatic dary to medications. "The llness and Hospital Course 6/14 discharge records read, in admitted with bradycardia etween 33 and 38, the patient in beta-) blockers (atenolol and edications were discontinued. It rate came up to the 60s-70s. In a low dose of 25 mg. "In ons from the hospital included abetalol and a decreased dose once daily) secondary to cardia. Inducted on 4/3/14 at 9:35 AM are #1 worked on Resident #3 and at the facility. Upon inquiry, that routine vital signs were for each resident and on an of the stated that if the BP or HR dent 's normal range, she only sician. Nurse #1 was not olicy which provided neters used to indicate when sician or NP would need to be	F3	29			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTING	TION	COM	E SURVEY IPLETED
		345090	B. WING				C 03/2014
	PROVIDER OR SUPPLIER	PROVIDENCE PLACE			ESS, CITY, STATE, ZIP CODE LESTER DRIVE , NC 27262	1 04/	03/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOUL REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 329	Resident #3. Upo Resident #3. How to the facility's re telephone intervier on the specifics of regimen. When a having a resident typical or usual pratime two beta bloc of them was an as Upon further inqui expect to be contaresident's HR wa 100 bpm. However resident's HR wa 100 bpm. However residents "run in cases, she would resident's HR wa A telephone interv facility's consulta 11:32 AM. Inquiry #3's medication peta-blockers to transpharmacist stated duplication. Upon stated that she typprescriber when a identified. During was asked if she heart rates were re (bpm). The pharm the HR as closely An interview was of PM with the Direct review of the vital and 2/14, the DON	NP who had provided care for in inquiry, the NP did remember ever, she did not have access cords at the time of the w so did not wish to comment. Resident #3 's medication sked in general terms whether on two beta-blockers was a actice, she stated that the only kers would be used was if one in eneeded (PRN) medication. The NP reported she would acted by nursing staff if a seless than 60 or greater than ear, she added the some the 50's, " and in those expect to be notified if the seless than 50 bpm. The was conducted with the ent pharmacist on 4/3/14 at was made regarding Resident for of ile and inclusion of two eat her blood pressure. The she, " may have missed " this further inquiry, the pharmacist incally would have contacted the therapeutic duplication was the interview, the pharmacist and noted when the resident's exported to be in the 50's nacist stated, " I did not watch	F3	29			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
		345090	B. WING			C 03/2014
	PROVIDER OR SUPPLIER	ROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 329 F 428 SS=G	ask does he need to When asked about and use of two beta DON also stated, "pharmacist would he 483.60(c) DRUG REGULAR, ACT The drug regiment of reviewed at least of pharmacist. The pharmacist must the attending physical areas to the state of the state of the pharmacist must be attending physical asked about a state of the state	g bradycardic episodes and o do a medication review. " the therapeutic duplication a-blockers for Resident #3, the I would have thought the eave picked up on that. " EGIMEN REVIEW, REPORT	F 3.			5/2/14
	by: Based on staff interpharmacist failed to bradycardia (low he significant adverse medication therapy (Resident #1) reviermedications. The findings include Resident #3 was ac 2/19/11. The resident facility from the hose 's cumulative diagrammacist failed to stand the stand of the stand o	eart rate) as a clinically consequence of duplicate for 1 of 3 sampled residents wed for unnecessary		Preparation and/or execution of of Correction does not constitute admission or agreement by the p the truth of the facts alleged or conclusions set forth on the State Deficiencies. This Plan of Correct prepared and/or executed solely required by the provisions of Heat Safety Code Section 1280 and 43405.1907	an rovider of ement of tion is because alth and 2 C.F.R.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3	COM	E SURVEY PLETED
		345090	B. WING			C 0 3/2014
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	•	00/2014
				1795 WESTCHESTER DRIVE		
WESTCH	HESTER MANOR AT	PROVIDENCE PLACE		HIGH POINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPOPULATION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 428	Continued From p	age 9	F 428	3		
	Bowel Syndrome (a disorder which affects the large intestine and commonly causes cramps, abdominal pain, bloating gas, diarrhea and constipation). A review of Resident #3 's medical record revealed that the following antihypertensive medications were reinitiated upon readmission to the facility on 5/21/12: 200 milligrams (mg)			for those residents found to har affected by the deficient practic		
				Resident #3 was discharged to Regional Hospital on February	22, 2014.	
				Resident #3 was discharged from Point Regional Hospital to anot nursing facility on February 26,	her skilled	
	labetalol (a medica	712: 200 milligrams (mg) ation classified as a ocking agents or beta-blocker)		Corrective action will be accorded for those residents having pote		
	atenolol (a medica	t by mouth twice daily; 50 mg tion classified as a ocking agents) given as one		affected by the same deficient An audit of resident medication		
	tablet by mouth tw	rice daily; and 5 mg amlodipine		was conducted by the consulta	nt	
		sified as a calcium channel two tablets by mouth once daily.		pharmacist beginning April 13, completed April 17, 2014. Con pharmacist began noting pulse	sultant	
	database of Lexi-0	Drug, a comprehensive drug Comp, bradycardia may be		on every resident in the facility, on cardiac medications or not,	and will	
	years of age) rece	equently in elderly patients (>65 iving beta-adrenergic blocking		continue to monitor monthly go forward, and notify the physicia	n for any	
	be necessary.	ockers); dosage reductions may		pulses that are outside of the e vitals sign parameters as devel the Medical Director on April 23	loped by	
		sident 's Medication cords (MARs) from June 2013		audit of the monthly consultant report will be completed by the	pharmacist	
	continued to receive	013 revealed the resident ve the antihypertensive		Nursing or Assistant Director or ensure the ongoing monitoring	of pulse	
	included: 200 mg l	en initiated on 5/21/12, which labetalol given as one tablet by		readings by the consultant pha well as documentation by cons	ultant	
	tablet by mouth tw	50 mg atenolol given as one ice daily; and 5 mg amlodipine ts by mouth once daily.		pharmacist notifying the physic readings outside of the establis sign parameters. Any discrepa be reported to the pharmacy m	shed vitals ancies will	
	revealed the residence same antihyperter	sident 's November 2013 MAR ent continued to receive the sive medication regimen 2. Further review of the		The consultant pharmacist man audit the facility consultant pha monthly reviews to ensure doctor of pulses. If pulses are out of r	nager will rmacistL s umentation	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	` ´COMI	(X3) DATE SURVEY COMPLETED	
		345090	B. WING _			C 03/2014	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C			
WESTCH	IESTED MANOD AT D	PROVIDENCE PLACE		1795 WESTCHESTER DRIVE			
WESICH	IESTER WANDRALF	ROVIDENCE PLACE		HIGH POINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	F 428 Continued From page 10		F 42	8			
	F 428 Continued From page 10 November 2013 MAR revealed the resident 's vital signs were obtained and documented once a week. The vital signs included measurements of blood pressure (the normal blood pressure (BP) is 120/80) and pulse rate (a normal resting pulse or heart rate (HR) for adults may range from 60 to 100 beats per minute). Resident #3 's vital signs for November 2013 included: 11/6/13 BP (lying) = 131/70; Pulse (radial or wrist) = 57 beats per minute (bpm) 11/13/13 BP (lying) = 112/56; Pulse (radial or wrist) = 58 bpm 11/20/13 BP (sitting) = 144/70; Pulse (radial or wrist) = 54 bpm 11/27/13 BP (lying) = 166/84; Pulse (radial or wrist) = 64 bpm A review of the resident 's December 2013 MAR			the facility protocol, the facilipharmacist will note this in I and physician notes to the fine consultant pharmacist in also receive a copy of. Compharmacy manager complemedication usage report for cardiac meds, and had an apharmacist or pharmacists all for therapeutic duplication April 21, 2014. The consultamanager completed a reviem residents medication list for duplications, regardless of the therapy on April 21, 201 clinically significant duplicational addressed on April 29, 2014	ner nursing acility, which nanager will sultant ted a residents on additional to review them n as well on ant pharmacy w of all therapeutic he duration of 4. Any ions were		
	same antihypertensinitiated on 5/21/12 December 2013 May vital signs were obtweek. Resident #3 2013 included: 12/4/13 BP or wrist) = 62 bpm 12/11/13 BP or wrist) = 61 bpm 12/18/13 BP or wrist) = 55 bpm 12/25/13 BP or wrist) = 89 bpm A review of the resirevealed the reside	ent continued to receive the sive medication regimen Further review of the AR revealed the resident 's rained and documented once a 's vital signs for December (lying) = 150/84; Pulse (radial of (lying) = 134/72; Pulse (radial of (lying) = 134/60; Pulse (radial of (lying) = 134/60; Pulse (radial of (lying) = 134/60; Pulse (radial of lying) =		3. Measures will be put into systemic changes made to the deficient practice will not be deficient practice. It is a system of the deficient practice on April 23, 2013 L. April 29 regards to parameters for not and low pulse, blood pressure glucose and the need to not physician of vitals outside of All licensed staff will review established vitals sign parameters which was developed on Apthe facility Medical Director. The consultant pharmacist by the Director of Nursing to parameters as established	ensure that t occur: as and the Director of or of Nursing the continuity in the continuity in the fire and blood tify the fire parameters and sign the meter policy oril 23, 2014 by was educated to the vital sign		
	initiated on 5/21/12	Further review of the revealed the resident 's vital		Medical Director on April 23 consultant pharmacy management	, 2014. The		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345090	B. WING			C 03/2014
	PROVIDER OR SUPPLIER	PROVIDENCE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 428	signs were obtaine week. Resident #3 2014 included: 1/1/14 BP (lyimurist) = 57 bpm 1/8/14 BP (lyimurist) = 58 bpm 1/15/14 BF or wrist) = 55 bpm 1/22/14 BF or wrist) = 52 bpm 1/29/14 BF or wrist) = 58 bpm A review of the resides ame antihypertensinitiated on 5/21/12 February 2014 MAI signs were obtaine week. Resident #3 2014 included: 2/5/14 BP (sitwrist) = 69 bpm 2/12/14 BF (radial or wrist) = 5 2/19/14 BF (radial or wrist) = 5 2/19/14 BF (radial or wrist) = 60 A review was componented in regulation of the Nur 2/22/14 at 3:45 PM	d and documented once a 's vital signs for January ng) = 122/65; Pulse (radial or ng) = 150/76; Pulse (radial or (lying) = 172/81; Pulse (radial (lying) = 119/64; Pulse (radial (lying) = 128/65; Pulse (radial (lying) = 128/65; Pulse (radial dent's February 2014 MAR ont continued to receive the sive medication regimen Further review of the R revealed the resident's vital d and documented once a 's vital signs for February ting) = 145/72; Pulse (radial or (sitting) = 130/62; Pulse bpm (sitting) = 138/60; Pulse	F 428	Ward, Pharm D, Senior Consul Pharmacist educated the facilit consultant pharmacist on April regarding the identification of p clinically significant adverse consequences of duplicate mentherapy and proper reporting. 4. Indicate how the facility will performance: Director of Nursing or Assistant Nursing will review 10% of residue weekly for 12 weeks to ensure notification of physician for any vital signs that are outside of exparameters. Periodic audits with conducted by the Director of Nursing or quarterly basis. Results will be to the Quality Assurance team recommendations and follow uponths. The facility monthly pharmacy resonaultant pharmacy manager monthly for 6 months consultant pharmacy manager conduct an audit of the monthly review as completed by the corpharmacist for 6 months to ensidentification and reporting of p clinically significant adverse consequences of duplicate mentherapy. The consultant pharmanager will take a sample of residents to ensure that pulser documented, and were in range facility protocol, for a 6 month parager acility protocol, for a 6 month parager will protocol.	y 23, 2014 otential dication monitor its Director of dents proper resident stablished II be ursing or n a presented for p for 12 review will nacy . The will pharmacy is ure the otential dication nacy 35 ates were e per the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING				C 04/03/2014	
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE				17	REET ADDRESS, CITY, STATE, ZIP CODE 195 WESTCHESTER DRIVE 1GH POINT, NC 27262	1 04/1	00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	requested Resident Room (ER) due to during recent week contacted the on-casend her to the ER note dated 2/22/14 signs were taken at her out and include heart rate 48 bpm. also reported, "but Medical Service) go was) 38 but resident propelling herself in difficulties noted. " A review of the hos Resident #3 was traarrived at the ER or resident 's chief co ER were noted as: bradycardia. The hoy the Medical Doc part, "Per EMS repatient 's heart ratePer EMS, upon a was noted to be in and diaphoretic (pe Additional notes fro admission records to say that she spepeople at the nursin hospital, 'and ever at some point, it was was very low and se Emergency Departing signs have been stands been in the 30s between 33 and 38	ge 12 # #3 be sent to the Emergency complaints of abdominal pain is. The nurse reported she all NP and received an order to A second Nursing Progress indicated the resident 's vital is the facility prior to sending did a report of BP 100/58 and The Nursing Progress note is when the EMS (Emergency of here P (pulse or heart rate in twas still alert and oriented in her wheelchair without any in pital records revealed ansported by ambulance and in 2/22/14 at 4:07 PM. The implaints upon arrival to the abdominal pain and distory and Physical dictated for (MD) at the ER read in port from nursing home, it is usually runs in the 60 's in the 30s and patient was pale respiring profusely). " In the 2/22/14 hospital read, in part: "She goes on int, 'the whole day telling the integration of t	F 4	-28	Results will be presented to the Qu Assurance team for recommendati and follow up for 6 months.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345090	B. WING			04/03/2014		
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE				STREET ADDRESS, CIT 1795 WESTCHESTER HIGH POINT, NC 2	DRIVE	U -17.	,0,2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH CORRE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 428	to bradycardia. " Further review of t 2/22/14 included the which read, in part "An 84-year-old feeling poorly and bradycardia. " 1. Symptomatic binary to bradycardia to bradycardia and acceptable blood pinary wellbeing to be called the symptoms to bradycardia. This may wellbeing. I am holding Aricely rate once it is re-ininary to find the symptoms to be called the symptoms to bradycardia second the symptoms to br	the hospital records dated the MD's Assessment and Plan: It is male with a past medical mentia, mild diabetes mellitus, enting with vague symptoms of weak and found to have severe radycardia: The can attribute several of her yeardia. She has maintained pressure throughout this stay. The wever, to administer glucagon redication which may be used to the removed HR depression) place her heart rate in at least also improve her overall tot and we should monitor heart troduced. The troduced in the land during that admission, the notol and mentioned that he have she was already on the material and the state of the material state of the mentioned that he have she was already on the material state of the material state of the mentioned that he have she was already on the material state of the material state of the mentioned that he have she was already on the material state of	F4	28				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IEP/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345090	B. WING			04/0)3/2014	
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP COI 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262	DE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD B		(X5) COMPLETION DATE	
F 428	part: "The patient with heart rate of be was found to be (or labetalol). Both me The patient's hear Started atenolol at a Discharge instruction discontinuation of lateral discontinuat	id/14 discharge records read, in admitted with bradycardia etween 33 and 38, the patient in beta-) blockers (atenolol and dications were discontinued. It rate came up to the 60s-70s. It is a low dose of 25 mg. " ons from the hospital included abetalol and a decreased dose once daily) secondary to cardia. Scharged from the hospital on nursing home facility. Hospital incresident 's primary	F4	28				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345090			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		B. WING			C 04/03/2014			
NAME OF PROVIDER OR SUPPLIER WESTCHESTER MANOR AT PROVIDENCE PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1795 WESTCHESTER DRIVE HIGH POINT, NC 27262				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 428	(bpm). The pharmathe HR as closely a her records, the phasee where a concern was made to Resid regards to the there beta-blockers presorecorded. An interview was concern with the Director review of the vital sand 2/14, the DON to contact the physical resident was having ask does he need to When asked about and use of two beta DON also stated, "	ge 15 acist stated, "I did not watch is the BP." Upon review of armacist indicated she did not in or written recommendation ent #3's physician/NP in apeutic duplication of the cribed or the low heart rates and one of Nursing (DON). Upon ign records for 12/13, 1/14, stated, "I would have wanted ician and let him/her know the gradycardic episodes and o do a medication review." The therapeutic duplication ablockers for Resident #3, the I would have thought the lave picked up on that."	F 4	128				