#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

JUN 1 2 2014

PRINTED: 06/02/2014 FORM APPROVED

OFMICE	NO FOR MEDICARE &	MEDICAID SEKAICES			OMB NO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1		345552	B. WNG		05/14/2014
	PROVIDER OR SUPPLIER NNON GRAY REHABILITA	ATION & RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282	1 00/14/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
	RESOLVE GRIEVANO A resident has the right facility to resolve grieved have, including those of other residents.  This REQUIREMENT by: Based on resident and observation and record promptly resolve griever resident of the progress of 3 residents (Resident grievances.  Findings included:  Resident #5 was admit 7/11/11. Her diagnoses chronic pain in limb, os vascular disease, osted pain medical to Resident #7:00 am, and she did mas-needed pain medical date.  Record review revealed #5 dated 4/16/14. The medication not administ requested. Spoke [with resident requests [as-nei frequently and can received.]	at to prompt efforts by the rances the resident may with respect to the behavior is not met as evidenced at staff interviews, dereview the facility failed to rances and inform the sion toward resolution for 1 at #5) reviewed for the facility on included history of fall, teoporosis, peripheral parthritis, and lumbago.  The promote the facility on th	F 166		g ty ed on.
	Patient) made aware of The grievance form indi			TITLE	
or organical gar	TO TO THE PROPERTY OF THE PERTY	LIEU VELVEOEMINIME 9 SIGNALOKE	// .	JITLE	(X6) DATE

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 wing 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, a 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 F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY
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THE SHANNON GRAY REHABILITATION & RECOVERY CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREF TAG	2 J	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)		(X6) COMPLETION DATE
F 166	Coordinator signed at 4/22/14 indicating she resident and the resident and receive the intact, had clear spee understood and undereject care and receive medication.  Review of the mental 4/22/14 stated, "[Patipain in her leg [and] the misunderstandings [w.]  Record review of the for 5/5/14 revealed Not assigned to Resident 7:00 am, and she did as-needed Ultram to 1/20 am, and she did as-needed Ultram to 1/20 am, and [Nurse #her." The form indicate evening and [Nurse #her." The form indicate spoke to the resident satisfied on 5/7/14.  Review of the mental 5/6/14 stated, "[Patie more pain lately [and] [with] last week over patin lately [and] [with] last week over patin lately were out of the	and dated the form on a followed up with the lent was satisfied. The and dated by either the social Services Coordinator.  Im Data Set (MDS) dated resident was cognitively ch, made herself retood others. She did not red as-needed pain  The least progress note dated ent) states she's had more his has led to several with] staff."  Increasing schedule and MAR curse #1 was the nurse #5's hall from 7:00 pm - not administer any Resident #5 on that date.  The least pain medication as the least pain	F	166	The facility's Chief Operating Officer in-serviced the administrative employees who are responsible for addressing, resolving and documenting the outcome(s) of resident/family concerns. Future or new.administrative team members will be in-serviced as they are hired and their signature(s) will be added to the original in-service which was completed 5/13/14.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345552	B. WING			05/	14/2014
	ROVIDER OR SUPPLIER	ATION & RECOVERY CENTER		20	REET ADDRESS, CITY, STATE, ZIP CODE 105 SHANNON GRAY COURT AMESTOWN, NC 27282		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 166	responds well to symple supportive reassurance. Review of the physicial 5/9/14 stated, "Conting adjustments to plan as symptom control and functioning. Neuropai Patient was encourage medication for breakth.  During an interview or Resident #5 stated, "having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the patch on me. Now I having relief from the evening because sultram and would tell happened twice. Once weeks ago. I reported nurses are 12 hours in the evening I would [as-needed] pain med someone said there we something when it have no ne said anything of know what they did, be week was the last time nurse. She said there the nurse the next mo don't want her to be all the problems. It was here hurting until the rino one else to get the During an interview or	an progress note dated nue current plan of care with seneeded to meet goal of preservation of current level thy is chronic and ongoing. ed to ask for pain prough pain."  In 5/13/14 at 11:48 am and a mexhausted from not pain. They are trying a new lave two. This knee pain is trouble with (Nurse #1) in she would not give me the me there wasn't any. It is last week and once a few at it to the day nurse. The low and when she came on have to wait all night for my icine. It seems like last a form filled out or opened before in April but less a bout it to me. I don't less a tornible with that wasn't any Ultram and rning said there was. I just my nurse, ever, because of as a terrible feeling, laying morning because there was	F	166	The facility modified the process by which concerns are monitore to better ensure adequate completion. Effective 5/13/14, a corporate employee will reviet the concern log weekly to make sure new concerns have been handled and documented accordingly. The monitoring will check for completion (an exact time expectation will not be set as some concerns require more in-depth follow up) and evidence of follow up communication documentation by the appropri facility employee(s). The facility internal Concern QA form was updated on 5/13/14 to allow for a corporate team member to sign off after it has been reviewed (their signature will indicate the concern has been addressed and communication has been documented). The Concern QA form will not be signed by a corporate staff member until this information has been reviewed and verified.	ed, w III ce ate y's r gn	

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F 166	assigned to Resident #5 has complained at her her [as-needed] p week or the week bef [Resident #5] asked in a pain pill because shooming on would not when it started - a county an interview or MDS nurse indicated the hallway, on a date a few weeks ago " an not give her her [as-needed] pain in requested it. The MDS [Nurse #1] to let her k practitioner said regar as-needed pain medicated this issue.  During an interview with 5/13/14 at 4:15 pm, shaware on 4/16/14 that [as-needed] pain medication and she did not speak to Nurse #1 did not godd not speak to Nurse medication and she did about her medication of she put a "general not book about [as-needed to all the nurses " so the feel pointed out." The indicated she felt like to the service of the pill her the service of the pointed out." The indicated she felt like the service of the service of the pill her the pil	#5, she stated, "[Resident rout [Nurse #1] not giving ain meds. It started last one. I know one night he to go ahead and give here was worried the nurse give it to her. That was uple of weeks ago."  15/13/14 at 4:10 pm, the Resident #5 spoke to her in she could not remember "distated [Nurse #1] would reeded] pain medication. Hed she called the nurse reded Resident #5 could have medication when she could not remember to how what the nurse reding the resident 's reation. She further indicated a grievance form regarding the the Unit Coordinator on the indicated she was made Resident #5 had requested reation the previous night rewell. She indicated she was made remember #1 about not giving the did not speak to Resident #5 concerns. She indicated she "In the communication did medications and spoke that one [nurse] would not	F	166	The facility formed a QA team, the Concern Resolution QA Team, to monitor the efforts of this plan of correction. The initial meeting was on 5/13/14. This team will meet weekly x 4, and then monthly thereafter to ensure compliance with this plan of correction. The Nursing Home Administrator will chair the QA team with oversight provided by the Chief Operating Officer. This information will be reported to the Executive Quarterly QA Committee meeting by the Nursing Home Administrator. The next scheduled meeting for the Executive Quarterly QA Committee will be 7/16/14.		

- II II	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 166	During an interview w 5/13/14 at 4:30 pm sh the [5/5/14] issue with pain medication], but Social Worker logs the resolved and then I si to indicated completic it in my box to sign. I was not signed. [The have had a conversation have had a conversation of the pain med issues of have been taken care don't know why it was later. "She further in receive her [as-needed requested and it should be an interview of the DON she indicated receive her as-needed 5/5/14 night shift when on the medication care on the floor are responsed to the pain and not getting. During an interview of Practitioner #1, she sheen complaining of in Nurse Practitioner] havell. I knew there was didn't get her medication and it get her medication is delivered the pharmacy total and the cart. The DON 5/6/14] [Resident #5] in pain and not getting. During an interview of Practitioner #1, she sheen complaining of in Nurse Practitioner] havell. I knew there was didn't get her medication.	ith the Administrator on the stated, "I was aware of the resident's [as-needed not the [4/15/14] issue. The e grievance when it is gn the completed grievance on. She gives to me or puts do not know why the 4/16 unit coordinator] should ition with the resident about medication. Whoever is resident should sign the ent was spoken to. I expect on the grievance form would e of that day or the next. I as dated as resolved 6 days adicated the resident should ed) pain medication when all be available on the cart.  In 5/14/14 at 11:33 am with d Resident #5 did not d pain medication on the n Nurse #1 could not find it t. She indicated the nurses	F	The facility alleges full compliance with this plan of correction, effective 6/9/14		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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SS=D	when a resident state should be given [as-nirequested. [Nurse #1] nursing judgment but reason as to why she  During a phone interviwith Nurse #1 indicate in April when the resid [as-needed] Ultram be when she pulled it off don 't know anything only time I had issues exactly what she want one talked to me last vibeing given. The only card was in April. " And occurrences with 483.25 PROVIDE CARHIGHEST WELL BEIN Each resident must reprovide the necessary or maintain the highes mental, and psychoson accordance with the or and plan of care.  This REQUIREMENT by: Based on resident and	s they are in pain they seeded] pain medication if told me she used her could not give another did not give the medicine. "  iew on 5/14/14 at 6:45 pm and she recalled an incident lent did not receive because the card was empty the cart. She stated, " I about 5/5. April was the with the Ultram. She knows is and she can tell you. No week about her Ultram not time there was an empty attempted to clarify dates. Nurse #1 but was unable. RE/SERVICES FOR IG  ceive and the facility must care and services to attain the practicable physical, clal well-being, in comprehensive assessment is not met as evidenced did staff interviews, did review the facility failed to pain medication when		166	Resident #5 was interviewed on 5/13/14 and voiced satisfaction related to a previous concern about pain management. Resident #5 continues to be followed by a pain specialist. Medication adjustments and monitoring have resulted from these visits the most recent visit occurred on 6/5/14. New MD orders and changes are documented and resident's care plan has been updated to reflect these interventions and changes.	i	6/9/14

F 309 Continued From page 6 Findings included:  Resident #5 was admitted to the facility on 7/11/11. Her diagnoses included history of fall, chronic pain in limb, osteoporosis, peripheral vascular disease, osteoarthritis, and lumbago.  F 309 Continued From page 6 Findings included:  F 309 The facility's Director of Nursing conducted face to face conversations with all interviewable residents to ensure no other resident		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 309  Continued From page 6 Findings included:  Resident #5 was admitted to the facility on 7/11/11. Her diagnoses included history of fall, chronic pain in limb, osteoporosis, peripheral vascular disease, osteoarthritis, and lumbago.  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH	THE SHAL	NNON GRAY REHABILITA	ATION & RECOVERY CENTER					
F 309  Continued From page 6 Findings included:  Resident #5 was admitted to the facility on 7/11/11. Her diagnoses included history of fall, chronic pain in limb, osteoporosis, peripheral vascular disease, osteoarthritis, and lumbago.  F 309  Ceach corrective action should be CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 309  The facility's Director of Nursing conducted face to face conversations with all interviewable residents to ensure no other resident				1	JA			
Findings included:  Resident #5 was admitted to the facility on 7/11/11. Her diagnoses included history of fall, chronic pain in limb, osteoporosis, peripheral vascular disease, osteoarthritis, and lumbago.  The facility's Director of Nursing conducted face to face conversations with all interviewable residents to ensure no other resident	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI)		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
Record review of the Medication Administration Record (MAR) for April and May 2014 revealed a physician order for the following as-needed pain medications:  Norco 10-325 milligrams (mg) by mouth every 4 hours as needed for pain.  Ultram 50 mg by mouth every 6 hours as needed for breakthrough pain.  Lidoderm patch 5% to left sacroiliac joint as needed for pain. On for 12 hours.  Lidoderm patch 5%, up to 3 patches, to painful areas on body as needed for pain. On for 12 hours/off for 12 hours.  Record review of the MAR revealed a physician order for the following scheduled pain medications:  Norco 10-325 mg by mouth at 12 am 4/15/14 order - Duragesic (Fentanyl) 50 micrograms (mcg) / hour (hr) patch. 1 patch every 72 hours for pain.  5/11/14 order change- Duragesic 50 mcg/hr patch and 12 mcg/hr patches to total 62mcg/hr every 72 hours.  Record review of the nursing schedule and MAR for 4/15/14 revealed Nurse #1 was the nurse assigned to Resident #5's hall from 7:00 pm - 7:00 am, and she did not administer any as-needed pain medications. The initial interviews were conducted on 5/14/14 and were documented on a QA interview tool. These interviews have been repeated weekly since 5/14/14 to ensure no other issues were present. Based on the feedback from these interviews, no other interviews have been repeated weekly since 5/14/14 to ensure no other issues were present. Based on the feedback from these interviews on the review of the sacroilian of the since size interviews have been repeated weekly since 5/14/14 to ensure no other issues were present. Based on the feedback from these interviews have voiced concerns with the provision of pain medications. since 5/14/14.	F 309	Findings included:  Resident #5 was adm 7/11/11. Her diagnose chronic pain in limb, o vascular disease, oster Record review of the Record (MAR) for Applysician order for the medications:  Norco 10-325 milevery 4 hours as need.  Ultram 50 mg by needed for breakthrow.  Lidoderm patch 5 needed for pain. On for Lidoderm patch 5 painful areas on body 12 hours/off for 12 hours/off for 12 hours for the following medications:  Norco 10-325 mg.  4/15/14 order - D micrograms (mcg) / h 72 hours for pain.  5/1/14 order change-1 patch every 48 hours/12/14 order change-1 patch and 12 mcg/hr every 72 hours.  Record review of the for 4/15/14 revealed hassigned to Resident 7:00 am, and she did	nitted to the facility on es included history of fall, psteoporosis, peripheral eoarthritis, and lumbago.  Medication Administration ril and May 2014 revealed a e following as-needed pain ligrams (mg) by mouth ded for pain.  mouth every 6 hours as ugh pain.  5% to left sacroillac joint as for 12 hours/off for 12 hours.  5% , up to 3 patches, to as needed for pain. On for fours.  MAR revealed a physician as scheduled pain graph g	F	309	The facility's Director of Nursing conducted face to face conversations with all interviewable residents to ensure no other resident had an issue with the provision of pain medications. The initial interviews were conducted on 5/14/14 and were documented on a QA interview tool. These interviews have been repeated weekly since 5/14/14 to ensure no other issues were present. Based on the feedback from these interviews, no other interviewable residents have voiced concerns with the provision of pain medications		

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F 309		7	F	309	The facility in-serviced all			
	date.				nurses regarding pain			
		ord review revealed a grievance for Resident			medication management and			
	#5 dated 4/16/14. The medication not admini	e grievance stated, "Pain			documentation. This			
requested."		stoled as [hatiett]			in-service was initiated on			
	Design of the Minimum	D-t- O-t (MDO) dated			5/13/14 and completed on			
	Review of the Minimum Data Set (MDS) dated 4/17/14 revealed the resident was cognitively intact, had clear speech, made herself understood and understood others. She did not reject care and received as-needed pain			i	5/15/14. Future hires (nurses)			
					will receive this in-service			
					during their orientation as well			
	medication.	ed as-needed pain			The pain in-service has been			
	Review of the mental health progress note dated 4/22/14 stated, "[Patient] states she's had more				added to the facility's annual			
					education calendar for every			
	pain in her leg [and] th	nis has led to several			March and August (in-service			
	misunderstandings (w	ith] staff."			will be repeated every 6			
		nursing schedule and MAR			months for nurses) by the			
	for 5/5/14 revealed Nu	rse #1 was the nurse #5's hall from 7:00 pm -			Staff Development Coordinator			
	7:00 am, and she did				or Director of Nursing.			
	as-needed Ultram to F	Resident #5 on that date.						
	Record review reveals	ed a grievance for Resident						
İ	#5 dated 5/6/14. The				The facility formed a QA			
	"[Resident] reports to a #1] for her [as-needed	me that she asked [Nurse I pain medication] last			team, the Pain Management			
	evening and [Nurse #	1] would not administer it to			Team, on 5/14/14. The QA			
	her."				team consists of the Nursing			
ļ	Review of the mental	health progress note dated			Home Administrator, Directo	or		
	5/6/14 stated, "[Patien	t) states she's been in more			of Nursing and the Unit			
		urse she had trouble (with) eds again told her. 'They			Coordinators. Additional			
		ne! No they weren't. The			members can be added			
	day nurse had it!" [Pai	tient) shakes her head in sical condition affecting her			as/when needed. The QA			
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F 309	well to symptom [man reassurance."  Review of the physicia 5/9/14 indicated Residuithout assistance, are chronic with ongoing extremity pain. The plant continue her schedule as-needed pain medic "Continue current plant to plan as needed to recontrol and preservatifunctioning. Neuropai Patient was encourage medication for breakth During an observation Resident #5 was walk room to the dining/sitt station. She was walk gait, without any assist During an interview or Resident #5 stated, "I having relief from the patch on me. Now I herrible. I can ask for medicine. Every night	kiety. [Patient] responds lagement and] supportive  an progress note dated dent #5 could ambulate and her osteoarthritis was complaints of left lower hysician's plan was to ad pain medication and cations. The note stated, an of care with adjustments meet goal of symptom on of current level thy is chronic and ongoing. led to ask for pain arough pain."  an on 5/13/14 at 11:10 am ling in the hallway from her ling area at the nurse's ling with a slow and steady tive devices.  an 5/13/14 at 11:48 am lam exhausted from not pain. They are trying a new lave two. This knee pain is my additional pain that at midnight I get Norco for	F	309	team will meet weekly until otherwise indicated and will continue these weekly meeting for no less than 6 months.  Their efforts and interventions, including the use of tools such as the Pain Management  Tracking Log(s) and Interview  QA Tool, will be documented as reviewed during the QA team meeting. These documents will be kept by the Nursing Home  Administrator who will serve as the chair of this QA team.  Information obtained and generated during these Pain QA meetings will be summarize and then reported to the Executive Quarterly QA Committee meeting by the Director of Nursing. The next Executive Quarterly QA Committee meeting is scheduled for 7/16/	nd I A d	
	If I have pain I can asl are my two additional have Norco every 4 he hours. I had a lot of tr evening because she Ultram and would tell happened twice. Once	ust to help the pain through the night. in I can ask for Norco or Ultram. They additional pain medications. I can be every 4 hours and the Ultram every 6 ad a lot of trouble with (Nurse #1) in the cause she would not give me the would tell me there wasn't any. It twice. Once last week and once a few			The facility alleges full compliance with this internal plan of correction, effective 6/9/14.		

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	ROVIDER OR SUPPLIER	ATION & RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZI 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282	PCODE	00,14,2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (  (EACH CORRECTIVE A  CROSS-REFERENCED T  DEFICE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
	in the evening I would [as-needed] pain med fast time I had trouble there wasn't any Ultra morning said there was be my nurse, ever, be It was a terrible feeling the morning because get the pain medicine.  During an interview or Nurse #2, who was a assigned to Resident #5 has complained abher her [as-needed] paweek or the week befor [Resident #5] asked mapain pill because she coming on would not gwhen it started - a cound During an interview on MDS nurse indicated fithe hallway, on a date few weeks ago" and stagive her her [as-needed] pain in requested it. The MDS [Nurse #1] to let her known practitioner said regard as-needed pain medical During an interview with 5/13/14 at 4:15 pm, she aware on 4/16/14 that	have to wait all night for my icine. Last week was the with that nurse. She said m and the nurse the next as. I just don't want her to cause of all the problems. I just don't want her to cause of all the problems. I just don't want her to cause of all the problems. I just don't want her to cause of all the problems. I just don't want her to cause of all the problems. I just don't want in 5/13/14 at 2:05 pm with first shift nurse routinely #5, she stated, "[Resident out [Nurse #1] not giving ain meds. It started last one. I know one night are to go ahead and give her awas worried the nurse give it to her. That was ple of weeks ago."  15/13/14 at 4:10 pm, the Resident #5 spoke to her in she could not remember "a stated [Nurse #1] would not all pain medication. The she called the nurse ted Resident #5 could have nedication when she anurse indicated she called now what the nurse ting the resident's	F	309			

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		345552	B. WING	1 2 2 2		C
NAME OF P	ROVIDER OR SUPPLIER	040002		STREET ADDRESS, CITY, STATE, ZIP CODE	05/	14/2014
144002 01 11	NOTION ON OUR PAIN			2005 SHANNON GRAY COURT		
THE SHA	NON GRAY REHABILITA	ATION & RECOVERY CENTER		JAMESTOWN, NC 27282		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL.  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 309	Continued From page	10	F 309			
F 309	but Nurse #1 did not g did not speak to Nurse medication and she di about her medication is she put a "general not book about [as-neede to all the nurses "so the feel pointed out."  During an interview with 5/13/14 at 4:30 pm shithe [5/5/14] issue with pain medication], but in [The unit coordinator] is conversation with the interection with the resident should receiving her medication when requiavallable on the cart.  During an interview on the DON she indicated receive her as-needed	give it. She indicated she a #1 about not giving the id not speak to Resident #5 concerns. She indicated ite" in the communication d] medications and spoke hat one [nurse] would not  ith the Administrator on e stated, "I was aware of the resident's [as-needed not the [4/15/14] issue. should have had a resident about her not on." She further indicated ceive her [as-needed] pain ested and it should be	F 309			
	on the medication cart on the floor are respon medications delivered	Nurse #1 could not find it  She indicated the nurses sible for taking from the pharmacy out of d putting the medications				
	on the cart. The DON [Resident #5] said som and not getting her pai	stated, "I know (on 5/6/14) nething about being in pain n medication. Nurse #1 cart. I looked for the Ultram				
	card and found the card different. The card was every tote in the facility	d but it was somewhere s not on the cart. I went to v. I found the resident's				
	Ultram in the green tote another hallway." The pharmacy and stated, ' 4/29/14 was the last (U	DON called the facility's 'The pharmacy said				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345552	B. WING		С	
NAME OF O	DOLARES OR GURBUES	340002	D. VIING		1 05	/14/2014
	ROVIDER OR SUPPLIER	ATION & RECOVERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SHANNON GRAY COURT JAMESTOWN, NC 27282		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI) TAG		BE .	(X5) COMPLETION DATE
	[Resident #5] and thei indicated the resident' sitting in the tote in the since it was delivered.  During an interview or Practitioner #1, she st been complaining of ir Nurse Practitioner] has well. I knew there was didn't get her medica [Nurse #1] and told he when a resident states should be given [as-ne requested. [Nurse #1] nursing judgment but or reason as to why she of the puring a phone interviewith Nurse #1 indicate in April when the reside [as-needed] Ultram be when she pulled it off the don't know anything at time I had issues with the exactly what she wants	re were 30 pills." She s Ultram would have been e incorrect medication room  a 5/14/14 at 12:07 pm Nurse ated, "[Resident #5] has acreased pain so (the Pain is been following her as an issue in April when she tion. I did speak with ir pain is subjective and a they are in pain they seded] pain medication if told me she used her could not give another did not give the medicine."	F3	DEFICIENCY)		
	being given. The only	time there was an empty empted to clarify dates and				