PRINTED: 07/15/2014 FORM APPROVED OMB NO. 0938-0391

MARY GRAN NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NO 28328 CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPR		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ¹ A. BUILDI	TIPLE CONSTRUCTION ING			E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER PAID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PROVIDER STATE ZIP CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOUND INITIAL COMMENTS FOUND INITIAL COMMENTS FOUND INITIAL COMMENTS The Division of Health Service Regulation (DHSR), Nursing Home Licensure and Certification Section began a complaint investigation survey on 06/16/11. It was determined the facility had provided substandard quality of care at the Immediate Jeopardy level. A partial extended survey was conducted on 06/18/14. The Immediate Jeopardy began on 06/08/14 and was removed on 06/18/14. F 157 483.10(b)(11) NOTIFY OF CHANGES SS=J. (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physician conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident for the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in			345218	B. WING				
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS The Division of Health Service Regulation (DHSR), Nursing Home Licensure and Certification Section began a complaint investigation survey on 06/16/14, It was determined the facility had provided substandard quality of care at the Immediate Jeopardy level. A partial extended survey was conducted on 06/18/14 and an exit conference was held with the facility on 06/18/14. The Immediate Jeopardy began on 06/08/14 and was removed on 06/18/14. F 157 483.10(b)(11) NOTIFY OF CHANGES S=J A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident spal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in			ER		120 SOUTHWOOD DRIVE BOX 379	DE	<u> </u>	10/2014
The Division of Health Service Regulation (DHSR), Nursing Home Licensure and Certification Section began a complaint investigation survey on 06/16/14. It was determined the facility had provided substandard quality of care at the Immediate Jeopardy level. A partial extended survey was conducted on 06/18/14 and an exit conference was held with the facility on 06/18/14. It memediate Jeopardy began on 06/08/14 and was removed on 06/18/14. The Immediate Jeopardy began on 06/08/14 and was removed on 06/18/14. F 157 483.10(b)(11) NOTIFY OF CHANGES SS=J (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant ohange in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD	BE	COMPLETION
06/18/14. F 157 SS=J R 10(b)(11) NOTIFY OF CHANGES S=J R 10(b)(11) NOTIFY OF CHANGES F 157 SS=J R 157 SS=J R 157 F 157 A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in	F 000	The Division of Head (DHSR), Nursing How Certification Section investigation survey determined the faci quality of care at the partial extended sur 06/18/14 and an exthe facility on 06/18	alth Service Regulation ome Licensure and h began a complaint on 06/16/14. It was lity had provided substandard e Immediate Jeopardy level. A rvey was conducted on it conference was held with /14. The Immediate Jeopardy	F O	000			
change in room or roommate assignment as specified in §483.15(e)(2); or a change in		06/18/14. 483.10(b)(11) NOTI (INJURY/DECLINE A facility must immedent consult with the resident involving the resident involving the intervention; a signiphysical, mental, or deterioration in heastatus in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident from the §483.12(a). The facility must alstand, if known, the resident from the second consequences.	respectively and the resident; ident's physician; and if esident's legal representative mily member when there is an the resident which results in potential for requiring physician ficant change in the resident's expectosocial status (i.e., a lith, mental, or psychosocial chreatening conditions or eas); a need to alter treatment meed to discontinue an extrement due to adverse to commence a new form of cision to transfer or discharge the facility as specified in	F 1	57			7/11/14
	I ADODATOD	specified in §483.1	5(e)(2); or a change in	NATURE.	TITLE			(Y6) DATE

Electronically Signed 07/03/2014

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:	` '		CONSTRUCTION	COM	E SURVEY PLETED
		345218	B. WING			C 06/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STF 120	REET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328	007	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	regulations as specthis section. The facility must rethe address and phenomenative. This REQUIREMENT by: Based on medical nurse practitioner a facility failed to notifice recurrent low blood immediately notify the acute episode of unwith low blood sugaresidents diagnosed. Immediate jeopardy Resident #1 was foid identified as having resident 's physicial of the hypoglycemic accordance with the inthe Standing Ord that the acute hypothad been preceded where the resident and the physician was Diabetic Protocols indicated by the physician dicated by the physician was removed.	er Federal or State law or ified in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member. AT is not met as evidenced record review and facility staff, and physician interviews, the fy the resident 's physician of sugars (BS); and failed to he resident 's physician of an aresponsiveness associated are for 1 of 4 sampled d with diabetes (Resident #1). A began on 6/8/14. On 6/8/14, and to be unresponsive and a low blood sugar. The in was not immediately notified a low blood sugar) event in the facility 's Diabetic Protocols ers. The evidence revealed glycemic episode of 6/8/14 by 4 of the last 35 days experienced low blood sugars as not notified per the facility is in the Standing Orders or as a visician 's orders. Immediate oved on 6/18/14 at 9:40 PM. In do out of compliance at a lower of (D), isolated with potential hall harm, while the facility training required. The facility	F 1		Corrective Action for affected paties. Resident #1 was discharged from the facility on 6/9/2014. Corrective Action for Potentially Affections. All residents with physician orders that anti-glycemic meds could be potentaffected. On 6/18/2014 the nurse consultant checked orders for all patients to identify those on insulin and /or of medications. Those patients were checked to ensure that all patients these medications had orders for glucometer checks. One patient widentified who did not have a routing glucose checked order. On 6/18/20 MD for this patient was contacted to Unit Manager and an order for blood glucose checks were ordered. All patients who have physician orders for glucometer checks have the potent be affected by the alleged deficient practice. All current patients who have physician orders for glucometers of (regardless of frequency) were revi	he ected for tially atients oral then on as e blood 014 the oy the od lers for tial to have hecks	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			E SURVEY PLETED
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	•	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY 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 157	implementation of The findings include A review of the face Policy " dated 10/ read, in part: " If an incident (Exelevated temperate (urinary tract infect problems, newly of wanders out of Face you are responsible #2 (of 9): Calling Note emergency, at the #3 (of 9): Fax infocurgent and/or after #5 (of 9): If MD is Electronic Nurses call, as well as rese #6 (of 9): If infocis Electronic Nurses the fax, as well as A review of the face Orders included a Protocols. " The follows: " BS < (less than) 120 cc (cubic cent equivalent to a mil Insulin or hypoglyco Doctor) and reche BS < 40 Unresport unit dose of Gluca hypoglycemia or lo (intramuscularly).	their corrective action. ded: cility's "Episodic Charting 2001 and revised on 6/2010 a., fall, resident becomes ill, ure, on antibiotics, UTI's tions), emotional/behavioral ombative resident, resident cility, etc.) occurs on your shift le for: MD (Medical Doctor) of an time of event, or to MD next day if problem not rhours. called, it shall be noted in Notes by the nurse making the sponse received from MD. faxed, it shall be noted in Notes by the nurse who sent response received from MD. " cility's Admitting and Standing section entitled, "Diabetic Diabetic Protocols read as 40 Responsive Resident: Give timeter, a measure of liquid liliter) of Resource. Hold be the cand notify MD (Medical ck in one hour. Monitor closely. It is not a more than the company of the company	F 1	by the unit managers or direct nursing on 6/17/14 and 06/18 these patients the blood gluck documented on the medication administration record for the patients were reviewed. O patients were with results less than or equal the past 30 days. 24 patients identified with results greater equal to 41 and less than 80 in days. The physicians were not low blood sugar results. This was completed by the Unit Mad Director of Nursing on 06/18/19 notification was documented in medical record for that patien Manager and Director of Nursing on 06/18/14. MDOs were notified and current diabetic medication listed. Systematic Changes See below diabetic protocol. All current nurses (registered licensed practical nurses) who currently employed on a full time or as needed basis will reducation on the proper notification on the proper notification on the proper notification on the staff Develop Coordinator. There are two an urses that may provide staffification began on 06/18/14 continue until all employees here.	of 14. For ose results on past 30 days are identified I to 40 over a were than or in the last 30 notified of the notification anager and 14 and this in the to by the Unit sing on the I to 50 on was	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		E SURVEY PLETED
		345218	B. WING			C 18/2014
NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP COD		10/2014
	RAN NURSING CEN			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	_	
(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 CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157	BS < 80 > (greater hypoglycemic. Of in 1 hour. If BS re > 80, give medicati BS > 400: call ME." Resident #1 was a 11/6/13 from an accumulative diagnor hyperlipidemia, hypossible chronic k admission as stag frequently classificindicative of mild kindicative of end s. A review of Reside Orders revealed the used in the treatm (mg) glipizide (and classified as a sulfone tablet by mourinsulin 100 units/minjected subcutant times a day as slic coverage indicated administered was result. Blood sugares 9 AM and 5 PM. A review of the Nuthat on the morning was 46 and she wounresponsive and was administered physician was contact the subcutant of the morning was 46 and she wounresponsive and was administered physician was contact the subcutant of the subcutant of the Nuthat on the morning was 46 and she wounresponsive and was administered physician was contact the subcutant of the subcut	age 3 In than) 40: Hold insulin or fer 120 cc Resource. Recheck mains < 80, call MD. If BS ions and continue to monitor. Dimmediately. Monitor closely. Individual of the facility on cute care hospital. Her isses included Type 2 diabetes, pertension, heart failure, and idney disease estimated upon e 1- 3 (kidney disease is ed by 5 stages, with stage 1 kidney disease and stage 5 tage renal disease). In the following medications were ent of diabetes: 5 milligrams ional antidiabetic agent which is fonylurea medication) given as the one time a day; and Humalog in illililiter (a rapid acting insulin) eously (under the skin) two ding scale insulin (SSI). SSI did that the dose of insulin dependent on the resident's BS ars were checked twice daily at a string Progress Notes revealed g of 5/3/14, Resident #1 's BS as described as, " Wet with sweat. " The resident one dose of glucagon, the tacted, and the resident was all. Resident #1 was admitted to	F1	the in-service. Any employee in-serviced by 06/18/14 will not to work until they have been in This included the following dei Update: On 07/11/14, all curre (registered nurses and license nurses) who are currently empfull time, part time or as needereceive education on the updathypoglycemia protocol provide Staff Development Coordinate Director of Nursing. Any emploin-serviced by 07/11/14 will not to work until they have been in This education will continue unurses are in-serviced and will completed by 07/16/14. 1. The current hypoglycemic includes: Diabetic Protocols All diabetic patients should hat glucose monitoring orders basindividual needs. If orders are received on admission then the nurse should contact the MD freason why orders for bloods are not required. Blood sugar Responsive Resident: Give 12 Pass 2.0 PO. 120 cc of Med F 28 grams of carbohydrate. The change. 2.0 was left off in the correction but is the brand the uses. Hold Insulin or hypoglyc notify MD immediately. Re-cheglucose every 15 minutes until glucose is above 80. Blood sugar less than 40 Unrelease.	at be allowed a-serviced. Italis: ent nurses ed practical ployed on a ed basis will ated ed by the or and pyee not to be allowed a-serviced. It be allowed and the control of the charge for orders or ugar checks less than 40 coc of Med ass 2.0 has is is not a plan of facility emic and eck blood I blood	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345218	B. WING		C 06/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	,	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION	7
F 157	facility on 5/4/14. A review of Reside revealed that on 5/(NP) wrote new ord facility. The orders "Decrease glipizide (every day); Change C/S (an atwhich referred to the times daily) 6AM-n with SSI (same scareevaluate if BS <7 meals." An interview condunursing (DON) on that a "flag" was staff that a resident at the nursing statics attention to it. The that the NP would be reported the NP cathrough Friday. A review of the residence on 5/6/14. A note of and read in part, ">150." A review of Reside (Minimum Data Serevealed the resider cognitive skills for required extensive	nt #1 's medical record 5/14, the Nurse Practitioner ders for the resident at the	F 157	Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediated Someone should stay with the patitive blood sugar is above 80. Recholood glucose every 15 minutes xuntil blood glucose is above 80 and patient is responsive, or if remains 80, notify MD or order to send to Evaluation. 911 should be called if patient does not respond to treatmed has been unresponsive for more the minutes. Blood sugar less than 80 but great or equal to 41 responsive resident insulin or hypoglycemic. Offer 1200 Pass 2.0. Recheck in 15 minutes. sugar remains less than 80 or if the patient is symptomatic, call MD immediately. If blood sugar is great 80, give medications and either caphysician or fax physician if after nobusiness hours. Resident assessivill be performed and documented Blood sugar less than 80 but great or equal to 41 unresponsive reside insulin or hypoglycemic. Administed dose of Glucagon IM. Notify MD immediately. Someone should stay the patient until the resident become responsive. Recheck blood glucos 15 minutes x 2 or until the patient is responsive, or if remains unrespornotify MD or order to send to ER for evaluation. 911 should be called if patient does not respond to treatment has been unresponsive for more the minutes. If you cannot reach the attending physician the patientOs blood sugar physician the patientOs blood sugar physician the patientOs blood sugar	ent until neck 2 or d the below R for the ent and nan 30 er than hold cc Med lif blood e ter than ll ormal ment l. er than er than er than er than ormal ment for hold r 1 unit for the ee every s sisive, or the ent and nan 30	

	IDENTIFICATION NUMBER:	A. BUILD	NG	COM	IPLETED
	345218				C 18/2014
DDOV/IDED OD SLIDDLIED	0-10210		STREET ADDRESS CITY STATE 7ID COL		10/2014
PROVIDER OR SUPPLIER) <u> </u>	
RAN NURSING CENT	ER		CLINTON, NC 28328		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	((EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE
Continued From particles personal hygiene. Supervision with ear indicated Resident on 4/7 days during care plan was inclured. On 5/22/14, Reside BS. A review of Rerevealed that on 5/2 PM was 58 with a rof 63. There were no note medical record (incomply the MAR) to indicate the notified of a low BS the Standing Order physician orders for A telephone interview #1 on 6/18/14 at 3: shift nurse assigne 5/22/14. During the that she could not in the supervision or the supervision or the supervision of the supervision or the s	age 5 The resident required ting. The MDS assessment #1 received insulin injections the assessment period. No ided in the resident 's medical ent #1 was noted to have a low esident #1 's May 2014 MAR 22/14 the resident 's BS at 5 rechecked BS (no time noted) ations made in the resident 's eluding the Nurse 's Notes and the NP or physician was 5 per the Diabetic Protocols in the ra BS less than 70. The was conducted with Nurse 28 PM. Nurse #1 was the 2nd do care for Resident #1 on the interview, Nurse #1 reported recall this particular situation.	I	responding to the actions or if is unresponsive then call 911 transfer to the emergency roopatientOs blood sugar is impresion the signs and symptoms of hyare improving then contact the administrative nurse who will medical director. Some patients may have morparameters for contacting the This will be documented in a porder and will be listed on the administration record. You me the physician anytime the paticondition meets the criteria id the order. 2. The physician must be not time the protocol is implemen 3. Some patients may have reparameters for contacting the This will be documented in a porder and will be listed on the administration record. You me the physician anytime the pati	the patient and initiate m. If the oving and roglycemia e on call call the e specific physicians. Ohysician medication ust contact entOs entified in ified any ted. In ore specific physicians. Ohysician medication ust contact entOs entification ust contact entOs	
physician of the low that if the resident in blood sugars had not The nurse reported physician, this wou Nurse 's notes or of On 5/23/14, Reside BS on three occasi is May 2014 MAR not resident 's BS at 6 AM BS was 61; and	w blood sugar, Nurse #1 stated had not responded or her not come up, "then yes." If that if she did notify the ld have been noted in the on the MAR. The sent #1 was noted to have a low ons. A review of Resident #1 'evealed that on 5/23/14 the AM was 57; on 5/23/14 at 9 d on 5/23/14 at 5 PM BS was		the order. 4. Document all communicat physician in the nursing notes times of calls/pages and time physician responded to the catelephone orders for any new received. As of 6/18/14 employees who received this training will not to work and will not to work until the in-services at completed. This training was	on with the Include when the all. Initiated orders have not be on the be allowed	
	Continued From particles of the physician of the low that if the resident blood sugars had not s	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 personal hygiene. The resident required supervision with eating. The MDS assessment indicated Resident #1 received insulin injections on 4/7 days during the assessment period. No care plan was included in the resident 's medical record. On 5/22/14, Resident #1 was noted to have a low BS. A review of Resident #1 's May 2014 MAR revealed that on 5/22/14 the resident 's BS at 5 PM was 58 with a rechecked BS (no time noted) of 63. There were no notations made in the resident 's medical record (including the Nurse 's Notes and MAR) to indicate that the NP or physician was notified of a low BS per the Diabetic Protocols in the Standing Orders or as indicated by the physician orders for a BS less than 70. A telephone interview was conducted with Nurse #1 on 6/18/14 at 3:28 PM. Nurse #1 was the 2nd shift nurse assigned to care for Resident #1 on 5/22/14. During the interview, Nurse #1 reported that she could not recall this particular situation. When asked if she would have notified the physician of the low blood sugar, Nurse #1 stated that if the resident had not responded or her blood sugars had not come up, "then yes." The nurse reported that if she did notify the physician, this would have been noted in the Nurse 's notes or on the MAR. On 5/23/14, Resident #1 was noted to have a low BS on three occasions. A review of Resident #1' s May 2014 MAR revealed that on 5/23/14 at 9 AM BS was 61; and on 5/23/14 at 5 PM BS was 67. There were no notations made in the resident	RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 personal hygiene. The resident required supervision with eating. The MDS assessment indicated Resident #1 received insulin injections on 4/7 days during the assessment period. No care plan was included in the resident 's medical record. On 5/22/14, Resident #1 was noted to have a low BS. A review of Resident #1's May 2014 MAR revealed that on 5/22/14 the resident 's BS at 5 PM was 58 with a rechecked BS (no time noted) of 63. There were no notations made in the resident 's medical record (including the Nurse 's Notes and MAR) to indicate that the NP or physician was notified of a low BS per the Diabetic Protocols in the Standing Orders or as indicated by the physician orders for a BS less than 70. A telephone interview was conducted with Nurse #1 on 6/18/14 at 3:28 PM. Nurse #1 was the 2nd shift nurse assigned to care for Resident #1 on 5/22/14. During the interview, Nurse #1 reported that she could not recall this particular situation. When asked if she would have notified the physician of the low blood sugar, Nurse #1 stated that if the resident had not responded or her blood sugars had not come up, "then yes." The nurse reported that if she did notify the physician, this would have been noted in the Nurse 's notes or on the MAR. On 5/23/14, Resident #1 was noted to have a low BS on three occasions. A review of Resident #1' s May 2014 MAR revealed that on 5/23/14 at 5 PM BS was	RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 personal hygiene. The resident required supervision with eating. The MDS assessment indicated Resident #1 received insulin injections on 4/7 days during the assessment period. No care plan was included in the resident 's medical record. On 5/22/14, Resident #1 was noted to have a low BS. A review of Resident #1 's May 2014 MAR revealed that on 5/22/14 the resident's BS at 5 PM was 68 with a rechecked BS (no time noted) of 63. There were no notations made in the resident's medical record (including the Nurse's Notes and MAR) to indicate that the NP or physician was notified of a low BS per the Diabetic Protocols in the Standing Orders or as indicated by the physician orders for a BS less than 70. A telephone interview was conducted with Nurse #1 on 6/18/14 at 3:28 PM. Nurse #1 was the 2nd shift nurse assigned to care for Resident #1 on 5/22/14. During the interview, Nurse #1 reported that if the resident had not responded or her blood sugars had not come up, "then yes." The nurse reported that if she did notify the physician, this would have been noted in the Nurse's notes or on the MAR. On 5/23/14, Resident #1 was noted to have a low BS on three occasions. A review of Resident #1' s May 2014 MAR revealed that on 5/23/14 at 5 PM BS was 61; and on 5/23/14 at 5 PM BS was 67. There were no notations made in the resident.	RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 personal hygiene. The resident required supervision with eating. The MDS assessment indicated Resident #1 received insulin injections on 477 days during the assessment period. No care plan was included in the resident 's medical record. On 5/22/14, Resident #1 was noted to have a low BS. A review of Resident #1 's May 2014 MAR revealed that on 5/22/14 the resident 's BS at 5 PM was 58 with a rechecked BS (no time noted) of 63. There were no notations made in the resident 's medical record (including the Nurse's Notes and MAR) to indicate that the NP or physician was notified of a low BS per the Diabetic Protocols in the Standing Orders or as indicated by the physician orders for a BS less than 70. A telephone interview was conducted with Nurse #1 reported that if the resident thad not responded or her blood sugars had not come up, "then pus." 1 stated that if the resident #1 was noted to have a low BS on three occasions. A review of Resident #1' s had y 2014 MAR revealed that on 5/23/14, Resident #1 was noted to have a low by the physician orders for a BS less than 70. A telephone interview was conducted with Nurse #1 reported that if the resident had not responded or her blood sugars had not come up, "then yes." The nurse reported that if she did notify the physician, this would have been noted in the Nurse's notes or on the MAR. On 5/23/14, Resident #1 was noted to have a low BS on three occasions. A review of Resident #1' s May 2014 MAR revealed that on 5/23/14 at 5 PM BS was 6f; and on 5/23/14 at 5 PM BS was 6f; and on 5/23/14 at 5 PM BS was 6f; and on 5/23/14 at 5 PM BS was 6f. There were no notations made in the resident for the condition the general orientation in the schedule to work and will not be allowed to work until the in-services are completed. This training will not be allowed to work until the in-services are completed. This tr

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	СОМ	E SURVEY PLETED
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	CODE	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 157	was notified of a lot Protocols in the St by the physician of A telephone interv #2 on 6/18/14 at 4 shift nurse assigne 5/23/14. During the that she could not Upon inquiry, Nurse report any of Residenth Physician or Note the physician or Note the physician or Note the physician or Note the physician or Note that she could not the nurse reported been responding to would have contact to the nurse of Residenth Protocols in the St by the physician of Note that the Could not the nurse reported been responding to would have contact that the could not the nurse reported been responding to would have contact that the could not the nurse reported been responding to would have contact that the could not the nurse reported and Max that the could not the state of the could not the could	ate that the NP or physician by BS per the Diabetic sanding Orders or as indicated orders for a BS less than 70. Siew was conducted with Nurse 1:26 PM. Nurse #2 was the 3rd and to care for Resident #1 on the interview, Nurse #2 reported or recall this particular situation. See #2 reported that she did not dent #1 's low blood sugars to P at any point in time. Siew was conducted with Nurse 1:28 PM. Nurse #1 was the 2nd and to care for Resident #1 on the interview, Nurse #1 reported or recall this particular situation. In the interview of the resident had not under these circumstances, she	F 1	general orientation prograr completed started 6/18/14. Quality Assurance A Quality Assurance audit completed by the Unit Mar Director of Nursing in their will review all patients on genonitoring daily times 14 cleast 10 patients weekly x. The patientOs medication records will be reviewed (la of glucose monitoring) to ephysician was notified accoprotocol. These items will weekly times three months resolved by QOL/QA combegin on 6/20/2014. Repowill be given by the Director the weekly Quality of Lifeand corrective action initiat appropriate. The Quality of committee consists of the Nursing, Administrator, State Coordinator, Dietary Mana Nurse, Minimal Data Assessand Support Nurse and Helinformation Management aweekly.	will be nager or the absence and plucose days then at three months. administration ast seven days ensure that the ording to the be reviewed or until mittee and will orts of the audit or of Nursing to QA committee ted as of Life Director of aff Development ger, Wound essments Nurse ealth	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	COV	E SURVEY MPLETED C
		345218	B. WING _			/18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 157	in Upon inquiry, Numot report any of Reto the physician or A review of the Jun resident 's BS were 5PM. A note on the read in part, "flag On 6/1/14, Residen BS. A review of Reserve aled that on 6/1/14 at 5 no notations made record (including the indicate that the NF low BS per the Dial Orders or as indicate a BS less than 70. A telephone interview #3 on 6/18/14 at 3: shift nurse assigne 6/1/14. During the the situation encouted AM on that date. The resident was alert, at that time. Upon she did not notify the low BS. She stated because her BS caloriented and response in the situation of the situation of the situation of the situation encouted and response in the situation of t	Nurse #2 stated, " not really. Irse #2 reported that she did esident #1 's low blood sugars NP at any point in time. e 2014 MAR revealed the echecked at 6AM, 9AM and et MAR was handwritten and to re-eval if BS<70 or >150. " at #1 was noted to have a low esident #1 's June 2014 MAR 1/14 the resident 's BS at 6/14 at 9 AM her BS was 86; PM BS was 185). There were in the resident 's medical echecked's Notes and MAR) to por physician was notified of a petic Protocols in the Standing ted by the physician orders for the was conducted with Nurse 1/2 and to care for Resident #1 on interview, Nurse #3 was the 3rd at the coriented and responded to her inquiry, Nurse #3 indicated the resident 's physician of the 1/2 there was, " no reason me up and she was alert and	F 18	57		
	BS. A review of Re revealed that on 6/8	esident #1 's June 2014 MAR 8/14 the resident refused a BS 6/8/14 at 9 AM her BS was 60.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
		345218	B. WING		06	C / 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	CODE	. 10,20 1
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 157	medical record (ind MAR) to indicate the notified of a low BS the Standing Order physician orders for than 70. An interview was complete than 70. An interview was complete than 70. An interview was complete to During the interview outgoing 3rd shift of the resident was all 6/8/14, Resident # reported that she complete that she received. She was rechected that she received. She was rechected that the resident ate. In the resident ate. In the resident ate with herself that mousual behavior for indicated that she results to the resident ate of the mousual behavior for indicated that she results to the resident ate. In the rest of the mousual behavior for indicated that she results to the resident ate. In the resident ate of the mousual behavior for indicated that she results to the resident ate. In the resident ate of the mousual behavior for indicated that she results to the resident ate. In the resident ate of the mousual behavior for indicated that she results to the resident ate. In the resident ate of the mousual behavior for indicated that she results to the resident ate. In the resident ate of the mousual behavior for indicated that she results to the resident ate. In the resident	ations made in the resident 's cluding the Nurse 's Notes and hat the NP or physician was a per the Diabetic Protocols in 's or as indicated by the or the 9AM BS result being less onducted with Nurse #4 on I. Nurse #4 was the 1st shift care for Resident #1 on 6/8/14. W. Nurse #4 recalled that the nurse reported the resident 's BS checked at 6 AM and that ert and verbal. At 9 AM on 1 's BS was 60. Nurse #4 lave the resident 120cc Med resident was fine. The nurse hecked the BS after the Med end and her breakfast was not sure how much breakfast lurse #4 stated she did not lit of the resident 's BS the it was in the 90 's. The the resident appeared, "fine orning but noted she did talk borning. She noted this was a the resident. Nurse #4 did not report the low BS ent 's physician or NP. The id make a report of the 9 AM coming nurse but that there ut of the ordinary to share. In the tresident 's June of that on 6/8/14 the resident 's June of that on 6/8/14 the resident 's 2. A Nursing Progress note	F 1	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED			
		345218	B. WING			C / 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	•	110/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 157	"Pt (patient) unresp VS (Vital Signs) 96. rate); 18 (respiratio pressure); glucagor up to 71 pt alert resiglucerna refused sure and the resident 's BS unresponsive; glucaresults of a BS rech 71. There were no 's medical record (and MAR) to indica was notified of a low Protocols in the Staby the physician ord An interview was confused at 3PM. Shunusual for Resident was asleep rounds at 3PM. Shunusual for Resident when she went to comply the order of the stab when she went to comply the physician order of the stab when she went to comply the interview resident was asleep rounds at 3PM. Shunusual for Resident when she went to comply the physician order of the stab when she went to comply the state of the stab was as a state resident 's vital signification of the stab was given, the nurse resident. The resident was usuall resident was awake again and found the stab was awake again and found the stab was a was a state of the stab was awake again and found the stab was awake again and fo	oonsive bs (blood sugar) 42 4 (temperature); 64 (heart n rate); 120/74 (blood n given bs (blood sugar) came ponsive sweating pt drank upper will monitor. " le on the back of the resident ' 4 at 5:00 PM which indicated	F 1	57		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING				C / 18/2014	
	PROVIDER OR SUPPLIER			120 SO	T ADDRESS, CITY, STATE, ZIP CODE DUTHWOOD DRIVE BOX 379 ON, NC 28328		. 10,2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE ACTION SHOULD BE COMP			(X5) COMPLETION DATE	
F 157	nurse reported that normal self " after Nurse #5 stated the s BS again after the didn't document to that BS result where or 148. " Nurse #5 wouldn't eat her senot unusual for her at around 8:30PM of Glucerna. The rechecked on her 2-3 stated that her che stimuli " and that to talk with her. At the reported that Residusually would have #5 stated that she the evening of 6/8/#1's BS had beer given. Upon inquir would have called would have remain noted that she had given Resident #1 was rewatch her BS. On 6/9/14, Resider BS. A review of Rerevealed that on 6/AM was 41. A notal made on the back notation reported Finacks of sugar were BS recheck at 7 All states.	the (around 5:00 PM). The the resident seemed her "consuming this Glucerna. at she did check the resident 'e supper trays came out, but he result. The nurse thought in rechecked was, "either 100 stated that Resident #1 supper that evening, which was it. The nurse also reported that the resident drank another can nurse reported that she is more times that shift. She cks, "just involved verbal he resident would wake up and it end of the shift, the nurse faxed the resident 's physician 14 to inform him that Resident in low and that glucagon was by, the nurse indicated that she the physician if the resident in low and that glucagon was by, the nurse indicated that she the physician if the resident in low and that glucagon was by, the nurse indicated that she the physician if the resident in low and that glucagon was by, the nurse indicated that she the physician if the resident in low and that glucagon was by, the nurse indicated that she the physician if the resident she oncoming nurse in report glucagon to the resident, efusing her meals, and to the sident #1 's June 2014 MAR 9/14 the resident 's BS at 6 tion dated 6/9/14 at 6 AM was of the June 2014 MAR. The Resident #1 's BS was 41; 2 re given under her tongue; and	F 1	57				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		04	C	
NAME OF	PROVIDER OR SUPPLIEF		B. WING	STREET ADDRESS, CITY, STATE, ZIP COD	.	6/18/2014	
	RAN NURSING CEN			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	,_		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 157	#2 on 6/16/14 at 4 shift nurse assign the evening of 6/8 During this intervie nothing unusual n. The nurse reporter sometimes wake not recall whether The nurse reporter resident 's BS befound it was low a unresponsive. The Stat Box (referan emergency sup Medication Room but there wasn 't then went to a second there wasn 't that time, the nurse sugar (2-3 packets tongue. After the final unit in the fact glucagon and four stated that she remore than once be of the last rechect around 57. She remoaning at about AM). Nurse #2 state AM when she gaven nurse. When asket further intervention physician, Nurse #4 was coming up ar A telephone intervention 6/16/14 at 6:31 NA assigned to call	age 11 :35 PM. Nurse #2 was the 3rd ed to care for Resident #1 on /14 to the morning of 6/9/14. ew, the nurse recalled there was oted for Resident #1 that night. d that Resident #1 would up around 3 AM - 4 AM, but did or not she woke up that night. d that when she took the tween 6AM and 6:30AM, she and the resident was enurse stated that she went to tring to the Stat Medication Box, only of medications kept in the end, "to see if we had glucagon," any. Nurse #2 reported she cond unit's medication room any glucagon there either. At e reported she went and got so and put it under the resident at, she called to the 3rd and willity to see if they had any and that they did not. Nurse #2 checked the resident 's sugar at only documented the results a when her BS had gone up to ecalled that the resident was that time (approximately 7:00 ated that it was also about 7:00 are report to the on-coming ed why she did not initiate any has or call the resident 's stated, "I thought her sugar and the situation was resolving."	F 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _			/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 157	nurse that the residence snoring. She recal reported the same that at 6:00 AM (on wake the resident unurse), and the nur and was trying to fisugar up. The NA to find any glucago then gave the residence tongue. The NA strespond while she was a land to find any glucago then gave the residence of the same to find the same to find the same to find the same of the same to find the same of the same of the same to find the same to find the same to find the same of the same of the same to find the same of the same to find the sa	bund 2:00 AM she told the lent was in deep sleep and led that at about 4:00 AM she to the hall nurse. NA #1 stated her last round) she couldn't up. She told Nurse #2 (the hall se said she was aware of it and the glucagon to bring her stated the nurse wasn't able in. She recalled that the nurse ent some sugar under her ated that the resident did not	F 15	7			

AND DIAN OF CODDECTION IDENTIFICATION NUMBER:		` '	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		120	REET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328		
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 157	Nurse #6 stated, "51." Nurse #6 repand it was still low nurse reported she from the neighboring the resident at 7:15 she waited 15-30 n would respond. W 7:45 AM, her BS w responding. Nurse rub and the resident obtained the vital sphysician, and received the Emergency De that was her secon resident a shot of good beginning of May. May the resident diner sugar went up. knew it was different A review of Reside revealed a Physicia received on 6/9/14 resident to [name or review of the Emerrevealed Resident another hospital on specialty care/treat time of the transfer status), NSTEMI (rinfarction or heart a (kidney) insufficient	I think I was told (her BS was) ported the BS was rechecked (no value was given). The went and got a glucagon shoting facility and administered it to 5 AM. The nurse indicated that ininutes to see if the resident then the nurse went back at as 113 but she wasn't was still nonresponsive. She igns, phoned the on-call eived orders to send her out to partment. The nurse reported d time having to give the glucagonthe first was in the The nurse stated that back in the d become responsive once "That's why this time I int." Int #1's medical record an's Telephone Order was at 8:25 AM to send the of hospital] to be evaluated. A gency Department records #1 was transported by air to 6/9/14 at 1:07 PM for ment. The diagnoses at the included AMS (altered mental ion-ST-elevation myocardial attack), suspected CVA occident or stroke), renal cy, and ECG changes (an diogram is a test that evaluates	F 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _		06	/18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP C 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 157	Nursing (DON) on 6/17/14 at 9:47 AM DON was asked who be done as follow 5/31/14, and 6/1/14 sugars were noted indicated that the rebeen flagged for the came in. When as expectations would injection was given of 6/8/14, the DON notify the physician the timing of the physician the resident 's respin regards to MD not glucagon was given her baseline, the nucled the physician have told the NP of when she came into the An interview was can an interview was can with the NP. Do written on 5/5/14 for This order included reevaluate if BS <7 that the facility wou which meant the nuchart at the Nurses she needed to revied described the process of the process o	nducted with the Director of 6/16/14 at 4:05 PM and . During the interviews, the nat she would have expected v-up on 5/22/14, 5/23/14, . when Resident's #1's blood to be less than 70. The DON esident's chart should have e NP to review when she ked what the DON's have been after the glucagon to Resident #1 on the evening stated that the protocol was to. However, she indicated that ysician notification would have S result and the resident's cagon. The DON stated that ponse would have been "key" of the point of the protocol was to the point of the	F 15	7		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		ATE SURVEY DMPLETED
		345218	B. WING		ا ا	C 6/18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		0/10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F 157	each of the low BS The NP reported th outside of the parar symptomatic, then a notified of the situal resident was not sy for her to see the re have been accepta was in the facility ev through Friday. Ad the weekends of 5/6 6/7/14-6/8/14 from of the resident 's low May 2014 and June could have been ta An interview was co PM with Resident # s May 2014 and Ju (noting the low BS 5/31/14, and 6/1/14 written to "flag to re for Resident #1. Up stated that he " wo to be contacteda NP, especially if pa physician indicated Upon review of the evening of 6/8/14, t physician has got tothere are always patient with hypogly notification. I would unresponsive reside becomes responsiv notified. I think that needs to help guide	If have wanted to know about results that were less than 70. at if the resident 's BS were meters and the resident was she would have wanted to be tion by telephone. If the imptomatic, flagging the chart esident the next day would ble. The NP noted that she wery weekday, Monday ditionally, she had been on call 31/14 -6/1/14 and 7 AM until 7 PM. Upon review by blood sugar results from a 2014, the NP stated, "This		157		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		06	C / 18/2014
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP COL 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	•	710/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157	get-go. " The facility 's Admi Immediate Jeopard credible allegation of 6/18/14 at 8:45 PM Physician Notification Corrective Action for Resident #1was dis 6/9/2014. Corrective Action for All residents with planti-glycemic meds On 6/18/2014 the norders for all patient and /or oral medications had or One patient was ideroutine blood gluco 6/18/2014 the MD for by the Unit Manage glucose checks we All patients who has glucometer checks affected by the alleg current patients who glucometers checks.	nistrator was notified of the ly on 6/17/14 at 6:45 PM. A of compliance was received on as follows: on 157 or affected patient scharged from the facility on or Potentially Affected Patients hysician orders for a could be potentially affected. The could be potentially affected to identify those on insulinations. Those patients were sure that all patients on these ders for glucometer checks. The could be consultant to the country of the	F 1	57		
	patients the blood of the medication adm	14 at 21:00. For these plucose results documented on inistration record for the past wed. 0 patients were identified				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			TE SURVEY MPLETED C
		345218	B. WING _		06	/18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	30 days. 6 patients greater than or equithe last 30 days. The low blood sugar were identified as his than 80 in the last 3 completed by the unursing on 6/18/20 documented in the by the unit manage 6/18/14. MD's were current diabetic metals are below diabetic and Systematic Change See below diabetic All current nurses (practical nurses) with full time, part time of education on the prophysicians/physician	an or equal to 40 over the past awere identified with results alto 41 and less than 80 in The physicians were notified of a results for 6 patients who having a blood glucose of less 30 days. This notification was not manager and director of 14 and this notification was medical record for that patient or and director of nursing on the notified of the BS and edication was listed. The protocol. The protocol includes and licensed the patient of a sugars provided by the coordinator. There are two may provide staffing coverage (2014, the director of nursing nese nurses and provided ation. This included the coglycemic protocol includes: The should have blood glucose pased on their individual in the notification of the protocol includes as should contact the MD for the orders for blood sugar.	F 15	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER			120 SC	T ADDRESS, CITY, STATE, ZIP CODE OUTHWOOD DRIVE BOX 379 FON, NC 28328	<u> 06/</u>	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	Give 120cc of Med Insulin or hypoglyce immediately. Re-ch minutes and every is above 80. Blood sugar less the Administer 1 unit do insulin or hypoglyce Someone should st blood sugar is above every 15 minutes x 80 and the patient is below 80 notify MD evaluation. 911 should be should sugar less the equal to 41: hold insulin 120cc Med Pass. Resugar remains less symptomatic, call Mis greater than 80, goall physician or fax business hours. Reperformed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and docult you cannot reach patient 's blood sugar less the performed and you cannot reach patient you cannot reach patient you cannot reach you cann	an 40 Responsive Resident: Pass PO (by mouth). Hold emic and notify MD eck blood glucose in 15 30 minutes until blood glucose an 40 Unresponsive Resident: ose of Glucagon IM. Hold emic. Notify MD immediately. ay with the patient until the e 80. Recheck blood glucose 2 until blood glucose is above s responsive, or if remains or order to send to ER for ould be called if the patient or treatment and has been ore than 30 minutes. an 80 but greater than or sulin or hypoglycemic. Offer elecheck in 30 minutes. If blood than 80 or if the patient is ID immediately. If blood sugar give medications and either a physician if after normal esident assessment will be	F 1	57	DETIGINATION IN THE PROPERTY OF THE PROPERTY O		
	911 and initiate tran If the patient 's bloc signs and symptom improving then con	sfer to the emergency room. od sugar is improving and the s of hypoglycemia are tact the on call administrative he medical director.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345218	B. WING			C 06/18/2014	
	PROVIDER OR SUPPLIER	ER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 20 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157	parameters for conwill be documented be listed on the me You must contact the patient's condition the order. 2. The physician improtocol is implemed. 3. Some patients in parameters for conwill be documented be listed on the me You must contact the patient's condition the order. 4. Document all complication in the number order. 4. Document all complication in the number order. As of 6/18/14 emploit this training will not and will not be allow in-services are comincorporated into the and will be discuss orientation program 6/18/14. Completion Date 6. On 6/18/14 at 9:40 compliance was value.	whave more specific stacting the physicians. This is in a physician order and will edication administration record. The physician anytime the inmeets the criteria identified in must be notified any time the ented. In a physician anytime the ented. In a physician order and will edication administration record. The physician anytime the inmeets the criteria identified in enterties in the enterties. Include times of the when the physician all. Initiate telephone orders for served. In a physician anytime the interest in the enterties in the ente	F 1	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _			18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 157 F 279	each nurse had bee	staff interviews confirmed en in-serviced on the current col (revised on 6/18/14), tation and communication with	F 15			7/11/14
SS=J	A facility must use to develop, review a comprehensive pla. The facility must deplan for each reside objectives and time medical, nursing, a needs that are iden assessment. The care plan must to be furnished to a highest practicable	CARE PLANS the results of the assessment and revise the resident's	F 27	9		//11/14
	§483.25; and any s be required under § due to the resident' §483.10, including a under §483.10(b)(4) This REQUIREMEN by: Based on medical	ervices that would otherwise 3483.25 but are not provided is exercise of rights under the right to refuse treatment.). NT is not met as evidenced record review and staff		Corrective Action for Affected F	Patient	
	plan based on the r	ity failed to develop a care esults of the Minimum Data or 1 of 3 sampled residents		For the affected resident a comcare plan was developed by the interdisciplinary team including Coordinator, Dietary, Social Ser	the MDS	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	COM	SURVEY PLETED
		345218	B. WING		06/1	3 18/2014
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	10/2014
				120 SOUTHWOOD DRIVE BOX 379		
MARY GI	RAN NURSING CENT	TER		CLINTON, NC 28328		
(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 CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
F 279	Resident #1 was for identified as having by 4 of the last 35 experienced low blook not have an individual which addressed the and risk of complication of the resident was a severity for more than mining the process of full of their corrective at the findings included the resident #1 was an	ly began on 6/8/14. On 6/8/14, bund to be unresponsive and g a low blood sugar, preceded days where the resident ood sugar(s). Resident #1 did ualized plan of care in place he management of diabetes eations from it. Immediate oved on 6/18/14 at 9:40 PM. ed out of compliance at a lower of (D), isolated with potential mal harm. The facility was in implementation and monitoring action. Ided: Idmitted to the facility on eate care hospital. Her sees included Type 2 diabetes, pertension, heart failure, and dney disease estimated upon eat-3 (kidney disease is d by 5 stages, with stage 1 idney disease and stage 5 age renal disease). In sing Progress Notes revealed g of 5/3/14, Resident #1 's BS	F 279	,	on, isk, Falls isk, Falls isk, Falls isk, Falls isk isk. Since the second of the secon	
	physician was consent to the hospital the hospital on 5/3 facility on 5/4/14. A review of Reside	tacted, and the resident was I. Resident #1 was admitted to /14 and discharged back to the nt #1 's quarterly MDS t) assessment dated 5/9/14		comprehensive MDS assessment completed. All care plans will be rand updated at a minimum of qua and annual basis. In addition to the plans will be reviewed by the interdisciplinary team with any significance in condition to ensure that	is eviewed rterly is, care	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345218	B. WING _			C 18/2014	
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CO 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 279	cognitive skills for or required extensive locomotion on/off upersonal hygiene. Supervision with ear also indicated the remedications (scheduling also indicated the remedications (scheduling scale of 0-10 therapeutic diet. He injections (on 4 out assessment period (on 7 out of the 7 days), and a condition of the 7 days). A review of Resider revealed there was the resident 's paper on 5/22/14, Reside BS. A review of Rerevealed that on 5/2 PM was 58 with a resident 's BS at 6 AM BS was 61; and 67. On 5/31/14, Reside BS. A review of Rerevealed that on 5/3 AM was 68; on 5/3 AM was 68	Int had severely impaired laily decision making. She assist with bed mobility, nit; dressing; toilet use; and The resident required ting. The MDS assessment esident received pain luled and as needed) for in (rated as a 7 on a pain luled and as needed) for in (rated as a 7 on a pain luled and included insuling of the 7 days during the lays), an antipsychotic medication ays), an antipsychotic medication ays), an antipsychotic (on 7 out of diuretic (on 7 out of the 7 lule that I 's medical record no care plan included in either er chart or electronic chart. Int #1 was noted to have a low sident #1 's May 2014 MAR 22/14 the resident 's BS at 5 echecked BS (no time noted) Int #1 was noted to have a low ons. A review of Resident #1 'evealed that on 5/23/14 the AM was 57; on 5/23/14 at 9 don 5/23/14 at 5 PM BS was and that I was noted to have a low sident #1 's May 2014 MAR B1/14 the resident 's BS at 6 don 5/23/14 at 9 AM no BS result was no 5/31/14 at 5 PM her BS was no 5/31/14 at 5 PM her BS was	F 27	care plan currently reflects are individualized approaches in provide the highest practical well-being for each resident. Residents admitted on the we have an interim care plan develoe the MDS Nurse within 48 hou admission. In the MDS Nurse the DON will develop the interplan. Daily Monday thru Friday in the meeting, attended by the Dire Nursing, Administrator, Unit N Support Nurse, and MDS Nurthey are off from work that date admissions will be reviewed the committee to ensure interimed are developed within 48 hour admission. The care plans with ensure that they include indivinceds or problems in a reside format. This review began on This committee is led by the Nursing (DON) and the DON responsible for ensuring the inplant is initiated within 48 hour admission. In the MDS Nurse the DON will initiate the intering Education was provided to the MDS Nurse Consultant on This training was incorporate general orientation program of hired MDS Nurses starting 6/4. Quality Assurance A Quality Assurance audit has completed by the MDS Nurse all residents admitted since 0.	ekend will veloped by ars of es absence, rim care ne Daily QOL ector of Managers, rse, (unless by), all new by this care plans sof ll be check to idual risks, ent centered 06/18/14. Director of is nterim care rs of eOs absence, m care plan. e DON by n 06/18/14. d into the or all newly 18/2014.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		LETED
		345218	B. WING		06/1	8/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER	,	STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	<u>, </u>	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 279	BS. A review of Rerevealed that on 6/1 AM was 62 (on 6/1) and on 6/1/14 at 5 lines of 6/1 AM was 62 (on 6/1) and on 6/1/14 at 5 lines of 6/2 (on 6/8/14, Resider BS. A review of Rerevealed that on 6/8 (on 6/8/14, Resider second low BS. A 2014 MAR revealed BS at 5 PM was 42 back of the residen PM which indicated she was unresponsithe results of a BS was 71. On 6/9/14, Resider BS. A review of Rerevealed that on 6/8 AM was 41. A notal made on the back on the back of sugar wer BS recheck at 7 AM note written for 6/9/1 late entry on 6/16/1 "In rsdt (resident surresponsive, BS of given at 7:15 AM. BS increase to 113 Sat (oxygen satura V/S (Vital Signs) 97.	at #1 was noted to have a low esident #1 's June 2014 MAR 1/14 the resident 's BS at 6 1/14 at 9 AM her BS was 86;	F 279	a care plan developed within 48 hadmission. This audit will continue Monday thru Friday times three madeveloped within 48 had a cate of the audit has audited all current residents to ensure they had a cate of the audit with given by the Director of Nursing to weekly Quality of Life- QA commicorrective action initiated as approximated approximate the Director of Nursing, Administr Staff Development Coordinator, In Manager, Wound Nurse, Minimal Assessments Nurse and Support and Health Information Managements weekly.	e daily nonths. Nurse The plan skly times libe the tee and opriate. Insists of cator, Dietary Data Nurse	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345218	B. WING		06	C / 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP 120 SOUTHWOOD DRIVE BOX 37 CLINTON, NC 28328	CODE	110/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 279	rate). White foam a mouth. Called [nar call for [name of reson-call physician] cof status change. Of hospital] for eval radt to [name of hose called informed of a send to [name of hose called informed of a send to [name of hose called informed of a send to [name of hose called informed of a send to [name of hose called informed of a creview of the Emergrevealed Resident another hospital on specialty care/treatitime of the transfer status), NSTEMI (ninfarction or heart a (cerebrovascular ac (kidney) insufficience ECG or electrocard the rhythm and electrical activity of On 6/16/14 at 12:20 conducted with the his request). The A care plan had been since her admission reported a care plan electronic chart on #7 after the facility existing care plan of An interview was considered.	substance noted coming from the of hospital] to get MD on sident 's physician], [name of alled right back, informed him Order given to send to [name of spital]. RP [family member] status change and order to ospital], was appreciative. " In #1 's medical record of spital], was appreciative. " In #1 's medical record of spital] to be evaluated. A gency Department records of spital to be evaluated. A gency Department records of spital to be evaluated. A gency Department records of spital to send the floor of spital to send the included AMS (altered mental on-ST-elevation myocardial on-ST-elevation myocardial on-ST-elevation myocardial on-ST-elevation myocardial on track), suspected CVA ocident or stroke), renal on the stroke of spital to the facility on 11/6/13. He is to the facility on 11/6/13. He is to the facility on 11/6/13. He is this date (6/16/14) by Nurse realized she did not have an	F 2	279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		12	TREET ADDRESS, CITY, STATE, ZIP CODE 20 SOUTHWOOD DRIVE BOX 379 ELINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	assessments and promputer. The nur assumed responsite for each of the facility. A telephone interviee #7 on 6/16/14 at 4:0 that she assumed recare plan for each oregards to Residen was no care plan. An interview was conversing (DON) on orinquiry, the DON state care plan to be updated per MDS state plan was developed allegation of compliants. The facility provided allegation of compliants are plan to be updated per MDS state plan was developed including the MDS services, and Active focus on Diabetes, Pressure ulcer risk.	bility for assisting with MDS butting the data into the se indicated that Nurse #7 bility for creating the care plans ity 's residents. Bew was conducted with Nurse 00 PM. Nurse #7 confirmed responsibility for developing a bot the facility 's residents. In the facility 's re	F2	279			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XD PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/		COM	(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _			/18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	A. BUILDING 345218 B. WING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328 ID PREFIX (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY) F 279 THE APPROP OF THE APPRO		•	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE
F 279	6/17/2014 an audit Nurse Consultant of ensure a comprehensure a comprehensure affected resident with 14:20. Systematic Change The MDS Coordinate by the MDS Nurse complete a compressidents identified an interim care plansurisks, needs or proformat on admission be completed within interim care plansurism care plansuri	be potentially affected. On was conducted by the MDS of all current residents to ensive care plan was in place. I out of 136 residents did not sive care plan in place. The as discharged on 06/17/14 at consultant for failure to thensive care plan for the Topics included completing the that includes individual blems in a resident centered on. Interim care plans should the AB hours of admission. The mould also be updated after the thensive MDS assessment is a plans will be reviewed and the plans will be reviewed and the plans will be redisciplinary team with any in condition to ensure that the reflects any individualized or to provide the highest cell-being for each resident.	F 27			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		06	C / 18/2014	
	PROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		110/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		OULD BE	(X5) COMPLETION DATE	
F 279 F 309 SS=J	orientation program Nurses starting 6/1 Completion Date 6/1 Completion Date 6/1 On 6/18/14 at 9:40 allegation of complexity of complements of the survey implemented the foliable developed for Resignation of diabetes and risk the diabetes; Care sample residents deach care plan include the management of complications from 483.25 PROVIDE Of HIGHEST WELL B	accorporated into the general of for all newly hired MDS 8/2014. In for all newly hired MDS 8/2014.	F 2	279		7/11/14	
	or maintain the high mental, and psychological accordance with the and plan of care. This REQUIREMED by: Based on medical review, and facility physician interview immediate assessr	ary care and services to attain nest practicable physical, psocial well-being, in e comprehensive assessment NT is not met as evidenced record review, hospital record staff, nurse practitioner and s, the facility failed to provide ment, intervention, and 4 sampled residents		Corrective Action for Affected I Resident #1was discharged fro facility on 6/9/2014			

		E SURVEY IPLETED				
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 120 SOUTHWOOD DRIVE BOX : CLINTON, NC 28328	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	diagnosed with diawith low blood sugepisodes of unresplow blood sugars. Immediate jeopard #1 was found to be as having a low blood sugars as having a low blood by 4 of the last 35 experienced low be revealed the facility. Protocols in the St corrective interven follow-up monitoring uidance was obta Jeopardy was rem. The facility remain scope and severity for more than minicompletes the staff was in the process implementation of. The findings included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Included a Protocols." The Included a Protocols. "The Included a Protocols." The Inclu	ars (BS) and recurrent acute consiveness associated with by began on 6/8/14. Resident e unresponsive and identified bod sugar on 6/8/14, preceded days where the resident lood sugar(s). The evidence y did not follow their Diabetic anding Orders to ensure tions were put into place, and was provided, and physician ained when needed. Immediate oved on 6/18/14 at 9:40 PM. ed out of compliance at a lower of (D), isolated with potential mal harm, while the facility of monitoring the their corrective action.	F3	Potentially Affected Paties All residents with physicianti-glycemic meds coulaffected. On 6/18/2014 to consultant checked order to identify those on insultant checked order to identify those on insultant checked to ensure that a street medications. Those paties checked to ensure that a street medications had of monitoring per MD order was identified who did not blood glucose check ord 6/18/2014 the MD for this contacted by Unit Manage blood glucose check were current patients who have orders for anti-glycemic reviewed by the unit mandirectors of nursing on 6 these patients the blood documented on the medical administration record for were reviewed. O patient with results less than or patients were identified with a process began, 6 reside with a blood sugar result equal to 41 and less than 18 additional residents with 18 additional residents wit	ian orders for d be potentially the nurse ers for all patients in and /or oral ients were then all patients on orders for glucose r. One patient ot have routine ders. On is patient were ger and order for re ordered. All we physician medications were nagers or 6/17-18/14. For glucose results dication r the past 30 days ts were identified equal to 40. 24 with results 41 and less than the auditing ents were identified to greater than or n 80. On 06/18/14 evere noted with er than or equal to its was due to an one patient abetic ing blood glucose	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		E SURVEY PLETED
		345218	B. WING			C 18/2014
NAME OF I		040210	1		-	10/2014
NAIVIE OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
MARY G	RAN NURSING CENT	ER		120 SOUTHWOOD DRIVE BOX 379		
				CLINTON, NC 28328		
(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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	hypoglycemia or lo (intramuscularly). Notify MD immedia and monitor closely BS < 80 > (greater hypoglycemic. Off in 1 hour. If BS rer > 80, give medication BS > 400: call MD " According to LexiC medication databater of glucagon is instantiation that patier immediately be treation that patier immediately be treative include: Monitor by Supplemental carb patients who responsible carb patients who responsible chronic kinadmission as stage frequently classifier indicative of end stantial indicative indica	w blood sugar) IM Hold insulin or hypoglycemic. Intely. Recheck BS in 1 hour y. Ithan) 40: Hold insulin or Ithan 120 cc Resource. Recheck Intely. Recheck MD. If BS Insulin or sulfontinue to monitor. Immediately. Monitor closely. Ithin or sulfonylurea overdose. Ithe heading of "Other Insulin or sulfonylurea overdose. Insulin or sulfonylurea overdose. Ithe heading of "Other Insulin or sulfonylurea overdose. Insulin or sulfonylurea overdose. Insulin or sulfonylurea overdose. Insulin or sulfonylurea overdo	F3	identified as having blood surthan 80 during the last 30 darsessed by the unit manage of nursing to ensure that the currently experiencing signs of hypoglycemia (such as shorevousness or anxiety, swe and clamminess, irritability of confusion, including delirium heartbeat, lightheadedness of hunger and nausea, sleeping blurred/impaired vision, tinglinumbness in the lips or tong headaches, weakness or fat stubbornness, or sadness, lacoordination, nightmares or during sleep, seizures, or unconsciousness). On 6/17/2014 the 6 patients blood sugar results greater to 41 and less than 80 had the glucose levels assessed accomplication of the search out. Documentation of this explusors if hypoglycemia need out. Documentation of this explusors is dentified (18 patien checked by the unit manage Director of Nursing to ensure had a blood glucose level cheat 24 hours. No problems identified. On 6/18/2014, meal docume reviewed for all 24 diabetic reassessed by the Director of lassessed lassessed lasse	lys were then ers or director y were not or symptoms akiness, ating, chills r impatience, rapid/fast or dizziness, ess, ing or ue, igue, anger, ack of crying out identified with han or equal heir blood ording to the that blood ed by the les to be ruled evaluation ss notes. required MD ess than 80. of the ts) were rs and or the e that they ecked in the were	

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPI		(X3) DATE SURVEY COMPLETED		
		345218	B. WING		C 06/18/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00.10.2011
11 A DV O	DAN MUDOING OFNIT	·	'	120 SOUTHWOOD DRIVE BOX 379	
MARY G	RAN NURSING CENT	EK	(CLINTON, NC 28328	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION
F 309		age 30 e following medications were ent of diabetes: 5 milligrams	F 309	There was no missing meal documentation breakfast and luncl	n on
	blood glucose in pa	ral medication used to lower atients with Type 2 diabetes) by mouth one time a day and		6/18, 19 of the 24 had meal intaked greater than 50 %. 1 resident was on 6/18/14 for a test. 1 resident who	NPO
	scheduled for 9:00	AM; and Humalog insulin 100 bid acting insulin) injected		less than 25%-50% was interviewed Administrator who informed him sh	ed by
	, , , , , , , , , , , , , , , , , , ,	nder the skin) two times a day ulin (SSI). SSI coverage		eats snacks from his room in lieu of a facility meal. Another resident the	0
		ose of insulin administered the resident's BS result. Blood		evening of 6/17/2014 was NPO for The variation of the residentOs blo	
		ed twice daily at 9 AM and 5 red utilized the following		glucose levels could not be tied to anti-glycemic medication. Of the 24	
		give 2 units insulin;		residents reviewed none of the var were related to medication adminis	
	If BS 251-300, give			times.	
	If BS 301-350, give If BS 351-400, give	6 units insulin;		Systematic Changes	
		r, give 7 units insulin.		These changes were discussed wi Medical Director on 6/18/2014 by t	
	Resident #1 reveal	rsing Progress notes for ed the following notation was		Director of Nursing. All current nurses (registered nurse	
		s) room to check bs (blood		licensed practical nurses) and nurses assistants who are currently emplo	yed on
	unresponsive and v	od sugar) 46 and resident was wet with sweat. Glucagon shot M. Called [name of hospital] to		a full time, part time or as needed will receive education on the hypoglycemia protocol provided by	
	get MD on call for [name of resident 's of resident 's of resident 's physician] called		Staff Development Coordinator on 6/18/2014. There are two agency	
	right back. Informe	ed him of bs (blood sugar) and esponsive. Ordered given to		that may provide staffing coverage needed. On 6/18/2014, the director	if
	transport. 911 in at	ospital]. Called to arrange t 8:45 am to transport rsdt mergency Room). Called rp		nursing contacted both of these nu and provided them with the educat This in-service includes the Diabet	ion.
	(Responsible Party	in r/t (relation to) being sent l], called all three no		Protocol below which also includes and symptoms of hypoglycemia (se	signs
	(numbers). No ans			below). Education began on 06/18/will continue until all employees ha	/14 and

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			E SURVEY IPLETED
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		10/2017
(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 CORRE ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	A review of the hos dated 5/4/14 revea to the hospital on 5 the facility on 5/4/14 included UTI (urina transient hypoglyce Discharge Summal Hospital Course ", " This [age of resid after she was found Gran Nursing Hominitial blood sugar whad recently been dinfection and had bantibiotic) for this. patient was treated infusions, until her infusion was stoppe the low 100s "	pital 's Discharge Summary led Resident #1 was admitted /3/14 and discharged back to 4. The discharge diagnoses ry tract infection); and emia (low blood sugar). The ry included information titled, "which read, in part: ent] woman was hospitalized dunresponsive at the Mary e with hypoglycemia. Her was as low as 44. She also diagnosed with a urinary tract een started on Bactrim (an Following admission, the with IV dextrose (sugar) sugar stabilized. When the ed, her BS remained stable in the facility.	F 30	received the in-service. Any en in-serviced by 06/18/14 will not to work until they have been in-Topics included: the hypoglyce protocol, provided by the Staff Development Coordinator. On 07/11/14, all current nurses nurses and licensed practical rare currently employed on a fultime or as needed basis will reeducation on the updated hypoprotocol provided by the Staff Development Coordinator and Nursing. Any employee not ins 07/11/14 will not be allowed to they have been in-serviced. The education will continue until all in-serviced and will be complet 07/16/14. 1. The current hypoglycemic pwhich was updated on 6/18/14 on 07/11/14 includes:	be allowed serviced. mia (registered urses) who I time, part beive glycemia Director of serviced by work until is nurses are ed by	
	The orders include "Decrease glipizide (every day); Change C/S (an abwhich referred to the times daily) 6AM-newith SSI (same scareevaluate if BS <7 meals. " A review of the resing Administration Recovere checked at 66 on 5/6/14. A note of			Diabetic Protocols All diabetic patients should hav glucose monitoring orders base individual needs. If orders are received on admission then the nurse should contact the MD for reason why orders for blood surare not required. Blood sugar le Responsive Resident: Give 120 Pass 2.0 PO. 120 cc of Med Pass 2.0 PO. 120 cc of Med Pass 2.0 PO. 120 cc of Med Pass 2.0 was left off in the pass correction but is the brand the uses. Hold Insulin or hypoglyce notify MD immediately. Re-che glucose every 15 minutes until	ed on their not e charge or orders or gar checks ess than 40 occ of Med ass 2.0 has is is not a plan of facility emic and ck blood	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		SURVEY PLETED
		345218	B. WING			06/1	C 18/2014
	PROVIDER OR SUPPLIER			120	REET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328		
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	A review of Resided (Minimum Data Serevealed the resided cognitive skills for required extensive locomotion on/off upersonal hygiene. supervision with exindicated Resident on 4/7 days during care plan was inclurecord. On 5/22/14, Resid BS. A review of Revealed that on 5/PM was 58 with a of 63. There was Progress note writh were made regard response to the rediabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (including the indicate that the New BS per the Diabetic Protocols notations were marecord (inc	ent #1 's quarterly MDS et) assessment dated 5/9/14 ent had severely impaired daily decision making. She assist with bed mobility, unit; dressing; toilet use; and The resident required ating. The MDS assessment at #1 received insulin injections the assessment period. No uded in the resident 's medical ent #1 was noted to have a low esident #1 's May 2014 MAR /22/14 the resident 's BS at 5 rechecked BS (no time noted) no record of a Nursing ten on this date; no notations ing interventions initiated in sident 's low BS per the in the Standing Orders; no de in the resident 's medical ne Nurse 's Notes and MAR) to P or physician was notified of a abetic Protocols in the Standing ated by the physician orders for The May 2014 MAR noted the e (antidiabetic medication) had eduled at 9 AM on 5/22/14; no o the resident on this date. A at #1 's Meal Intake records ated she had consumed akfast meal; and 51-75% of her intake record was available for No intake record was available esident 's acceptance of a	F3	309	glucose is above 80. Blood sugar less than 40 Unrespor Resident: Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediates Someone should stay with the patient the blood sugar is above 80. Recholood glucose every 15 minutes x 2 until blood glucose is above 80 and patient is responsive, or if remains 80, notify MD or order to send to Elevaluation. 911 should be called if patient does not respond to treatment has been unresponsive for more than insulin or hypoglycemic. Offer 1200 Pass 2.0. Recheck in 15 minutes. I sugar remains less than 80 or if the patient is symptomatic, call MD immediately. If blood sugar is great 80, give medications and either cal physician or fax physician if after no business hours. Resident assessing will be performed and documented Blood sugar less than 80 but greated or equal to 41 unresponsive reside insulin or hypoglycemic. Administer of Glucagon IM. Notify MD immediately. Someone should stay the patient until the resident become responsive. Recheck blood glucos 15 minutes x 2 or until the patient is responsive, or if remains unresponnotify MD or order to send to ER for evaluation. 911 should be called if patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here unresponsive for more than the patient does not respond to treatments here.	ely. ent until eck or I the below R for the ent and an 30 er than hold c Med f blood e ter than I ormal nent . er than it: hold r 1 unit with ies ie every s sive, r the ent and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345218	B. WING			C 18/2014	
NAME OF	PROVIDER OR SUPPLIEF	2		STREET ADDRESS, CITY, STATE, ZIP CO		10/2014	
MARY G	RAN NURSING CEN	TER		120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309	A telephone interv#1 on 6/18/14 at 3 shift nurse assign 5/22/14. During the that she could not However, she stat circumstance she resident Med Pass supplement high i gone back in 1 how When asked what next, Nurse #1 repacting fine, eating she would, "just that if the resident responding, she wasked if she would the low blood sugaresident had not come up, reported that if she would have been on the MAR. On 5/23/14, Resides on three occas s May 2014 MAR resident 's BS at AM BS was 61; ar 67. The May 2014 glipizide (antidiable scheduled on 5/23 record of a Nursin no notations were initiated in responted the Diabetic Proto notations were may see the service of	iew was conducted with Nurse :28 PM. Nurse #1 was the 2nd ed to care for Resident #1 on the interview, Nurse #1 reported recall this particular situation. ed that in this type of would have typically given the so (a liquid nutritional in calories, protein, and fat) and fur to recheck her blood sugar. It she would typically have done conted that if the resident was and responding appropriately, et it be. However, she noted was sluggish or not would notify the physician. When it have notified the physician of ar, Nurse #1 stated that if the responded or her blood sugars then yes. The nurse redid notify the physician, this moted in the Nurse 's notes or the fact of the state of the second in the Nurse 's notes or set the resident #1 was noted to have a low sions. A review of Resident #1 revealed that on 5/23/14 at 9 and on 5/23/14 at 9 and on 5/23/14 at 5 PM BS was 4 MAR noted the resident 's retic medication) was given as 8/14 at 9 AM. There was no g Progress note on this date; made regarding interventions are to the resident 's medical the Nurse 's Notes and MAR) to	F3	minutes. If you cannot reach the atten physician the patientOs blood responding to the actions or is unresponsive then call 911 transfer to the emergency ropatientOs blood sugar is impthe signs and symptoms of hare improving then contact the administrative nurse who will medical director. Some patients may have moparameters for contacting the This will be documented in a order and will be listed on the administration record. You not the physician anytime the pacondition meets the criteria in the order. 2. Documentation should be the nursing notes any time the implemented. This documente in the electronic health re Documentation must include blood glucose results, signs symptoms of hypoglycemia (shakiness, nervousness or a sweating, chills and clammin or impatience, confusion, include lightheadedness or dizziness nausea, sleepiness, blurred/vision, tingling or numbness tongue, headaches, weaknes anger, stubbornness, or sadicoordination, nightmares or coordination, nightmares or coordination, nightmares or confusion, nightmares or coordination, nightmares or coordination, nightmares or confusion, nightmares or coordination, nightmares or coordination, nightmares or confusion, nightmares or coordination, nightmares or coordination.	d sugar is not if the patient 1 and initiate om. If the proving and hypoglycemiane on call I call the physicians of the physicians of the embedding physician of the embedding physician of the embedding of the following: and the following the season of the following the		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		345218	B. WING		C 06/18/201	4
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLI	ETION
F 309	low BS per the Dial Orders or as indica a BS less than 70. resident on 5/23/14 Meal Intake records were no intake record were no intake record or mid-day meals; the state of	or physician was notified of a petic Protocols in the Standing ted by the physician orders for No insulin was given to the series of the series available for the breakfast the records indicated Resident 0-25% of her evening meal. A dicable, " was made on the exact intake record for exact interview, Nurse #2 reported exact this particular situation. She would have typically done exact interview, Nurse #2 reported exact the resident 120 cc of Med 6. When asked if she would exact in the resident 's BS, Nurse #2 m supposed to recheck it, but 't." The nurse indicated that the resident 's BS it should be of the MAR. She if the results of a BS recheck ex of the MAR, the BS was not #2 added that if the BS was it was less than 1 hour before shift, she would, "probably oming nurse." Upon inquiry, that she did not report any of blood sugars to the physician	F 309	during sleep, seizures, or unconsciousness), actions taken to improve the blood glucose levels s Med Pass 2.0 consumption or glucinjection, time these actions were the resident response to actions taken results of the blood glucose rechedincluding what time it was measured. 3. Documenting the times when any and rechecks are taken are importensure that proper protocols were followed. 4. It is also important that the nursing assistants document meal intake. nursing assistant is unable to docute food intake in point click care they notify you. You can then document point of care part of Point Click Cayou can document the meal intake nursing notes. If a nursing assistate unable to complete their document please notify the Director of Nursing leaving a note under her door. 5. Nursing assistants should notify a diabetic patient refuses a meal of eat less than 25 %. Make sure to eat	uch as agon aken, and sk sed. Stions and to and to and to and to and to are to to tin the are to tin the are to tin the ation g by a you if a fit they offer ss the anot do ar abetic at have so on the lowed	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
		345218	B. WING			06/1) 18/2014
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 20 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	5/23/14. During the that she could not When asked what for Resident #1 when urse stated that if would have called #1 also stated that her norm, " she was and given her Med she didn't do a regive her Med Pass hard to say and de Nurse #1 stated, "BS lows and Med I time (in the Nurses MAR)." On 5/28/14, an ord to receive Glucerna designed for peoplically based on the sirecommendation serving of Glucerna calories, 23 grams protein and 7 gram Glucerna between HS (bedtime). The meal and bedtis/30/14 were revied Resident #1's intameals or snack. A 2014 MAR revealers 10 AM Glucerna Glucerna was refused ocumentation of the 8 PM Glucerna designed for peoplical for the 8 PM Glucerna for the 8 PM Glucerna for the 8 PM Glucerna for the state of th	age 35 ad to care for Resident #1 on e interview, Nurse #1 reported recall this particular situation. she would have typically done en her BS result was 67, the she was not responding she the physician. However, Nurse if the resident was, "acting ould have kept a check on her Pass. Nurse #1 stated that if check, she probably didn't. But, she added that was pended on the situation. I try really hard to document Pass given at such and such a s' Notes or on the back of the er was initiated for Resident #1 a (a liquid nutritional product e with diabetes) three times facility's consultant Dietitian' due to a low oral intake. Each a, if consumed, provided 190 of carbohydrate, 10 grams of its of fat. Resident #1 received meals at 10 AM, 3 PM, and at time snack intake records from wed. There was no record of ake available for either her review of Resident #1's May d that on 5/30/14 Resident #1' was refused; the 3 PM sed; and, there was no he resident #1 received 4 units ance with her SSI regimen on	F3	609	program and will be discussed duri general orientation programs that is completed after 6/18/2014. All current nursing assistants who a currently employed on a full time, p time or as needed basis will receive education on documenting meal intall three meals. This was provided Staff Development Coordinator. Education began on 06/18/14 and continue until all employees have rethe in-service. Any employee not in-serviced by 06/18/14 will not be ato work until they have been in-servitation the end of your shift. This included: This documentation must be documented in point click care. If for any reason you are unable complete this documentation you motify your charge nurse. If a patient refuses a meal or eathan 25 % make sure to offer them alternative meal. If they continue to refuse or still do not eat then notify charge nurse immediately. As of 6/18/2014 employees that ha received this training will not be on schedule to work and will not be all to work until the in-services are completed. This training was incorporated into the general orient program and will be discussed duri general orientation programs starting 6/18/2014. Quality Assurance	are art e cake at by the will ecceived allowed viced. ed prior to hust ts less the other we not the owed ation ng all	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING	COMI	E SURVEY PLETED
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIR 120 SOUTHWOOD DRIVE BOX 33 CLINTON, NC 28328	P CODE	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	BS. A review of R revealed that on 5. AM was 68; on 5/3 documented; and 71. The May 2014 glipizide (antidiable scheduled on 5/31 record of a Nursing date; no notations interventions initiates low BS at 6 AM p Standing Orders; recorded at 9 AM; the resident 's me Nurse 's Notes and or physician was not as 0% at 3PM and Accepted, "was not peditime snack into the physician was not physician was not as 0% at 3PM and Accepted, "was not peditime snack into the physician was not peditime snack into t	_	F3	A Quality Assurance audit completed by the Unit Ma of Nursing in their absence all patients on glucose metimes 14 days then at least weekly x three months. The medication administration reviewed (last seven days monitoring) to ensure to end glucose levels are recorded and that results are above patient has a recorded blood less than 80 then their choreviewed to ensure that the protocol was initiated apposite the physician was notified protocol and that the docuincludes actions taken an actions and blood glucose items will be reviewed we months or until resolved the committee and will begin Reports of the audit will begin Reports of Nursing to the of Life- QA committee and action initiated as appropriof Life committee consists of Nursing, Administrator, Development Coordinator Manager, Wound Nurse, Assessments Nurse and and Health Information Mineets weekly. The medicing given minutes of the mee Administrator.	anger or Director te and will review conitoring daily st 10 patients The patientOs in records will be as of glucose ensure that blood ed as ordered as 80. If the cod glucose level art will be ine diabetic inforpriately, that if according to the umentation and times for these are checks. These are ch	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	` '	MPLETED
		345218	B. WING _		06	C / 18/2014
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP COD 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		710/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 309	in Upon inquiry, Nutypically would have with the resident 's indicated for the tree reflux) scheduled for blood sugar. When rechecked the resident would be blood sugar. When rechecked the resident would be blood sugars to the intime. A review of the Junnesident 's BS were 5PM. A note on the read in part, "flag on 6/1/14, Resident BS. A review of Rerevealed that on 6/1/14 at 5 at 2014 MAR noted the (antidiabetic medic on 6/1/14 at 9 AM. Nursing Progress rows made on the bodated 6/1/14 at 6:00 of Med Pass were gresponse to the reswith the results of at the re-check was not made in the resident the Nurse's Notes either the physiciant BS as indicated by	Nurse #2 stated, "not really. Irse #2 reported that she egiven the resident Med Pass. Prilosec (a medication eatment of gastroesophageal or 6:30 AM if she had a low a asked if she would have dent's BS, Nurse #2 stated, "t report it to the oncoming uiry, Nurse #2 reported that any of Resident #1's low physician or NP at any point e 2014 MAR revealed the echecked at 6AM, 9AM and en MAR was handwritten and to re-eval if BS<70 or >150." at #1 was noted to have a low esident #1's June 2014 MAR 1/14 the resident's BS at 6/1/14 at 9 AM her BS was 86; PM BS was 185). The June her ersident's glipizide ation) was given as scheduled There was no record of a note on this date; a notation ack of the resident's MAR O AM which indicated 120 cc given to the resident in indicated 120 cc giv	F 30	09		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _			/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	Standing Orders. A Meal Intake record was no documenta s breakfast or mid- indicated Resident evening meal on 6/ noted that two units resident at 5 PM or SSI regimen (for a MAR also revealed the Glucerna at 10 3PM; and 50% of th notation, " Accepte resident's bedtime 6/1/14. A telephone intervie #3 on 6/18/14 at 3: shift nurse assigne 6/1/14. During the the situation encou AM on that date. T resident was alert, at that time. Nurse resident 120cc Med BS approximately 3 recalled that the BS reported this to the reported that she re results on the back Nurse #3 indicated 's physician of the " no reason becaus was alert and orien A review of the Jun resident refused he	A review of Resident #1's s from 6/1/14 revealed there tion available for the resident 'day meals. The records #1 consumed 76-100% of the 1/1/14. The June 2014 MAR of insulin were given to the 6/1/14 in accordance with the BS of 185). The June 2014 Resident #1 accepted 25% of AM, none of the Glucerna at he Glucerna at bedtime. A ed, " was made on the enack intake record for ew was conducted with Nurse 57 PM. Nurse #3 was the 3rd d to care for Resident #1 on interview, Nurse #3 recalled ntered with Resident #1 at 6 in he nurse indicated that the oriented and responded to her enack and then rechecked her 180-45 minutes later. She is had come up and that she oncoming nurse. The nurse encorded the BS recheck of the MAR. Upon inquiry, she did not notify the resident low BS. She stated there was, see her BS came up and she ted and responded to me. "	F 30	09			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		NSTRUCTION		E SURVEY PLETED
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		120 SO	T ADDRESS, CITY, STATE, ZIP CODE DUTHWOOD DRIVE BOX 379 TON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	notations were made record (including the indicate that the NF the medication refure.) On 6/8/14, Resident BS. A review of Reserve aled that on 6/8 check at 6 AM; on 6 The June 2014 MA glipizide (antidiabet scheduled on 6/8/1 record of a Nursing written on 6/8/14 in blood sugar; no not interventions initiates low BS at 9 AM p Standing Orders; no resident 's medicals Notes and MAR) physician was notiff Diabetic Protocols indicated by the phythan 70. No insulin 6/8/14. A review of records from 6/8/14 documentation available by the phythan 70. No insulin 6/8/14. A review of records from 6/8/14 documentation available by the phythan 70. A telephone interview Glucerna at 10 AM; regarding her accession of 6/16/14 at 4:3 shift nurse assigned the evening of 6/7/1/11	ach of these dates. No de in the resident 's medical e Nurse 's Notes and MAR) to or physician was notified of Isal on 6/3/14 and 6/4/14. It #1 was noted to have a low esident #1 's June 2014 MAR 8/14 the resident refused a BS 6/8/14 at 9 AM her BS was 60. R noted the resident 's ic medication) was given as 4 at 9 AM. There was no Progress note having been reference to the 9 AM low tations were made regarding ed in response to the resident 'er the Diabetic Protocols in the onotations were made in the I record (including the Nurse 'to indicate that the NP or ited of a low BS per the in the Standing Orders or as ysician orders for a BS less was given to the resident on Resident #1 's Meal Intake 4 revealed there was no ilable for the resident 's ay meals. The June 2014 ident #1 accepted 0% of the condition of the Glucerna at the was conducted with Nurse 35 PM. Nurse #2 was the 3rd do care for Resident #1 on 14 to the morning of 6/8/14. The progress in the resident th	F3	09			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	COM	TE SURVEY MPLETED
		345218	B. WING			C / 18/2014
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CO 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	would not allow the also reported that seget agitated and reported that she was let me stick her find. A telephone interview Nursing Assistant (NA #1 was the 3rd Resident #1 on the morning of 6/8/14. Islept all night that ewould go into the rehours during round reported she would was breathing, if should be like that recalled that Residemorning of 6/8/14 awould be like that. An interview was consumed to have her the resident was also 6/8/14, Resident #1 reported that she general reported that she general resident at the resident at t	BS to be checked. The nurse cometimes the resident would fuse the BS checks. Nurse #2 ras, "yelling out and wouldn't ger." We was conducted with NA) #1 on 6/16/14 at 6:31 PM. shift NA assigned to care for evening of 6/7/14 to the The NA reported the resident evening. NA #1 stated that she esident's room every 2-3 as to check on her. The NA check to be sure the resident was wet, or had other eated the resident liked to ring leeded help. Upon inquiry, NA ent #1 was very agitated the and noted, "at times she	F 30	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		06	C / 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER	ı	STREET ADDRESS, CITY, STATE, ZIP 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	CODE	110/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 309	nurse reported that " the rest of the mo with herself that mo usual behavior for to indicated that she of results to the reside nurse stated she di BS result to the one was nothing else of A telephone intervie Nursing Assistant (I NA #2 was the 1st store Resident #1 on 6/8, resident was, " talk morning, but that th NA #2 reported the juice but would not morning. Upon inquip the meal for the her own. She recal sweet tea at lunchtif her tray to eat at all sure what that item resident actually co On 6/8/14, Resident second low BS rest June 2014 MAR rev resident's BS at 5 Progress note date " Pt (patient) unresp VS (Vital Signs) 96 rate); 18 (respiratio pressure); glucagor up to 71 pt alert resiglucerna refused st A notation was made	the resident appeared, "fine raing but noted she did talk bring. She noted this was a he resident. Nurse #4 lid not report the low BS ent's physician or NP. The d make a report of the 9 AM coming nurse but that there at of the ordinary to share. Ew was conducted with NA) #2 on 6/16/14 at 3:43 PM. Shift NA assigned to care for 14. The NA recalled that the ting a little off for a while "that is wasn't unusual for her. resident drank a little of her eat her breakfast that uiry, NA #2 stated that she set resident and then she ate it on led that the resident drank her me and kept something off of ater time, but the NA was not was or whether or not the nsumed it later that day. It #1 was noted to have a alt. A review of Resident #1's wealed that on 6/8/14 the PM was 42. A Nursing d 6/8/14 at 5:00 PM read: consive bs (blood sugar) 42 4 (temperature); 64 (heart in rate); 120/74 (blood in given bs (blood sugar) came pronsive sweating pt drank	F3	309		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	` '	E SURVEY PLETED
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 10 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328	1 00/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP			(X5) COMPLETION DATE
F 309	results of a BS reci 71. No notations we medical record (incomplete process) medicate the notified of a low BS the Standing Order physician orders for of Resident #1 's Notation of the evening mead documentation of the evening mead documentation of the Glucerna at bedtime A notation, "Accept resident 's bedtime 6/8/14. An interview was confided the interview resident was asleed rounds at 3PM. Shounds at 3PM in the sident was asleed rounds at 3PM. Shounds at 3PM in the sident was as the resident 's vital signification. The resident interview resident. The resident was given, the nurse resident. The resident was usual resident was awake again and found the	was 42; she was agon was given; and the heck (no time provided) was vere made in the resident 's cluding the Nurse 's Notes and hat the NP or physician was a per the Diabetic Protocols in the or as indicated by the ra BS less than 70. A review Meal Intake records from esident #1 consumed 26-50%	F3	609			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION ING		COM	E SURVEY PLETED
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP OF 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
F 309	nurse reported that normal self " after Nurse #5 stated that s BS again after the didn't document the that BS result when or 148. " Nurse #5 wouldn't eat her state of Glucerna. The nurse of Glucerna of Glucerna of Glucerna of Glucerna of Glucerna of Glucerna. The nurse of Glucerna of Gl	ge 43 ne (around 5:00 PM). The the resident seemed her " consuming this Glucerna. It she did check the resident ' e supper trays came out, but he result. The nurse thought is rechecked was, " either 100 stated that Resident #1 upper that evening, which was The nurse also reported that he resident drank another can hurse reported that she more times that shift. She hecks, " just involved verbal he resident would wake up and hend of the shift, the nurse hent #1 was sleeping (like she hat that time of night). Nurse haxed the resident 's physician hat to inform him that Resident how and that glucagon was hat the nurse indicated that she he physician if the resident hed unresponsive. The nurse the oncoming nurse in report glucagon to the resident, fusing her meals, and to hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hed the situation with Resident hat a worked the 2nd shift hat a worked the 2nd shift he oncoming nurse in report glucagon to the resident, fusing her meals, and to	F3	09			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING			C / 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 120 SOUTHWOOD DRIVE BOX CLINTON, NC 28328	ZIP CODE	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	stayed with the resishe woke up. Upon described as disorin NA stated that their Glucerna but would An interview was consider that occurred the state of the state	dent "the entire time" until a awakening, the resident was ented and very sweaty. The resident drank a whole can of In't eat her supper. Onducted with NA #4 on NA #4 worked as a NA on 6/8/14 and recalled the d with Resident #1 on that ed that she was working with nen the resident's sugar had eported that she assisted the ng a can of Glucerna at around rted that the resident was, "ing and seemed like she was said she was cold." The NA in and checked on the ry 30 minutes and noted that g sometimes and sometimes ported that around 8:00 PM or resident with drinking another hich she finished. The NA to ninquiry, the NA stated that necked on the resident was 1:30 PM on 6/8/14. The to be sleeping at that time. In #1 was noted to have a low esident #1's June 2014 MAR 20/14 the resident's BS at 6 tion dated 6/9/14 at 6 AM was of the June 2014 MAR. The resident #1's BS was 41; 2 re given under her tongue; and	F3	09		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	()		SURVEY PLETED
		245240				(
NAME OF		345218	B. WING		CODE	06/1	18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD B E APPROPRIA		(X5) COMPLETION DATE
F 309	shift nurse assigne the evening of 6/8/2 During this intervier nothing unusual not The nurse reported sometimes wake u not recall whether of The nurse reported resident's BS betwound it was low an unresponsive. The the Stat Box (referran emergency suppled Medication Room), but there wasn't athen went to a second there wasn't that time, the nurse sugar (2-3 packets stongue. After that final unit in the facilinglucagon and found stated that she reclamore than once but of the last recheck around 57. She remoaning at about the AM). Nurse #2 states AM when she gavenurse. When asked further intervention physician, Nurse #4 was coming up and A telephone interview on 6/16/14 at 6:31 NA assigned to car	35 PM. Nurse #2 was the 3rd d to care for Resident #1 on 14 to the morning of 6/9/14. w, the nurse recalled there was ted for Resident #1 that night. I that Resident #1 would p around 3 AM - 4 AM, but did or not she woke up that night. I that when she took the veen 6AM and 6:30AM, she	F3	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345218	B. WING _		06	/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	<u> </u>		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	nurse that the residence snoring. She recal reported the same that at 6:00 AM (on wake the resident unurse), and the nur and was trying to fisugar up. The NA to find any glucago then gave the residence tongue. The NA strespond while she was a land of the content of the conten	Jound 2:00 AM she told the lent was in deep sleep and led that at about 4:00 AM she to the hall nurse. NA #1 stated her last round) she couldn't up. She told Nurse #2 (the hall se said she was aware of it and the glucagon to bring her stated the nurse wasn't able in. She recalled that the nurse lent some sugar under her lated that the resident did not	F 30				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		345218	B. WING			C / 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(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 SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	ULD BE	(X5) COMPLETION DATE
F 309	she was told the renurse #6 stated, "51." Nurse #6 repand it was still low (nurse reported she from the neighboring the resident at 7:15 she waited 15-30 m would respond. Wide 7:45 AM, her BS was responding. Nurse rub and the resident obtained the vital siphysician, and received the Emergency Department was her second resident a shot of good beginning of May. May the resident did her sugar went up. knew it was different A review of Resident revealed a Physician received on 6/9/14 resident to [name content of the hospit records revealed Rair to another hospit specialty care/treat time of the transfer status), NSTEMI (ninfarction or heart and (kidney) insufficient	I think I was told (her BS was) orted the BS was rechecked (no value was given). The went and got a glucagon shot ag facility and administered it to AM. The nurse indicated that ninutes to see if the resident then the nurse went back at as 113 but she wasn't #6 stated she did a sternal at was still nonresponsive. She gins, phoned the on-call sived orders to send her out to partment. The nurse reported d time having to give the lucagonthe first was in the The nurse stated that back in d become responsive once "That's why this time Int." Int #1's medical record an's Telephone Order was at 8:25 AM to send the of hospital] to be evaluated. A stal Emergency Department esident #1 was transported by ital on 6/9/14 at 1:07 PM for ment. The diagnoses at the included AMS (altered mental on-ST-elevation myocardial attack), suspected CVA occident or stroke), renal cy, and ECG changes (an liogram is a test that evaluates	F 3	09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING				C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD	BE	(X5) COMPLETION DATE
F 309	Nursing (DON) on 6/17/14 at 9:47 AM DON was asked w to be done as follo 5/31/14, and 6/1/14 sugars were noted indicated that the cinstructed the nursif BS <70 or >150. an order meant the have been set asid the NP's attention would have been rathed by the DON indicated weekday, Monday what the DON's eafter the glucagon #1 on the evening the protocol was to However, she indicated physician notification result and that the glucagon would had determining this. Instead next day. When a were in regard to nevening of 6/8/14, that the resident w to bed made this dwas then asked wher nursing staff to 6:00 AM when the unresponsive. The expectations would	age 48 Inducted with the Director of 6/16/14 at 4:05 PM and 1. During the interviews, the that she would have expected w-up on 5/22/14, 5/23/14, 4 when Resident 's #1 's blood to be less than 70. The DON order received on 5/5/14 ing staff to "flag to reevaluate" The DON indicated that such at the resident 's chart should de at the nursing station to call in to it. Then, Resident #1 eviewed when the NP came in. If the NP came in every through Friday. When asked expectations would have been injection was given to Resident of 6/8/14, the DON stated that to notify the physician. Cated that the timing of the on would depend on the BS resident 's response to the live also been key in The DON reported that if in and the resident got back to ng staff may not call the lift, the nurse may tell the NP the sked what her expectations nonitoring the resident on the the DON indicated that the fact as okay when it was time to go ifficult to answer. The DON hat she would have expected to do on the morning of 6/9/14 at resident was found to be a DON stated, "My do have been for her (the 3rd some glucagon from our sister states).		09			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	COM	E SURVEY IPLETED
		345218	B. WING _			C 18/2014
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	1 00/	10/2014
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 309	facility at 6:00 AM vunresponsive. " In glucagon at 6:00 A an issue. " An interview was compared to be doned an issue. The NP. To intended to be doned an issue at the nurses would provide the procompared and the procompared a	when the resident was a regards to not giving the M, the DON stated, "that's onducted on 6/17/14 at 11:33 he NP clarified what she e when she wrote the order, if BS <70 or >150 " on 5/5/14 he NP stated that the facility "flag " a chart, which meant ull a resident's chart to edde to be reviewed, and edure as, "a tickler system." May 2014 and June 2014 #1, the NP stated she had not of any of the resident's low 0) during the months of May or cated she would have wanted f the BS results that were meters she had specified (less The NP indicated that if the e outside of the parameters as symptomatic, that she I a phone call. If the resident tic, flagging the chart for her to be next day would have been P noted that she was in the kday, Monday through Friday, and been on call the weekends and 6/7/14-6/8/14 from 7 AM -d what follow-up should have ucagon was administered to a lated that she would have toring done, including checks as at 20 minutes and one he NP noted that nursing ed the BS at least 2-3 times in inistering the glucagon. When	F 30	9		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION	COM	TE SURVEY MPLETED
		345218	B. WING			C / 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIF 120 SOUTHWOOD DRIVE BOX 37 CLINTON, NC 28328	CODE	110/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 309	asked what her tho length of time which resident was found sugar on 6/9/14 and administered on the delay was, " not ace An interview was comply with Resident # s May 2014 and Ju (noting the low BS 15/31/14, and 6/1/14 written to "flag to refor Resident #1. Upstated that he, " wo to be contacteda NP, especially if paphysician indicated Upon review of the evening of 6/8/14, the physician has got to there are always patient with hypogly notification. I would unresponsive reside becomes responsive notified. I think that needs to help guide asked what monitor he had been notified the evening of 6/8/14 have expected a recouldn't tell from the follow-up BS (a resphysician indicated monitoring would he information. He stawas initially unresponsive residence where the sum of the start in t	ughts were in regards to the elapsed between when the unresponsive with a low blood d when the glucagon was at date, the NP stated this	F3	109		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		345218	B. WING		06	/18/2014	
	ARY GRAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 51 every hour until the BS normalized for at least readings. He stated, "The problem is the ME was not contactedThey should have contact the physician from the get-go." When asked what his thoughts were in regards to the length time which elapsed between when the resident was found unresponsive with a low blood sugathe morning of 6/9/14 and when the glucagon was administered, the MD stated that amount time was, "too long in an unresponsive patier. The facility's Administrator was notified of the Immediate Jeopardy on 6/17/14 at 6:45 PM. A credible allegation of compliance was received 6/18/14 at 8:45 PM as follows: F 309 Corrective Action for Affected Patient The patient remains at the hospital as of 6/18/2014. Potentially Affected Patients All residents with physician orders for anti-glycemic meds could be potentially affected On 6/18/2014 the nurse consultant checked			STREET ADDRESS, CITY, STATE, ZIP COD 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 309	every hour until the readings. He state was not contacted the physician from what his thoughts was found unrespot the morning of 6/9/was administered, time was, "too lon. The facility 's Admilmmediate Jeopard credible allegation 6/18/14 at 8:45 PM. F 309 Corrective Action for The patient remain 6/18/2014. Potentially Affected All residents with planti-glycemic medications had or per MD order. One medications had or per MD order. One not have routine blo 6/18/2014 the MD for the patients are check were ordered. All current patients	BS normalized for at least 3 d, "The problem is the MDThey should have contacted the get-go." When asked were in regards to the length of between when the resident nsive with a low blood sugar 14 and when the glucagon the MD stated that amount of g in an unresponsive patient." Inistrator was notified of the dy on 6/17/14 at 6:45 PM. A conformal of compliance was received on as follows: The Affected Patient is at the hospital as of Patients hysician orders for a could be potentially affected. In the consultant checked that the interest of the surse consultant checked that the interest of the surse that all patients on these ders for glucose monitoring is patient was identified who did and order for blood glucose did. Who have physician orders for who have physician orders for did not orders for surse contacted and order for blood glucose did.	F3	09			
	unit managers or d	cations were reviewed by the irectors of nursing on ese patients the blood glucose					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		NSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		345218	B. WING				C 18/2014	
	PROVIDER OR SUPPLIER	ER		120 SC	T ADDRESS, CITY, STATE, ZIP CODE DUTHWOOD DRIVE BOX 379 TON, NC 28328	<u> 00/</u>	10/2014	
(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 309	results documented administration reco reviewed. 0 patients less than or equal tridentified with result and less than 80. On 6/17 and 6/18, the being on diabetic must blood glucose check identified as having during the last 30 during the la	-	F3	09				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG	CON	(X3) DATE SURVEY COMPLETED	
		345218	B. WING _			C / 18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	no missing meal do lunch on 6/18. 19 or greater than 50 %. 6/18/14 for a test. 1 25%-50% was interinformed him she or room in lieu of eatir resident the evenin test. The variation glucose levels coul medication. Of the the variations were administration time Systematic Change These changes we Director on 6/18/20 All current nurses (practical nurses) ar	esidents assessed. There was ocumentation for breakfast and if the 21 had meal intakes 1 resident was NPO on resident who ate less than eviewed by Administrator who often eats snacks from his ag a facility meal. Another g of 6/17/2014 was NPO for a of the resident 's blood d not be tied to anti-glycemic 21 residents reviewed none of related to medication s.	F 30	09			
	needed basis will re hypoglycemia proto Development Coorare two agency nur coverage if needed nursing contacted by provided them with includes the Diabet includes signs and (see below) 1. The current hypupdated on 6/18/14 Diabetic Protocols All diabetic patients monitoring orders by needs. If orders ar	eceive education on the scol provided by the Staff dinator on 6/18/2014. There ses that may provide staffing. On 6/18/2014, the director of both of these nurses and the education. This in-service ic Protocol below which also symptoms of hypoglycemia					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG	` ´COM	COMPLETED		
	345218	B. WING _			(18/2014		
ME OF PROVIDER OR SUPPLIER ARY GRAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 54 orders or reason why orders for blood sugar checks are not required. Blood sugar less than 40 Responsive Reside Give 120cc of Med Pass PO (by mouth). Hold Insulin or hypoglycemic and notify MD immediately. Re-check blood glucose in 15 minutes and every 30 minutes until blood glu is above 80. Blood sugar less than 40 Unresponsive Reside Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediate Someone should stay with the patient until the blood sugar is above 80. Recheck blood glucevery 15 minutes x 2 until blood glucose is at 80 and the patient is responsive, or if remains below 80 notify MD or order to send to ER for evaluation. 911 should be called if the patient does not respond to treatment and has been unresponsive for more than 30 minutes. Blood sugar less than 80 but greater than or equal to 41: hold insulin or hypoglycemic. Off 120cc Med Pass. Recheck in 30 minutes. If be sugar remains less than 80 or if the patient is symptomatic, call MD immediately. If bloods is greater than 80, give medications and eithe call physician or fax physician if after normal business hours. Resident assessment will be			STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	,			
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE		
orders or reason whether the checks are not required. Blood sugar less the Give 120cc of Med Insulin or hypoglyce immediately. Re-cheminutes and every is above 80. Blood sugar less the Administer 1 unit do insulin or hypoglyce Someone should steplood sugar is above sugar is	hy orders for blood sugar uired. an 40 Responsive Resident: Pass PO (by mouth). Hold emic and notify MD eck blood glucose in 15 30 minutes until blood glucose an 40 Unresponsive Resident: ose of Glucagon IM. Hold emic. Notify MD immediately. tay with the patient until the exe 80. Recheck blood glucose	F 30	09				
below 80 notify MD evaluation. 911 she does not respond to unresponsive for m Blood sugar less th equal to 41: hold in 120cc Med Pass. R sugar remains less symptomatic, call M is greater than 80, call physician or fax business hours. Reperformed and doc lf you cannot reach patient's blood sugactions or if the pat 911 and initiate tran If the patient's blood for the system.	or order to send to ER for buld be called if the patient of treatment and has been ore than 30 minutes. an 80 but greater than or sulin or hypoglycemic. Offer Recheck in 30 minutes. If blood than 80 or if the patient is MD immediately. If blood sugar give medications and either a physician if after normal esident assessment will be umented. the attending physician the gar is not responding to the ient is unresponsive then call asfer to the emergency room. od sugar is improving and the						
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa orders or reason wi checks are not requi Blood sugar less th Give 120cc of Med Insulin or hypoglyce immediately. Re-ch minutes and every is above 80. Blood sugar less th Administer 1 unit do insulin or hypoglyce immediately is above someone should st blood sugar is above every 15 minutes x 80 and the patient i below 80 notify MD evaluation. 911 sho does not respond to unresponsive for m Blood sugar less th equal to 41: hold in 120cc Med Pass. F sugar remains less symptomatic, call N is greater than 80, call physician or fax business hours. Re performed and doc If you cannot reach patient's blood sug actions or if the pat 911 and initiate trar If the patient's blood signs and symptom	AJAS218 PROVIDER OR SUPPLIER RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 54 orders or reason why orders for blood sugar checks are not required. Blood sugar less than 40 Responsive Resident: Give 120cc of Med Pass PO (by mouth). Hold Insulin or hypoglycemic and notify MD immediately. Re-check blood glucose in 15 minutes and every 30 minutes until blood glucose is above 80. Blood sugar less than 40 Unresponsive Resident: Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediately. Someone should stay with the patient until the blood sugar is above 80. Recheck blood glucose every 15 minutes x 2 until blood glucose is above 80 and the patient is responsive, or if remains below 80 notify MD or order to send to ER for evaluation. 911 should be called if the patient does not respond to treatment and has been unresponsive for more than 30 minutes. Blood sugar less than 80 but greater than or equal to 41: hold insulin or hypoglycemic. Offer 120cc Med Pass. Recheck in 30 minutes. If blood sugar remains less than 80 or if the patient is symptomatic, call MD immediately. If blood sugar is greater than 80, give medications and either	RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 54 orders or reason why orders for blood sugar checks are not required. Blood sugar less than 40 Responsive Resident: Give 120cc of Med Pass PO (by mouth). Hold Insulin or hypoglycemic and notify MD immediately. Re-check blood glucose in 15 minutes and every 30 minutes until blood glucose is above 80. Blood sugar less than 40 Unresponsive Resident: Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediately. Someone should stay with the patient until the blood sugar is above 80. Recheck blood glucose every 15 minutes x 2 until blood glucose is above 80 and the patient is responsive, or if remains below 80 notify MD or order to send to ER for evaluation. 911 should be called if the patient does not respond to treatment and has been unresponsive for more than 30 minutes. Blood sugar less than 80 but greater than or equal to 41: hold insulin or hypoglycemic. Offer 120cc Med Pass. Recheck in 30 minutes. If blood sugar remains less than 80 or if the patient is symptomatic, call MD immediately. If blood sugar is greater than 80, give medications and either call physician or fax physician if after normal business hours. Resident assessment will be performed and documented. If you cannot reach the attending physician the patient's blood sugar is improving and the signs and symptoms of hypoglycemia are	A BUILDING 345218 345218 BROVIDER OR SUPPLIER RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 54 orders or reason why orders for blood sugar checks are not required. Blood sugar less than 40 Responsive Resident: Give 120cc of Med Pass PO (by mouth). Hold Insulin or hypoglycemic and notify MD immediately. Re-check blood glucose in 15 minutes and every 30 minutes until blood glucose is above 80. Blood sugar less than 40 Unresponsive Resident: Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediately. Someone should stay with the patient until the blood sugar is above 80. Recheck blood glucose every 15 minutes x 2 until blood glucose is above 30 and the patient is responsive, or if remains below 80 notify MD or order to send to ER for evaluation. 911 should be called if the patient does not respond to treatment and has been unresponsive for more than 30 minutes. Blood sugar less than 80 but greater than or equal to 41: hold insulin or hypoglycemic. Offer 120cc Med Pass. Recheck blood sugar is greater than 80, give medications and either call physician or fax physician if after normal business hours. Resident assessment will be performed and documented. If you cannot reach the attending physician the patient's blood sugar is not responding to the actions or if the patient is unresponsive then call 911 and initiate transfer to the emergency room. If the patient's blood sugar is in proving and the signs and symptoms of hypoglycemia are	RAN NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 54 orders or reason why orders for blood sugar checks are not required. Blood sugar less than 40 Responsive Resident: Give 120c ord Med Pass PO (by mouth). Hold Insulin or hypoglycemic. Notify MD immediately. Re-check blood glucose in sa bove 80. Blood sugar less than 40 Unresponsive Resident: Administer 1 unit dose of Glucagon IM. Hold insulin or hypoglycemic. Notify MD immediately. Someone should stay with the patient until the blood sugar is above 80. Recheck blood glucose is above 80 and the patient is responsive, or if remains below 80 notify MD or order to send to ER for evaluation. 91 though doe called if the patient does not respond to treatment and has been unresponsive for more than 30 minutes. If blood sugar less than 80 but greater than or equal to 41: hold insulin or hypoglycemic. Offer 120cc Med Pass. Recheck in 30 minutes. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, call MD immediately. If blood sugar resistance is symptomatic, or responding to the actions or if the patient is unresponsive then call physician or fax physician if after normal business hours. Resident assessment will be performed and documented. If you cannot reach the attending physician the patient 's blood sugar is mirroving and the signs and symptoms of hypoglycemia are		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345218	B. WING		06	C 5/ 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 120 SOUTHWOOD DRIVE BOX 3 CLINTON, NC 28328	IP CODE	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 309	Some patients may parameters for corwill be documented be listed on the med You must contact the patient's conditional the order. 2. Documentation nursing notes any implemented. This the electronic health must include the foliagns and sympton shakiness, nervous chills and clammin confusion, includin lightheadedness or nausea, sleepiness tingling or numbne headaches, weakn stubbornness, or sightmares or cryir or unconsciousness the blood glucose to consumption or gluactions were taken taken, and results including what times. 3. Documenting the rechecks are taken proper protocols where the salso importated ocument meal into the salso important means the	the medical director. If have more specific attacting the physicians. This is in a physician order and will edication administration record, the physician anytime the in meets the criteria identified in should be completed in the time this protocol is a documentation should be in the record. Documentation following: blood glucose results, as of hypoglycemia (such as sness or anxiety, sweating, less, irritability or impatience, g delirium, rapid/fast heartbeat, and dizziness, hunger and should be in the lips or tongue, less or fatigue, anger, adness, lack of coordination, and out during sleep, seizures, as), actions taken to improve levels such as resource licagon injection, time these licagon injection inj	F3	09		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		345218	B. WING		06	/18/2014	
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER	A. BUILDING				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE	
F 309	they are to notify you the point of care particles. If a nursing complete their door. 5. Nursing assistant diabetic patient refutan 25 %. Make salternative and assappetite. 6. If a resident is diblood sugar check symptomatic a blood performed and the followed. As of 6/18/2014 and received this training to work and will not in-services are comincorporated into the and will be discussionientation program6/18/2014. All current nursing employed on a full basis will receive en intake at all three in the Staff Developmincluded: 1. Meal intake musend of your shift.	age 56 bu. You can then document in art of Point Click Care. Or you meal intake in the nursing assistant is unable to umentation please notify the by leaving a note under her asses a meal or if they eat less sure to offer the patient an ess the cause of the loss of abetic and does not have a order and becomes of sugar check will be diabetic protocol will be allowed to work until the apleted. This training was be general orientation program and that is completed started assistants who are currently time, part time or as needed ducation on documenting meal neals. This was provided by tent Coordinator. This at be documented in the atton must be documented in the at	F 36	09			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		345218	B. WING			C 18/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	1 00/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	this documentation nurse. 4. If a patient refuse % make sure to offer If they continue to report they continue to received this training to work and will not in-services are completed into the and will be discussed orientation program. Completion Date 6/ On 6/18/14 at 9:40 compliance was vaconfirmed that the following: Nursing each nurse had been hypoglycemic protodocumentation of the interviews also componed that the following is protodocumentation of the interviews also componed that the following is protodocumentation of the interviews also componed that they are the experiencing a leimportance of notify resident may be exsigns/symptoms of	es a meal or eats less than 25 er them the alternative meal. efuse or still do not eat then urse immediately. Inployees that have not g will not be on the schedule be allowed to work until the upleted. This training was e general orientation program ed during all general is starting 6/18/2014. PM, the credible allegation of lidated. The surveyor facility implemented the staff interviews confirmed en in-serviced on the current col (revised on 6/18/14) and the interventions. Facility staff firmed each nursing assistant in-serviced on the possible hibited by a resident who may ow blood sugar, the ving a nurse immediately if a	F 3	09		
	residents 'meal int 483.60(a),(b) PHAF ACCURATE PROC	akes. RMACEUTICAL SVC -	F 4.	25		7/11/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345218	B. WING				18/2014
	PROVIDER OR SUPPLIER	ER		12	TREET ADDRESS, CITY, STATE, ZIP CODE 20 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 425	them under an agre §483.75(h) of this punlicensed personal law permits, but on supervision of a lice. A facility must prove (including proceduracquiring, receiving administering of all the needs of each of the facility must eral licensed pharmace.	als to its residents, or obtain element described in part. The facility may permit hel to administer drugs if State ly under the general ensed nurse. ide pharmaceutical services res that assure the accurate g, dispensing, and drugs and biologicals) to meet resident. Imploy or obtain the services of cist who provides consultation e provision of pharmacy	F 4	25			
	by: Based on medical pharmacy staff intermaintain a supply of medication used to the emergency meresidents (Resident episode of unresponsible	record review, facility staff and erviews, the facility failed to of glucagon (an injectable treat severe hypoglycemia) in dication box for 1 of 1 sampled t #1) presenting with an acute onsiveness associated with low by began on 6/8/14. On 6/8/14, eir last dose of glucagon and ore doses available within the nemergency. Immediate oved on 6/18/14 at 9:40 PM. ed out of compliance at a lower of (D), isolated with potential			Corrective Action for Affected Patin Resident #1was discharged from the facility on 6/9/2014. Corrective Action for Potentially Affection Patients Any patient who requires GlucaGe administration has the potential to affected by the alleged deficient pronounced the Director of Nursicontacted the Director of Pharmac services and requested that two definitions of the mergency medication box. These	ne four	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING				C 18/2014
NAME OF F	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	, ,	
MARY G	RAN NURSING CENT	ER		120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 425	Continued From pa	ge 59	F 4	25			
	completes the staff was in the process	nal harm, while the facility training required. The facility of monitoring the heir corrective action.			were sent on 6/17/2014 and were vas being in the emergency boxes be Director of Nursing on 6/18/2014. Systematic Changes		
	The findings include				All current nurses (registered nurse	es and	
	Orders included a service of the undications for the undications for the undications for the undications for the undications read in pass < (less than) 40 Administer 1 unit do (intramuscularly). Notify MD (Medical Recheck BS (blood closely. A review of the Emulist for each of the Drug Kits (Stat Medical Following:	Unresponsive Resident:			licensed practical nurses) who are currently employed on a full time, p time or as needed basis will receive education beginning on 06/18/14 a continue until all employees have rethe in-service. Any employee not in-serviced by 06/18/14 will not be a to work until they have been in-serviced. Topics included: the hypoglycemia protocol, provided by the Staff Development Coordinator. There a agency nurses that may provide state coverage if needed. On 6/18/2014 director of nursing contacted both on nurses and provided them with the education. This included: 1. When GlucaGen is used from the	end will eceived allowed viced. are two affing , the of these	
	Injection Quantity: 2 Location: Top Com A review of the faci				emergency stat box the nurse mus complete an Emergency Kit Usage and fax to 1-888-522-4421. The charmonic should keep the form with the hour report and should report off to next shift that the medication has bordered.	t Form narge e 24 the	
	" Purpose: 1. To obtain obasis. 2. Immediate drugs. Procedure 8. (of 12) The phare	drugs on a prompt and timely availability of emergency e: macy will be notified that the has been used via the			 The GlucaGen should be received from the pharmacy that night in the delivery totes. When the medication checked in the charge nurse should the medication in the emergency be put the order form in the Director of Nursing box. If the GlucaGen is not received 	on is d put ox and f	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345218	B. WING		06/18	3/2014
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/10	7/2014
				120 SOUTHWOOD DRIVE BOX 379		
MARY G	RAN NURSING CENT	ER		CLINTON, NC 28328		
(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 CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 425	Continued From pa	age 60	F 425			
	of usage and prior delivery, but at leas has been removed deliver a replacement A review of the faci	gency Usage Form at the time to the next scheduled st within 24 hours after the drug. The pharmacy will ent. " lity's contract pharmacy Long a Procedures included		Director of Nursing must be notified leaving a note under her door. 4. If you utilize GlucaGen and the another dose in the emergency be contact the on-call pharmacy at CID rug 910-592-8444 to obtain the of from the back up pharmacy. If the pharmacy says that the dose cannot be recommended.	re is not ox inton	
	which read: " When a drug is use Kit, an Emergency be filled out and far pharmacy] along winsure proper billing	'Using the Emergency Kit " sed from the Emergency Drug Drug Kit Usage Form should ked to [name of contract ith the new order. This will g and proper restocking of the t. Failure to provide this form		obtained contact the Director of No. 910-305-6751. 5. If GlucaGen is not available and resident meets the diabetic protoc receive it, the MD will be called for to send to ER for evaluation. When is obtained 911 will be initiated. Unit Managers & MDS Nurse will of the send to the s	ol to order n order	
	medication when the becomes short of no Resident #1 was at 11/6/13 with cumula	ility being charged for a ne Emergency Drug Kit nedications. " dmitted to the facility on ative diagnoses which included		the stat box Monday through Frida document. If items identified as us not re-stocked they will initiate a for pharmacy. As of 6/18/2014 employees who have received this training will not be on	ed and orm to ave not the	
	revealed that on 6/8 PM was 42. A notation was mad s MAR dated 6/8/14 the resident 's BS	nt #1 's June 2014 MAR 8/14, Resident #1 's BS at 5 de on the back of the resident ' 4 at 5:00 PM which indicated was 42; she was glucagon was given.		schedule to work and will not be all to work until the in-services are completed. This training was incorporated into the general orien program and will be discussed dur general orientation programs that completed 6/18/2014. Quality Assurance	itation ring all	
	6/16/14 at 3:19 PM nurse assigned to 0 Nurse #5 reported Resident #1 on 6/8 to request replenish	onducted with Nurse #5 on . Nurse #5 was the 2nd shift care for Resident #1 on 6/8/14. that after using glucagon for /14, she faxed the pharmacy ment of glucagon in the Stat ew of the fax sent to the		A Quality Assurance audit has bee completed by the Director of Nursi ensure that all three emergency medication boxes had two doses of glucagen in the boxes. Beginning 06/20/14 daily (Monday through Frithe Unit Managers or Director of N	ing to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING			C 18/2014
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	written on the fax d Glucagon in any sta Unit 4, Unit 3. " Down with the Director of 10:15 AM, the DON routinely delivered the evenings (some glucagon requested would have been seevening of 6/9/14. A review of Resider revealed that on 6/5 AM was 41. A notate made on the back on the back of sugar wer BS recheck at 7 AM. A telephone interview #2 on 6/16/14 at 4:3 shift nurse assigned the evening of 6/8/7 The nurse reported the resident 's BS 6/9/14, the resident BS was low. The nurse reported the Stat Box (referran emergency supp Medication Room), but there wasn 't at then went to a second there wasn 't 'that time, the nurse sugar (2-3 packets) s tongue. After that final unit in the facil	the following notation was ated 6/8/14 at 10:29PM: "No at box. Please send for Unit 1, uring an interview conducted Nursing (DON) on 6/17/14 at I reported that the pharmacy medications for the facility in etimes as late as 11 PM). The d on the evening of 6/8/14 cheduled for delivery on the plant #1 's June 2014 MAR plant the resident 's BS at 6 tion dated 6/9/14 at 6 AM was of the June 2014 MAR. The desident #1 's BS was 41; 2 e given under her tongue; and	F 425	in their absence will audit all the emergency boxes to ensure eardoses of glucagen in the boxes of the audit will be given by the Nursing to the weekly Quality of committee and corrective action as appropriate. The Quality of committee consists of the Dire Nursing, Administrator, Staff D Coordinator, Dietary Manager, Nurse, Minimal Data Assessment and Support Nurse and Health Information Management and weekly.	ach has two s. Reports Director of of Life- QA on initiated Life ctor of evelopment Wound ents Nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING			C / 18/2014
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZI 120 SOUTHWOOD DRIVE BOX 3 CLINTON, NC 28328	IP CODE	10/2314
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 425	stated that it was all report to the on-cor An interview was co 6/16/14 at 2:33 PM nurse who came or Nurse #6 stated that that morning, the reshe was told the rendered was still low (nurse reported she from the neighboring the resident at 7:15 she waited 15-30 m would respond. Will 7:45 AM, her BS was responding. Nurse rub and the resident obtained the vital siphysician, and received and the resident obtained the vital siphysician, and received on 6/9/14 resident to [name or review of the Emergency Deput A resident to [name or review of the Emergency Deput A resident to [name or revealed Resident another hospital on specialty care/treat time of the transfer status), NSTEMI (ninfarction or heart at (cerebrovascular and (kidney) insufficient	bout 7:00 AM when she gave	F 4	.25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING _			C / 18/2014
	PROVIDER OR SUPPLIER RAN NURSING CENT	ER		STREET ADDRESS, CITY, STATE, ZIP 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	CODE	. 10.20
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 425	electrical activity of An interview was conversing (DON) on the interview, the Difacility 's process of specifically glucage kept at the facility. The medication from the nurse was suppose pharmacy informing DON then stated that medication out regularly scheduled that Nurse #5 did so 6/8/14 at 10 PM which stock needed to be on a review of the EList, each of the fack its (Stat Med Box doses of glucagon glucagon kept in the Upon inquiry, the Differences wasn'that even with that was glucagon would alwork backup. An interview was converse process was an interview was converse process. An interview was converse process was an interview was converse process. An interview was converse process was an interview was converse process. An interview was converse process was an interview was converse process. An interview was converse process was an interview was converse process. An interview was converse process was an interview was converse process.	_	F 42			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		06	C / 18/2014
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				STREET ADDRESS, CITY, STATE, Z 120 SOUTHWOOD DRIVE BOX S CLINTON, NC 28328	IP CODE	10/2011
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 425	box; and Unit 4 had the SDC outlined the SDC outlined the Stat Med Boxes stated that if a nurs medication not curred then the nurse would the Stat Med Box. Who pulled the medication, the natural sused, and the medication. The control of the pharmacy to needed to be replad and borrowed (notice same day delivery medication would be the next pharmacy each time glucagor Drug Kit Usage For and sent to the pharmacy each time glucagor Drug Kit Usage For and sent to the pharmacy to the facility 's three two things happened Kit Usage Form did didn't replace the fax. The SDC report would have failed it Stat Med Boxes. An interview was control of 6/9/14 will glucagon not being stated in the state of the stat	age 64 hared one box; Unit 3 had a d a box. During this interview, he process involved in ensuring is were fully stocked. The SDC he received an order for a rently available for a resident, hid pull that medication from The SDC reported the nurse dication would complete an hit Usage Form. This form hin on the nurse opening the resident receiving the he of the medication, dosage hacility's Unit borrowing the hompleted form would be faxed let them know the medication homed. Depending on the time of hing that the cut-off time for have around 4PM), the he sent out to the facility with hadelivery. The SDC stated that have used, the Emergency harmacy. She speculated that if have doses of glucagon in each of his Stat Med Boxes, then one of his telephoral that if the second of his telephoral that if the second of his telephoral that if have been filled out have been filled out harmacy. She speculated that if have used, the Emergency have been filled out have been fille	F 4	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		345218	B. WING _		06	/18/2014	
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 425	and there needs to checked and to ensign the checked at all times. The property of the checked at all times. The property of the checked at all times. The property of the checked and che	ds to be corrected immediately be a system where its sure it is available at all times." Onducted with Resident #1 's 4 at 12:50 PM. During the cian was asked if he felt that be kept in stock at the facility hysician stated, "Absolutely be in the building." We was conducted with the for the facility 's contract 14 at 1:25 PM. During this macy manager reported that Med Boxes were periodically armacy to ensure all hed in the boxes were kept on dates. Upon inquiry, the rindicated that records were ess) the boxes were replaced. In inventory sheet was kept by the identify the contents of the lame/dose of the medications age units of each. The ristated that when a len out of a Stat Med Box, the did to fill out a usage sheet and lacy. The Usage sheet in used for the billing purposes shment of medications used	F 42	25			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345218	B. WING		C 06/18/2014	
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	1 00/	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRICE OF THE A	LD BE	(X5) COMPLETION DATE
F 425	DON indicated that was not a process in place re-ordering/replenist the Stat Medication she noted that the expiration date on tindicated when the would expire. The consultant pharmac check/monitor this was nearing the exthat the pharmacy Box and send out a new expiration date facility 's Nurse Co 6/17/14, a process sure the facility 's Sappropriately. A telephone intervie facility 's Consultar 11:55 AM. The Corshe assumed responsible expiration date of the initiate replacement earliest expiration contents of the the boxes were fully. The facility 's Admil Immediate Jeopard	up until today (6/17/14), there for this. The DON stated that e up to this point included a shment procedure via use of Usage forms. In addition, Stat Med Box did have an he top of the box which first medication in the box DON reported that the cist was responsible to expiration date. When the box piration date, the DON stated would pick up the Stat Med a completely new box with a e. During this interview, the nsultant reported that as of had been developed to be stat Med Boxes were stocked be was conducted with the nt Pharmacist on 6/18/14 at a nsultant Pharmacist stated that onsibility to monitor the ne Stat Med Boxes and to to feach box based on the late of the medications in the nt Pharmacist confirmed that ed the responsibility to review Stat Med Boxes or to ensure by stocked at all times. Inistrator was notified of the lay on 6/17/14 at 6:45 PM. A confirmed was received on as follows:	F 4	25		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		345218	B. WING				18/2014
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				12	REET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTHWOOD DRIVE BOX 379 LINTON, NC 28328	<u> 00/</u>	10/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 425	Corrective Action for Any patient who rechas the potential to deficient practice. Nursing contacted the services and reques glucagon be included emergency medical sent on 6/17/2014 at the emergency box on 6/18/2014. Systematic Change All current nurses (practical nurses) will time, part time of education on the hyby the Staff Develop two agency nurses coverage if needed nursing contacted the provided them with 1. When glucagon stat box the nurse remergency Kit Usanumber of pharmackeep the form with report off to the next been ordered. 2. The glucagon st pharmacy that night the medication is charmacy that night the night that night	or Affected Patient scharged from the facility on or Potentially Affected Patients quires glucagon administration be affected by the alleged On 6/17/2014 the Director of the Director of Pharmacy sted that two doses of ed in each of the three tion boxes. These doses were and were verified as being in es by the Director of Nursing es by the Director of Nursing es registered nurses and licensed no are currently employed on a part as needed basis will receive (poglycemia protocol provided pment Coordinator. There are that may provide staffing the education. This included: is used from the emergency		125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING		06	C 5/ 18/2014
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP C 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	ODE	
(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 COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 425	Nursing must be not her door. 4. If you utilize gludose in the emerge pharmacy [name a pharmacy] to obtain pharmacy. If the p cannot be obtained Nursing [phone nursing [phone nursing [phone nursing in the diabetic protocolor called for an order room) for evaluation 911 will be initiated. Unit Managers & Moox Monday through items are identified they will initiate a form of 6/18/2014 en received this training to work and will not in-services are confincorporated into the and will be discuss orientation program6/18/2014. Completion Date 6 On 6/18/14 at 9:40 compliance was vaconfirmed that the following: Nursing each nurse had be procedures for obtained the services for obtained	is not received, the Director of otified by leaving a note under cagon and there is not another ency box contact the on-call nd phone number of the dose from the back up harmacy says that the dose is contact the Director of mber]. It available and resident meets of to receive it, the MD will be to send to the ER (emergency in. When the order is obtained, in the contact the Director of mber]. IDS Nurse will check the stat of the Friday and document. If it as used and not re-stocked, form to pharmacy. Inployees who have not the gwill not be on the schedule to be allowed to work until the inpleted. This training was the general orientation program and that are completed.	F 4	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345218	B. WING			C 06/18/2014	
NAME OF PROVIDER OR SUPPLIER MARY GRAN NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		16/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425		sing glucagon from the	F 4	25			