PRINTED: 09/22/2014 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		345369	B. WING		0:	C 8/ <b>20/2014</b>	
NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP 4420 LAKE BOONE TRAIL RALEIGH, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C  (EACH CORRECTIVE ACTIC  CROSS-REFERENCED TO TH  DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENT	TS .	F 0	000			
F 279 SS=D	complaint investiga ID# QEHU11. 483.20(d), 483.20(k		F 2	79		9/12/14	
		he results of the assessment and revise the resident's n of care.					
	plan for each reside objectives and time medical, nursing, a	evelop a comprehensive care ent that includes measurable tables to meet a resident's nd mental and psychosocial tified in the comprehensive					
	to be furnished to a highest practicable psychosocial well-b §483.25; and any s be required under § due to the resident.	describe the services that are ttain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise (483.25 but are not provided as exercise of rights under the right to refuse treatment).					
	by: Based on record refacility failed to develore plan for one of reviewed for dialysis. Resident #340 was	eview and staff interviews, the elop a comprehensive dialysis one resident (Resident #340) is care. Findings included:  admitted to the facility on m rehabilitation with multiple		This Plan of Correction of written allegation of complete deficiencies cited. However, submission of this Plan of not an admission that a design of that one was cited correction is submitted.	liance for the er, the Correction is eficiency exists ectly. This Plar		

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

00/12/201

**Electronically Signed** 

09/12/2014

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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.

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED	
		345369	B. WING _			C 20/2014	
NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	•	0/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  BY PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)			IOULD BE	(X5) COMPLETION DATE	
F 279	diagnoses including (ESRD), coronary a mellitus, and hyper. The annual Minimu assessment, dated Resident #340 was independent with plimited to extensive transfers, dressing receiving dialysis cathe facility.  The resident's care reviewed. There we which included goathe resident's need hemodialysis in an On 8/20/2014, at 1° administrator stated dialysis contract or planning residents because they were doctor's appointme reading the federal that they should had dialysis residents in steps to implement 8/20/2014. He report the only resident in the time and staff he center about his dialysis on to the faresident's chart. The that nursing staff we fistula and vitals be	g end stage renal disease artery disease (CAD), diabetes tension (HTN).  Im Data Set (MDS) 8/15/14, indicated that cognitively intact, was ersonal hygiene, but required assistance with bed mobility, and toilet use, and was are prior to being admitted to plan, dated 8/15/14, was as no care plan developed its and approaches to address	F 27	requirements established by statederal law.  For Tag 0279-  How Corrective action will be accomplished for those patient found to have been affected by deficient practice:  A comprehensive care plan was developed for Resident #340 of This care plan includes goals a approaches to address the resineeds as a recipient of outpatishemodialysis.  How the facility identified other having the potential to be affect same deficient practice:  An audit was completed on 8/2 revealing that there were no of residents receiving outpatient hemodialysis.  Protocol has been developed the hemodialysis dependent residents will be as protocol. Hemodialysis dependent residents will have a comprehen plan developed at the time of a or upon starting hemodialysis. has been established to ensuricate plan is implemented as well as the state of the state	ts/residents y the  as on 8/21/14. and sident's ent  residents ted by this  20/14 ther  to identify esident's odialysis sessed per dent ensive care admission Protocol e that the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345369	B. WING			0	
NAME OF PROVIDER OR SUPPLIER			B: W	STREET ADDRESS, CITY, STATE, ZI	<u> </u>	20/2014	
TW WILL OT	TROVIDER OR OUT FEET			4420 LAKE BOONE TRAIL	. OODL		
REX REI	HAB & NSG CARE CE	NTER		RALEIGH, NC 27607			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 279	On 8/20/2014 at 3:0 the comprehensive had been complete care planning dialyonate effective 8/20/2 facility's daily stand developing a dialys	200 PM, the MDS nurse stated care plan for Resident #340 d, but the facility had not been sis residents. She reported 2014, per discussion in the up meeting, they would be is protocol that will include esidents receiving dialysis.	F 2	Measures that the facility place or systemic change ensure that the deficient recur:  In-servicing was provided the requirement for a corplan that includes the resapproaches for the hemoat the time of admission.  In-servicing was provided the newly developed hem resident management produced the newly developed hem resident from the facility was produced into the quality program:  The Plan of Correction we monthly at the facility's all 2 months to ensure continunderstanding and compounderstanding and compounderstanding requirement completed weekly x 4 we residents receiving hemoments weeks then monthly x 2 ras the first 4 weeks of measure continuations will decrease weeks then monthly x 2 ras the first 4 weeks of measurements.	es made to practice will not de to all nurses on aprehensive care ident goals and idialysis resident de for all nurses on nodialysis potocol. assessment and ovided.  Acility's re the solutions is achieved, ss, and y assurance designee of the protocol and ints will be the idialysis. To biweekly x 4 months as long		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION  NG	COM	(X3) DATE SURVEY COMPLETED	
345369		B. WING			C <b>08/20/2014</b>		
NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4420 LAKE BOONE TRAIL RALEIGH, NC 27607		20/2014	
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F 279 F 333 SS=D	3 483.25(m)(2) RESIDENTS FREE OF		compliance and understanding of Correction.  Results of the monitoring will be presented and facility performar reviewed monthly at the Quality Assurance Performance Improvemeeting.  Any deviation from the establish Correction will be brought to the Administrator for further follow a action necessary to address the		oe ance will be ty ovement shed Plan of ne up and		
	by: Based on record reinterviews, the facil medication change recommendation for residents reviewed The findings include Resident #203 was 2/10/14 with medication. The most Data Set (MDS) daresident was severe Review of the medication.	eview, staff and physician ity failed to implement a related to a pharmacy or 1 (Resident #203) of 5 for unnecessary medications.  ed:  admitted to the facility on al diagnoses including atrial it recent quarterly Minimum ited 8/6/14 documented the ely cognitively impaired.  cal record for Resident #203 by recommendation dated		This Plan of Correction constitution allegation of compliance deficiencies cited. However, so of this Plan of Correction is not admission that a deficiency extended one was cited correctly. This I Correction is submitted to meet requirements established by sefederal law.  For tag 0333:  How corrective action was accepted for the resident found to be affected the service of the s	ce for the submission of an cists or that Plan of et tate and		

NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C	
REX REHAB & NSG CARE CENTER  (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH OBERCIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 333  Continued From page 4 8/3/14 signed by the physician that read in part "She has atrial fibrillation so it would be a viable option to further reduce the Metoprolol to 6.25 milligrams (mg) by mouth twice a day (bid) as her heart rate has been ranging in the 60's."  Review of the August 2014 physician orders revealed an order for Metoprolol 25 mg one half of tablet (12.5 mg) by mouth twice day. Further review of the August 2014 Medication Administration Record (MAR) revealed an order for Resident #203 was 62 beats per minute on 8/5/14. The MAR also documented the pulse rate was 55 beats per minute on 8/12/14.  On 8/20/14 at11:35 am during an interview, the attending physician stated it was his expectation for the facility nurses to transcribe the order and implement the medication change.  In an interview on 8/20/14 at10:43 am, the Director of Nursing stated it was her expectation for the murses to transcribe the order and adjust the medication as ordered.  Signal pharmacy recommendation procedure was developed to ensure that all monthly pharmacy recommendations are processed timely.  In-servicing was provided to all nurses on the Pharmacy Recommendations will be given to the provider to be addressed, returned and any new orders written within			345369	B. WING			
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 333  Continued From page 4 8/3/14 signed by the physician that read in part "She has atrial fibrillation so it would be a viable option to further reduce the Metoprolol to 6.25 milligrams (mg) by mouth twice a day (bid) as her heart rate has been ranging in the 60's."  Review of the August 2014 physician orders revealed an order for Metoprolol 12.5 mg one half of tablet (12.5 mg) by mouth twice a day. The same MAR documented the pulse rate for Resident #203 was 62 beats per minute on 8/5/14. The MAR also documented the pulse rate was 55 beats per minute on 8/12/14.  On 8/20/14 at11:35 am during an interview, the attending physician stated it was his expectation for the facility nurses to transcribe the order and implement the medication change.  In an interview on 8/20/14 at10:43 am, the Director of Nursing stated it was her expectation for the facility nurses to transcribe the order and adjust the medication as ordered.  P F 333  F 7 33  F 8 33  F 9 7 resident #203, the attending physician was notified of delay in order implementation. A variance was completed and the medication dose was reduced per order on 8/20/14.  How the facility identified other residents having the potential to be affected by this same deficient practice:  An audit was completed on 9/11/14 to ensure all other pharmacy recommendations were processed as written.  The audit revealed that there were no other unprocessed orders.  Measures put into place or systemic changes made to ensure that the deficient practice will not recur:  Pharmacy Recommendation Procedure was developed to ensure that all monthly pharmacy recommendations are processed timely.  In-servicing was provided to all nurses on the Pharmacy Recommendation Procedure. The procedure outlines that all original pharmacy recommendation was notified of delay in order implementation. A variance was completed and the medication dose was reduced per order on 8/20/14.  How the faci			ENTER		4420 LAKE BOONE TRAIL	1 00/20/2014	
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How the facility will monitor it's	F 333	8/3/14 signed by the "She has atrial fibrioption to further remilligrams (mg) by heart rate has been Review of the Augurevealed an order of tablet (12.5mg) I review of the Augustandinistration Record for Metoprolol 12.5 same MAR docum Resident #203 was 8/5/14. The MAR awas 55 beats per monomorphisms of the facility nurse implement the median interview on 8 Director of Nursing for the nurses to train the median physician for the facility nurse implement the median physician for the nurses to train the median physician physician for the nurses to train the median physician physician for the nurses to train the median physician physician for the nurses to train the median physician ph	le physician that read in part llation so it would be a viable duce the Metoprolol to 6.25 mouth twice a day (bid) as her in ranging in the 60's."  Just 2014 physician orders for Metoprolol 25 mg one half by mouth twice daily. Further st 2014 Medication for (MAR) revealed an order mg by mouth twice a day. The ented the pulse rate for a 62 beats per minute on also documented the pulse rate initiate on 8/12/14.  Just 2014 metoprolol 25 mg one half by mouth twice and the properties and the pulse rate for a 62 beats per minute on also documented the pulse rate in stated it was his expectation are sto transcribe the order and dication change.  Just 2014 at 10:43 am, the stated it was her expectation anscribe the order and adjust	F 333	For resident #203, the attending p was notified of delay in order implementation. A variance was completed and the medication dos reduced per order on 8/20/14.  How the facility identified other reshaving the potential to be affected same deficient practice:  An audit was completed on 9/11/1/ensure all other pharmacy recommendations were processed written.  The audit revealed that there were other unprocessed orders.  Measures put into place or system changes made to ensure that the epractice will not recur:  Pharmacy Recommendation Proc was developed to ensure that all in pharmacy recommendations are processed timely.  In-servicing was provided to all nut the Pharmacy Recommendation Procedure. The procedure outlines original pharmacy recommendation be given to the provider to be addireturned and any new orders writte 14 days.	se was sidents by this 4 to d as e no nic deficient edure nonthly rses on s that all ons will ressed,	

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		345369	B. WING			08/20/2014		
NAME OF PROVIDER OR SUPPLIER  REX REHAB & NSG CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  4420 LAKE BOONE TRAIL  RALEIGH, NC 27607					
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F 333	Continued From pa	nge 5	F3	performal are sustal evaluated integrated program:  The Plan monthly a ensure compliant designee procedure months.  Results of performal the Quality Improvement for a minity Any devial Correction Administry	nce to make sure the solutined, correction is achieved for effectiveness, and dinto the quality assurance of Correction will be reviewed the facility's nurse's mean the facility's nurse's mean the facility's nurse's mean the facility of the polymer of compliance with estable will be completed month of the monitoring and note will be reviewed month the facility Assurance Performance ment Committee meeting rimum of 3 months.  The facility of the monitoring and note will be reviewed month the facility of the monitoring and note will be reviewed month the facility of the monitoring and note will be brought to the rator for further follow up a cessary to address the definition of the facility of th	ed, ee ewed eting to nd N or lished ally x 3 chly in emonthly Plan of		