PRINTED: 03/05/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Į i	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345097	B. WING	· · · · · ·	1	С	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		2/20/2014	
				1411 DOVE STREET	_		
JESSE HI	ELMS NURSING CENTER	t		MONROE, NC 28111			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	iD		DECTION		
PRÉFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS		F 00	Disclaimer: Preparation and/ this Plan of Correction does admission or agreement by t	not constitute		
F 312 SS=D	the complaint investig recertification survey. 483.25(a)(3) ADL CAR	RE PROVIDED FOR	F 3 ⁻	the truth of the facts alleged set forth in this statement of The Plan of Correction is pr	or conclusions of deficiencies. epared and/ or required by the		
	daily living receives th	ble to carry out activities of ne necessary services to n, grooming, and personal		F312 CNA #3 and CNA #4 were i	re-educated by		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and oral hygiene.			the Nursing Supervisor on 2/1 Resident #49 meal tray is appropriate assistance is provided.	9/2014. delivered and		
	by:	is not met as evidenced n, interviews with a resident		The Medical Records of fac	ility residents		
	and staff and review or facility failed to provide	f the medical record, the		were reviewed by the MDS C 3/11/2014 to identify the requiring extensive assistance	ose residents		
ļ	assistance with eating			Residents requiring extensi	will ealing.	•	
	residents dependent o living. (Resident #49)	n staff for activities of daily		with eating will be observed b of Nursing and Administrative to ensure that appropriate	y the Director Nursing Staff		
	The findings included:			provided.	e assistance		
	Resident #49 was adm 12/31/12. Diagnoses ir dementia, anorexia, an	ncluded Alzheimer's		Nursing staff will be educe Director of Nursing/ and/ or S	Staff Educator		
		orders revealed Resident		on proper sequence of meal de requirement to provide assistance to residents requir	appropriate		
	#49 received a pureed	diet and high calorie		assistance to residents require assistance with eating.	ing extensive		
ĺ	supplements. Additions	ally, a physician's order		The Director of Nurs	ing and/or		
	dated 11/19/13 require	d Resident #49 to receive		Administrative Nursing Staff			
	one to one staff assista	ince with meals due to		five residents identified	as requiring		
	pocketing solid food. Review of an annual minimum data set dated 01/18/14 revealed Resident #49 was assessed			extensive staff assistance with a for 12 weeks to ensure that the	eating weekly		
					appropriate		
ORATORY D	RECTOR'S OR PROMOERISU	IPPLIER REPRESENTATIVE'S SIGNATURE	E	Administrator	March 12	K6) DATE	

Any deficiency statement with an asterist 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 zervey whether or had a plant correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation:

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

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14/11 DOVE STREET MORNOG, IN. 28111	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIF		(X3) DATÉ SURVEY COMPLETED	
JESSE HELMS NURSING CENTER JESSE HELMS NURSING CENTER AND CONTINUED TREET JESSE HELMS NURSING CENTER AND CONTINUED TREET JECAPH DEFICIENCY MAYTE BE PERCEPTED BY FULL REGULATORY OR LSC IDENTIFYON INFORMATION) FOR CONTINUED TRAIN OR CORRECTION REGULATORY OR LSC IDENTIFYON INFORMATION F1312 Continued From page 1 with impaired cognition and required extensive staff assistance with eating due to holding food/residuals in her mouth/cheeks. Review of a care plan, revised 01/22/14, revealed Resident #49 required extensive staff assistance with eating due to holding assistance with eating flow to require development included respond promptly to requests for assistance, provide necessary assistance at meal lime, and encourage as needed to promote optimal meal intake. Resident #49 was observed on 02/19/14 at 9:01 AM in her room after receipt of her breakfast meal from nurse aide (NA) #3. NA #3 placed the meal on the Residents over bed table, uncovered the breakfast meal from NA #3 that Resident #49 was observed to inform NA #3 that Resident #49 was observed to inform NA #3 that Resident #49 was observed to inform NA #3 that Resident #49 required one to one assistance with her meal in her meal inform to fee and uncovered the breakfast meal inform to the resident #49 was called out of Resident #49 service with her hands in her lap and starred at her food until she dozed off to sleep at 9:19 AM. Resident #49 awoke at 921 AM, removed the straw from her juice, placed the straw in her mouth and with the straw in her mouth, made several unsuccessful attempts to insert the straw back in the apple juice. At 9:31 AM, NA #4 returned to the Resident's room and							С
JESSE HELMS NURSING CENTER (C4-10) (C			345097	B. WING	THE CONTRACT OF THE PARTY OF TH	02	2/20/2014
MONROE, NC 28111 CANDIDATE OF PREERY TABLE MONROE, NC 28111 CANDIDATION OR LSC IDENTIFIED REPORMATION) PREERY TABLE	NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MONROE, NC 28111 CANDIDATE OF PREERY TABLE MONROE, NC 28111 CANDIDATION OR LSC IDENTIFIED REPORMATION) PREERY TABLE				1	1411 DOVE STREET		
F 312 Continued From page 1 with impaired cognition and required extensive staff assistance with eating due to holding food/residuals in her mouth/cheeks. Review of a care plan, revised 01/22/14, revealed Resident #49 required extensive staff assistance with activities of daily living (ADL) to include assistance with eating, Interventions included respond promptly to requests for assistance, provide necessary assistance at meal time, and encourage as needed to promote optimal meal intake. Resident #49 was observed on 02/19/14 at 9.01 AM in her room after receipt of her breakfast meal from nurse aide (NA) #3.0 NA #3 placed the meal on the Resident's over bed table, uncovered the breakfast meal. NA #4 entered the room to assist with positioning the Resident NA #4 was observed to inform NA #3 that Resident #49 and assistance, at 9:07 AM, NA #3 was called out of Resident #49 show as salt trays on another hall. Resident #49 and starred at her food until she dozed off to sleep at 9:19 AM, Resident #49 awoke at 9:21 AM, removed the straw from her juice, placed the straw in her mouth, made several unsuccessful attempts to insert the straw back in the apple juice. At 9:31 AM, NA #4 returned to the Resident's room and	JESSE HE	LMS NURSING CENTER	l .		MONROE, NC 28111		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) F 312 Continued From page 1 with impaired cognition and required extensive staff assistance with eating due to holding food/residuals in her mouth/cheeks. Review of a care plan, revised 01/22/14, revealed Resident #49 required extensive staff assistance with activities of daily living (ADL) to include assistance with eating, interventions included respond promptly to requests for assistance, provide necessary assistance at meal time, and encourage as needed to promote optimal meal intake. Resident #49 was observed on 02/19/14 at 9:01 AM in her room after receipt of her breakfast meal from nurse aide (NA) #3. NA #3 placed the meal on the Resident Expressed her preferences regarding condiments and NA #3 set up her meal. NA #4 entered the room to assist with positioning the Resident NA #4 was observed to inform NA #3 that Resident #49 as with her meal; NA #4 effether foom to help distribute breakfast trays on another hall. Resident #49 sove at 92:1 AM, removed the straw from her juice, placed the straw in her mouth, made several unsuccessful attempts to insert the straw back in the apple juice. At 9:31 AM, NA #4 entered to the Resident for som and	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	in.	PROVIDER'S PLAN OF CORRECTION		
continued From page 1 with impaired cognition and required extensive staff assistance with eating due to holding food/residuals in her mouth/cheeks. Review of a care plan, revised 01/22/14, revealed Resident #49 required extensive staff assistance with activities of dally living (ADL) to include assistance with eating. Interventions included respond promptly to requests for assistance, provide necessary assistance at meal time, and encourage as needed to promote optimal meal intake. Resident #49 was observed on 02/19/14 at 9:01 AM in her room after receipt of her breakfast meal from nurse aide (NA) #3. NA #3 placed the meal on the Resident expressed her preferences regarding condiments and NA #3 set up her meal, NA #4 entered the room to assist with positioning the Resident. NA #4 was observed to inform NA #3 that Resident #49 required one to one assistance with her meal; NA #4 left the room. NA #3 sat down to assist Resident #49 was called out of Resident #49 swo to lead to the reakfast trays on another hall. Resident #49 was left with her breakfast meal in front of her and uncovered. Resident #49 sat with her hands in her lap and starred at her tood until she dozed off to sleep at 9:19 AM. Resident #49 swoke at 9:21 AM, removed the straw from her juice, placed the straw in her mouth and with the straw in her mouth, made several unsuccessful attempts to insert the straw back in the apple juice. At 9:31 AM, NA #4 returned to the Resident's room and	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	3E	COMPLETION
drank approximately 3 ounces of juice		with impaired cognitions staff assistance with a food/residuals in her or resident #49 required with activities of daily assistance with eating respond promptly to reprovide necessary assencourage as needed intake. Resident #49 was observed and in her room after of meal from nurse aide meal on the Resident the breakfast meal, the preferences regarding up her meal. NA #4 er with positioning the Resident #49 with positioning the Resident #49 with breakfast meal in the resident #49 with breakfast meal in the resident #49's room to trays on another hall. If her breakfast meal in the resident #49 sat with starred at her food unter 9:19 AM. Resident #49 sat with starred at her food unter the straw back in the	eating due to holding mouth/cheeks. I, revised 01/22/14, revealed dextensive staff assistance living (ADL) to include guests for assistance, sistance at meal time, and it to promote optimal meal deceipt of her breakfast (NA) #3. NA #3 placed the sover bed table, uncovered the Resident expressed her accondiments and NA #3 set at the red the room to assist the sistance with her meal; NA is at down to assist ast down to assist as	F 31	deficient practice will be re-educated needed. Audit results will be shared with Administrator weekly and with the Quality Assurance Process Impro (QAPI) Committee monthly for 90 Further monitoring will be determined	ith the facility vement of days.	3/20/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A, BUILDIN			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345097	B. WING				C /20/2014
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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							1
F 312	Continued From page	2	F:	312			
	continuously at which	time NA #4 said "You were					
	thirsty weren't you?"	Resident #49 shook her	İ				
		A #4 gave Resident #49 two					
		which were observed as					
	_	signs of steam, to which the					
		"I'm not too crazy about it."					1
		ked by the surveyor if the					
	_	gh to which the Resident					
	replied "Huh, uh, I'm r	•					
		sident #49 pureed eggs					
		eat the food, Resident #49					
	held the pureed eggs	taste good." Resident #49					
		eggs from her mouth with a					
	napkin. As NA #4 fed	T-T					
	-	d without signs of steam,					į
		ced and shook her head					American de la companya de la compan
	•	stated to the resident "You					
		Resident #49 responded					
		g her head side to side. At					
	9:40 AM, NA #4 exite	d Resident #49's room to					
	answer the call light for	or another resident;	}				
	Resident #49's food w	vas left uncovered. At 9:42					
		Resident #49's room and					
		she wanted anymore of her					
		nt moved her head side to					
		Uh, uh " Resident #49's					
	breakfast tray was rer	moved and placed on a cart.					
	An interview was con-	ducted on 02/19/14 at 09:43					
		evealed she worked with					
		twice weekly. NA #4 stated					
		eat much, but drank fluids					
		5% of her meals. NA #4					
		to step away while feeding a					
		urned she usually asked the					
	resident if they want t	heir food reheated, but she					
	did not ask Resident	#49, nor did she assess the					
	temperature of the Re	esident's food because the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		0.4500	D MINO				С	
		345097	B. WING			02/	/20/2014	
	ROVIDER OR SUPPLIER LMS NURSING CENTER			STREET ADDR 1411 DOVE S MONROE, N				
				MONROE, N	C 20111			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BI OSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 312	Resident typically ate for this reason NA #4 Resident #49 did not On 02/19/14 at 1:22 Fobserved in her room lunch meal. Resident assistance with her luher meal and drank 3 stated that Resident #her meals and could eincluding whether or room An interview with nursoccurred on 02/20/14 revealed that staff was with meals who ate in meal trays first to resifollowed by those resident the lastly by those and then lastly by those stated meal trays on the cart to prevent someone and then gemeal tray. Nurse #2 shad to walk away from meal tray should be cowhen the staff member check to see if the foo and reheat it. Nurse #	her meals very slowly and stated that she thought like hot food. PM, Resident #49 was assisted by NA #5 with her #49 received prompt nch meal and ate 25% of 40 ml of her fluids. NA #5 49 usually ate about 25% of express meal preferences, not her food was hot.	F	312	DEFICIENCY)			
	director of nursing rev if a resident was fed b would not be pulled av	/14 at 3:15 PM with the ealed she would expect that by staff in their room, staff way from assisting with the eal should be covered and the staff should offer to	TANK TO A STATE OF THE STATE OF					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345097	B. WING		1	20/2014
NAME OF B	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 021	20/2014
NAME OF P	ROVIDER OR SUPPLIER		1	411 DOVE STREET		
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				MONROE, NC 28111		
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F 312	Continued From page	e 4	F 312			
	reheat the meal for th	ie resident.	3			
F 332 SS=D		OF MEDICATION ERROR NORE	F 332	1002	!	
	The facility must ensi medication error rate	ure that it is free of s of five percent or greater.	ACCUMANTA WAS TO SEE THE SECOND OF THE SECON	1. Nurse #4 was re-educated by Accreditation Coordinator on 2/19/20 Resident #2 was monitored and no no outcome was observed.		
	This REQUIREMENT is not met as evidenced by: Based on observed medication passes, staff interviews and record review, the facility failed to administer a correct dose of medication (Resident #2) and omitted a medication (Resident #15) which did not ensure a medication error rate of less than 5%. There were 2 errors of 30 opportunities for error which resulted in a medication error rate of 6.6%. Findings included: 1. Resident #2 was admitted to the facility on 11/09/07. Review of a monthly physician order sheet for			The medical records of facility resider be reviewed by the Director of Nursin Administrative Nursing Staff, to ensure resident medications were provided ordered. Licensed Nursing Staff will be educated Medication Administration with particular emphasis on ensuring accurate dosage Consultant Pharmacist or the Staff Ed. The Consultant Pharmacist will of Medication Administration Passes with nurses each month. Additionally Director of Nursing/Nursing Supervisions observe the medication administration with two purses each month.	ng and are that led as atted on reticular by the ucator. Observe ith two y, the sor will on pass	
February 2013 revealed an order for the topical non-steroidal anti-inflammatory medication diclofenac sodium 1% gel, to apply 2 grams (g), as measured with a provided dosing card, topically by gently rubbing into bilateral shoulders twice daily at 9:00 AM and 9:00 PM. On 02/19/14 at 8:40 AM, Nurse #4 was observed at the Resident's bedside with a plastic dosing card used for diclofenac sodium gel 1%. The plastic dosing card was marked in the middle as 2g and at the end as 4g. Nurse #4 applied the gel from one end of the plastic dosing card the other end marked 4g, removed the medication			with two nurses each month for months. Nurses found to have de practice will be re-educated as needed. Results of this monitoring will be with the Administrator and Direct Nursing after each observed medication and with the facility Quality Ass Process Improvement (QAPI) Commonthly for 90 days. Further monitoric be determined by the QAPI committee.	shared etor of on pass surance nmittee ng will		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E LMS NURSING CENTEF	1		14	FREET ADDRESS, CITY, STATE, ZIP CODE 111 DOVE STREET ONROE, NC 28111		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 332	from the card with glo into Resident #2's left more medication on t one end of the plastic end marked 4g, remo card with gloved hand Resident #2's right sh rubbing the medicatio shoulder, she stated medication from one the other end. Nurse washed her hands, d card and left the Resi medication. On 02/09/14 at 8:45 // Resident #2's medicat (MAR) at the medicat stated the order read medication for each s a plastic dosing card medication cart where and stated she squee end to end which was stated she should har medication for each s 02/19/14 at 4:42 PM (DON was interviewe nurses to cross check dosages with the MA were administered by right patient, and ther the medication was a ointment medications measuring device pro the manufacturer.	eved hands and rubbed it a shoulder. Nurse #4 applied the plastic dosing card from a dosing card to the other eved the medication from the ds and rubbed it into a noulder. While she was an into Resident #2's right she squeezed a ribbon of end of the measuring tool to #4 removed her gloves, ascarded the plastic dosing dent's room with the tube of AM, Nurse #4 reviewed the administration record ion cart in the hallway and to administer a 2g dose of shoulder. Nurse #4 obtained from the drawer in the enthe medication was stored as a 4g dose. Nurse #4 ve dispensed a 2g dose of	L.	332	Nurse #1 was re-educated by Accreditation Coordinator on 2/19/20 Resident #15 did receive the medication on negative outcome was observed. The Medical Records of facility rewill be reviewed by the Director of Nand Administrative Nursing Staff to that resident medications were proviordered. Licensed Nursing Staff will be educated the Consultant Pharmacist or the Educator on Medication Administration with particular emphasis on erresidents receive all prescribed medication administration. The Consultant Pharmacist will of Medication Administration Passes with the Medication Administration Passes will observe the Medication Administration Pass with two nurses each month for months. Nurses found to have depractice will be re-educated as needed. Results of this monitoring will be with the Administrator and Director of Oder Process Improvement Committee in for 90 days. Further monitoring with determined by the QAPI committee.	sidents Jursing ensure ided as ated by e Staff stration nsuring cations n pass. observe ith two y, the ervisor stration or three efficient d. shared etor of on pass surance nonthly	3/20/14

NAME OF PROVIDER OR SUPPLIER JESSE HELMS NURSING CENTER SUMMARY STATEMENT OF DEPICENCESS PRIETS SUMMARY STATEMENT OF DEPICENCESS PRIETS SUMMARY STATEMENT OF DEPICENCESS PRIETS TAG SUMMARY STATEMENT OF DEPICENCESS PRIETS TAG SUMMARY STATEMENT OF DEPICENCESS PRIETS TAG CONTINUED FROM DEPICENCY MIST BE PRECEDED BY PILL EACH DEPICENCY STATE BE PRECEDED BY PILL EACH DEPICENCY OF LIST GENTLY FIND IN-ORDER ATTON SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEPICIENCY) F 332 Continued From page 6 12/01/13 with diagnoses which included hypertension, 12.5 millingmams twice daily and to hold for an apical pulse under 55 or when the systolic blood pressure was less than 95 mm**lig (millimeters of mercury). Review of Resident #15's February 2014 Medication Administration Record (MAR) revealed the Carvediol scheduled to be administered at 9:00 AM and 9:00 PM. Observation on 02/19/14 at 8:44 AM revealed Nurse #1 prepared five medications to administer to Resident #15. The medications tid not include Carvediol. Nurse #1 administered the medications via Resident #16's feeding tube at 8:45 AM and flushed the tube with 240 milliters of water. Nurse #1 exited the room. Interview with Nurse #1 on 02/19/14 at 9:51 AM revealed Resident #15's freeling the administered the Carvediol since she obtained Resident #15's flood pressure and apical pulse measurements.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F3.32 Continued From page 6 12/01/13 with diagnoses which included hypertension. Review of physician's orders dated 02/05/14 revealed direction to administer Carvedilol (used to treat hypertension) 12.5 milligrams twice daily and to hold for an apical pulse under 55 or when the systolic blood pressure was less than 95 mmHg (millimeters of mercury). Review of Resident #15's February 2014 Medication Administration Record (MAR) revealed Nurse #1 anonunced a blood pressure and apical pulse unnunced a blood pressure measurement of 180/80 mmHg and the apical pulse unnunced a blood pressure measurement of 180/80 mmHg and the apical pulse of 72. Further observation on 02/19/14 at 8:44 AM revealed Nurse #1 prepared five medications to administer to Resident #15's Feeding tube at 8:45 AM and flushed the tube with 240 millititiers of water. Nurse #1 administered the medications via Resident #15's feeding tube at 8:45 AM and flushed the tube with 240 millititiers of water. Nurse #1 administered the medications solved the for administered the cavedided for administration at 9:00 AM. Nurse #1 applications choiced she hought she administered the Carvedilol since she obtained Resident #15 flood pressure and apical pulse measurements.			}		1411 DOVE STREET			
12/01/13 with diagnoses which included hypertension. Review of physician's orders dated 02/05/14 revealed direction to administer Carvedilol (used to treat hypertension) 12.5 milligrams twice daily and to hold for an apical pulse under 55 or when the systolic blood pressure was less than 95 mmHg (millimeters of mercury). Review of Resident #15's February 2014 Medication Administration Record (MAR) revealed the Carvedilol scheduled to be administered at 9:00 AM and 9:00 PM. Observation on 02/19/14 at 8:42 AM revealed Nurse #1 checked Resident #15's blood pressure and apical pulse. Nurse #1 announced a blood pressure measurement of 160/80 mmHg and the apical pulse of 72. Further observation on 02/19/14 at 8:44 AM revealed Nurse #1 prepared five medications to administer to Resident #15's feeding tube at 8:45 AM and flushed the tube with 240 millititers of water. Nurse #1 exited the room. Interview with Nurse #1 on 02/19/14 at 9:51 AM revealed Resident #15's feeding tube at 8:45 AM and flushed the tube with 240 millititers of water. Nurse #1 exited the room. Interview with Nurse #1 on 02/19/14 at 9:51 AM revealed Resident #15's feeding tube at 8:45 AM and flushed the tube with 240 millititers of water. Nurse #1 exited the room. Interview with Nurse #1 on 02/19/14 at 9:51 AM revealed Resident #15 foceived all of the medications scheduled for administration at 9:00 AM. Nurse #1 explained she thought she administered the Carvedilol since she obtained Resident #15's blood pressure and apical pulse measurements.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFD	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETION	
After review of Resident #15's MAR at 9:53 AM on 02/19/14, Nurse #1 explained the MAR sheet	F 332	12/01/13 with diagno hypertension. Review of physician's revealed direction to to treat hypertension and to hold for an ap the systolic blood premmHg (millimeters of Review of Resident # Medication Administrated at 9:00 Observation on 02/18 Nurse #1 checked Reand apical pulse. Nupressure measurements apical pulse of 72. Further observation or revealed Nurse #1 predications with administer to Reside not include Carvedilot the medications via Fat 8:45 AM and flush milliliters of water. Nurse #1 explain administered the Carresident #1 explain administered the Carresident #15's blood measurements. After review of Resident AM. Alter review of Resident AM.	s orders dated 02/05/14 administer Carvedilol (used of 12.5 milligrams twice daily ical pulse under 55 or when essure was less than 95 of mercury). It 5's February 2014 ation Record (MAR) lol scheduled to be AM and 9:00 PM. It 15's blood pressure are #1 announced a blood ent of 160/80 mmHg and the ent of 160/80 mmHg and the ent #15. The medications did with the ent and a side of the tube with 240 are #1 exited the room. If 1 on 02/19/14 at 9:51 AM is received all of the end for administration at 9:00 ned she thought she evedilol since she obtained in pressure and apical pulse ent #15's MAR at 9:53 AM	F3	332			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		345097	B. WNG_			02/	/20/2014
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JESSE HE	LMS NURSING CENTER	3			411 DOVE STREET		
0.000				M	IONROE, NC 28111		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI)	X	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
TAG	REGODATORY ON	ESO IDENTIFICATION ON MATION	17.0		DEFICIENCY)		
E 222	0	. 7					
F 332			F 3	332			
		ction to administer the	ĺ				
		the section she used for the					
		ation. Nurse #1 reported the					
		undone earlier in the shift.				1	
A contract of the contract of	•	MAR sheet with direction					
ĺ		vedilol was not available for	ļ	ĺ		İ	
	use and she did not a	idminister the Carvedilol.					
	Interview with the Dire	ector of Nursing on 02/19/14	İ				
	at 1:40 PM revealed s					İ	ĺ
	administer medication					ļ	
	physician.						
F 441		CONTROL, PREVENT	F 4	41	F441	ļ	
	SPREAD, LINENS	·				5	With the Version
Ti Vincentina					1.		
	The facility must esta	blish and maintain an			CNA #1 was re-educated regarding		1
		gram designed to provide a			proper use of the disinfecting wipes fro		
		mfortable environment and			orange top container by the Inf	ection	
		evelopment and transmission			Preventionist on 2/18/2014.	_	
	of disease and infecti-	on.			Resident #2 has been monitored a	1	
					negative outcomes have been observed	ı.	
	(a) Infection Control F	-			Ct-66		
	•	blish an Infection Control			Staff performing finger stick blood		• [
	Program under which	rols, and prevents infections			will be observed and/ or interviewed	- 1	
	in the facility;	ois, and prevents infections			Infection Preventionist and Administ	i	
İ	•	cedures, such as isolation,			Nursing Staff regarding disinf glucometers with wipes from the oran		
		an individual resident; and			containers according to manufact		
		d of incidents and corrective			instructions.	uter s	
	actions related to infe			-	nea actions.]
					Nursing Staff will be educated b	v the	
	(b) Preventing Spread	d of Infection		İ	Infection Preventionist or Staff Ed		
	(1) When the Infection		4		regarding disinfecting glucometers		
		ident needs isolation to			wipes from the appropriate con		
	prevent the spread of infection, the facility must			İ	according to manufacturer's instructio		•
Š	isolate the resident.	-		İ	The Infection Preventionist	or	ļ
į		rohibit employees with a			Administrative Nursing Staff will m	onitor	ļ
	communicable diseas	e or infected skin lesions			-		ļ
				1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345097	B. WING		C 02/20/2014	
	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 441	direct contact will trar (3) The facility must r hands after each dire hand washing is indic professional practice. (c) Linens Personnel must hand	th residents or their food, if asmit the disease. equire staff to wash their ct resident contact for which sated by accepted	F 44	five staff members performing fing blood sugars weekly for 12 weeks to the glucometer is disinfected with a wipes according to manufaction instructions. Any staff member four deficient practice will be re-educated. Results of this monitoring will be with the Administrator and Direct Nursing weekly and with the facility Assurance Process Improvement Commonthly for 90 days. Further monitors be determined by the QAPI committed.	observe pproved acturer's and with ated as shared actor of Quality mmittee ring will	
	This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to disinfect a glucose meter (used for blood sugar monitoring) after a finger stick blood sugar for 2 of 3 sampled residents observed for finger stick blood sugar checks (Residents #2 and #29). The findings included: 1. Resident #2 was readmitted to the facility on 11/09/07 with diagnoses which included diabetes mellitus. Review of monthly physician's orders dated 02/05/14 revealed direction to obtain finger stick blood sugars (fsbs) before meals and at bedtime. Review of an orange topped disinfectant wipes container's label revealed the manufacturer's direction for disinfection required the surface to be thoroughly wet. The direction specified: "Treated surface must remain visibly wet for a full			2. CNA #2 and Nurse #2 were re-eregarding disinfecting with wipes forange top container according manufacturer's instructions by the Freventionist on 2/18/2014 a 2/19/2014. Resident #29 has been monitored negative outcomes have been observed. Staff performing finger stick blood will be observed and/ or interviewed Infection Preventionist and Admin Nursing Staff regarding disinglucometers with wipes from the oral container according to manufactions. Nursing Staff will be educated Infection Preventionist or Staff Fregarding disinfecting glucometers.	rom the ing to infection and on and no red. I sugars do by the istrative infecting ange top incturer's by the Educator	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345097	B. WING				C /20/2014
JESSE HE	i	ATEMENT OF DEFICIENCIES	ID	14 N	TREET ADDRESS, CITY, STATE, ZIP CODE 411 DOVE STREET MONROE, NC 28111 PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 441	wet contact time." The cupboard on the nurs. Observation of Nurse at 4:15 PM revealed seeds by placing a stripthe glucose meter. A #1 used a wipe from a top. NA #2 wiped the placed it in a charger. Interview with NA #1 revealed her usual prosurface and immediate into the charger. NA shared glucose meters he obtained a febs a for saturation. NA #1 the surface required with the surface required with with the surface required with the surface required with the surface required with the surface required with the surface required with the surface required with the surface required with the surface required with the surface required with the surface required with the surface of the disinfecting but forgot wetness. Interview with Nurse # revealed staff should wait 4 minutes until characteristic staff should wait 4 minutes of the saturation for 4 minute directions given the staff minutes of visible satures idents' blood sugar glucose meters.	sible wetness for 4 minutes he container was located in a sing unit. Aide (NA) #1 on 02/18/14 she obtained Resident #2's with Resident #2's blood in fiter removing the strip, NA a container with an orange e glucose meter once and on 02/18/14 at 4:20 PM actice was to wipe the tely place the glucose meter #1 explained she wiped the r with the wipe each time and there was no "set time" reported she did not realize visible wetness for 4 Aith NA #1 on 02/18/14 at e received training in the time required for #2 on 02/19/14 at 4:09 PM wipe the glucose meter and harge placement. Nurse #2 requirement for visible es. Nurse #2 reported the taff did not include 4 uration. Nurse #2 reported rs were checked by shared	F	441	wipes from the appropriate consecording to manufacturer's instruction. The Infection Preventionist Administrative Nursing Staff will rative staff members each week perfinger stick blood sugars to obserglucometer is disinfected with apwipes according to manufactinstructions. Any staff member four deficient practice will be re-educanceded. Results of this monitoring will be with the Administrator and Direct Nursing weekly and with the facility of Assurance Process Improvement Commonthly for 90 days. Further monitoring be determined by the QAPI committee.	ons. or nonitor forming five the proved cturer's ad with ated as shared ctor of Quality unittee ng will	3/20/14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C		
		345097	B. WING_			02/20/2014
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 1411 DOVE STREET MONROE, NC 28111		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 441	changed the type or last week due to an virus. Nurse #3 rep wipe the surface an for 4 minutes. 2. Resident #29 was 12/21/12 with diagon mellitus. Review of monthly 02/05/14 revealed or blood sugars (fsbs) Review of an orang container's label revidirection for disinfer be thoroughly wet. "Treated surface must a minutes. Use add assure continuous wet contact time." cupboard on the nurve cupboard on the nurve cupboard on the nurve container #29's fsbs Resident #29's bloor removing the strip, container with an origlucose meter and surface was visibly	rurse #3 explained the facility f wipes used for disinfection outbreak of a gastrointestinal orted she directed staff to d keep the surface visibly wet as admitted to the facility on oses which included diabetes ohysician's orders dated direction to obtain finger stick before meals and at bedtime. The topped disinfectant wipes realed the manufacturer's otion required the surface to The direction specified: ust remain visibly wet for a full itional wipes if needed to risible wetness for 4 minutes The container was located in a rrsing unit. The direction a strip with of in the glucose meter. After NA #2 used a wipe from a range top. NA #2 wiped the placed it on the counter. The wet from 3:55 PM to 3:57 PM.	F			
	revealed she receive with a wipe and war placed in the charge	2 on 02/19/14 at 3:59 PM red direction to wet the surface it 4 minutes until it could be er. NA #2 explained she did ace was to remain visible wet				

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1	AND DI AN DE CORRECTION IDENTIFICATION NUMBER-		(X2) MUL [*] A. BUILDI		(X3) DATE SURVEY COMPLETED		
		345097	B. WING				С
		345057	D. WING _			02	/20/2014
NAME OF P	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
IEGGE DE	LMS NURSING CENTER	•	İ	1411	DOVE STREET		
JESSE HE	ELMS NURSING CENTER	· ·		MON	NROE, NC 28111		
(X4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFI	<	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA	ATE .	DATE
			ļ	į	DEFICIENCY)		
F 441	Continued From page	e 11	F 4	141			
		surface. NA #2 reported she					
	í	wipe down the glucose	İ				
		utes until charge placement.	1				
	THOUGH AND WAR 4 ITHIN	ates and charge placement.					
	Interview with Nurse t	#2 on 02/19/14 at 4:09 PM					
		wipe the glucose meter and					
		harge placement. Nurse #2		Į			
		requirement for visible					
		es. Nurse #2 reported the					
	directions given the s						
	_	uration. Nurse #2 reported	To the Delivery				
		rs were checked by shared					
	glucose meters.						
	giacoco motoro.			į			
	Interview with Nurse #	#3 on 02/19/14 at 4:14 PM					
	revealed she oversaw	v the facility's infection		İ			
		se #3 explained the facility					
		vipes used for disinfection					
		utbreak of a gastrointestinal		İ			
		ted she directed staff to					
	wipe the surface and	keep the surface visibly wet					
	for 4 minutes.	•					
							200
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