STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	**290 KEEL ROAD GRANTSBORO, NC 28529**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record reviews, observations and staff interviews, the facility failed to develop a care plan for residents who displayed negative behaviors for 1 of 1 residents investigated for behaviors (resident #105). Findings included: Record review indicated resident #105 was admitted to the facility on 6/30/2014 with cumulative diagnoses which included Dementia, Anxiety and History of falls.	F 279	Grantsbrook Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. GrantsbrookKs response to this Statement of Deficiencies does not	9/30/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 09/25/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	290 KEEL ROAD GRANTSBORO, NC 28529

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 1 The resident's Minimum Data Set (MDS) dated 7/7/2014 indicated the resident had severe cognitive impairment for making decisions. The resident's Care Plan dated 7/23/2014 was reviewed and revealed no problems related to behaviors. A care plan was implemented on 7/23/2014 which indicated the following: "Problematic manner in which resident acts characterized by ineffective coping: Wandering and/or at risk for unsupervised exits from facility related to attempts to leave building/unit if not prevented, cognitive impairment, depression, wants to go home." The goals listed were as follows: "Whereabouts will be known to staff as demonstarted by no events of leaving the facility unsupervised; Will have no episodes of unsupervised exits from the facility; Resident will wander only within specified boundaries; Will adapt to new environment." The interventions included: "Allow resident to wander on unit; At risk wandering protocol; Ensure Wander Guard is in place; Post name on door." The resident's Minimum Data Set (MDS) dated 8/3/2014 indicated the resident had severe cognitive impairment for making decisions. Review of the resident's record which included nursing notes from 7/22/2014 through 9/17/2014 indicated the following: 8/17/2014 at 11:30 AM "Resident up to wheelchair, confused, entering other resident's rooms and pulling blankets off them, easily redirected out of rooms but then just goes into the next room she comes to, asking if her boys are home from school yet, noncompliant with use of call bell for assist."	F 279	denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Grantsbrook reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F279 1. The care plan for resident #105 was reviewed by the MDS nurse and updated to include specific behaviors and interventions were put in place, completed on 9/24/14. 2. 100% of medical records for all current residents were reviewed for documented behaviors for the last sixty days to identify any negative behavior and to ensure implementation of interventions, completed by Interdisciplinary Team on 9-26-2014. All care plans will be updated with behaviors by 09-30-14 by the Social Worker. 3. The Social Worker and the MDS nurse will be in-serviced on identifying behaviors and the correct procedure relating to the care planning of behaviors with implementation of interventions by the Director of Nursing completed by 09-26-2014. To ensure that all behaviors are being identified and care planned with interventions in place the Social Worker will audit 3 residents medical records and care plans weekly XKs 8 weeks and then monthly XKs 3 months and update care plans as needed using a QI tool. 4. The Executive QI committee, to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	**290 KEEL ROAD GRANTSBORO, NC 28529**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 2 8/18/2014 at 3:07 AM "Resident unable to remember where room is repeatedly needs to be reminded to use her wheelchair and to stay out of other resident's rooms." 8/18/2014 at 1:18 PM "Resident noted on several occasions to be in other resident's rooms removing their blankets and trying to awaken them, easily directed ouit of rooms but after a few minutes, the behavior continues. She is noncomplaint with asking for assist to transfer or to use toilet, confusion noted by her repeatedly asking if her sons are ready to catch the school bus and that she needs to make breakfast for the boys, attempts made to redirect thoughts but unsuccessful." 8/18/2014 at 10:04 PM "Resident noted very confused wheeled self around the hall earlier this shift using no walk device. Assisted her back to her room, reoriented to her room with no success. Resident continued wheeling around the hall looking for her son." 8/20/2014 at 10:43 PM "Noted ambulating around the hall without assistive device. Assisted to her wheelchair, then noted resident was visiting/entering other resident's room and looking for her sister in law. Attempted to redirect with no success." 8/23/2014 at 11:44 AM Orthopedic note "Resident noted to be going into other residents' rooms and taking their blankets off and pulling at their diapers. Easily redirected to hallway, but after a few minutes, she would then enter another room."	F 279	include but not limited to, the Medical Director, Administrator, DON and the QI nurse, will review audits to determine and address trends and/or issues and to determine continued monitoring and the frequency of the audits monthly XKs 2 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	**290 KEEL ROAD** **GRANTSBORO, NC 28529**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 3 8/23/2014 at 3:10 PM "Resident continues to wander into other residents' rooms. Director of Nursing (DON) aware and room change put in effect." 8/24/2014 at 12:06 AM "On evening shift, resident was found in room 404 and 405. Resident in room rang call bellto report this resident was in their rooms and used the bathroom. Resident redirected out of room. Resident continued to walk the hall with frequent redirection needed." 8/24/2014 at 7:35 PM "Resident was found using other resident's bathroom. Also reported by residents on 400 and 200 hallthat resident has been going to their room, looking for her son. 8/29/2014 at 10:43 PM "Confusions observed, ambulated around the hall without assistive device, also noted going into other resident's room. Attempted to reorient with no success." 9/2/2014 at 10"03 PM "Confused and wanders in other residents' rooms." 9/4/2014 Orthopedic Note "Continues to wander in other residents' rooms." 9/5/2014 at 9:59 PM Medicare Care Plan Note "Resident needs frequent redirection. Noted attempting to push another resident in her Gerichair. Sitting on roommate's bed. Walking constantly without using wheelchair. Trying to care for others." 9/6/2014 at 1:33 PM "Noted trying to get into roommate's bed."	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	**290 KEEL ROAD GRANTSBORO, NC 28529**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 4	F 279		

9/8/2014 at 6:28 AM "Resident wanders into others personal spaceShe is easily redirected. Gait unsteady as she ambulates. Unsafe behavior observed, standing up from unlocked wheelchair."

9/12/2014 at 4:22 PM "Remains noncompliant with not using wheelchair and walking unassisted. Needs frequent redirection in regards to going in others' rooms."

9/16/2014 at 1:39 PM Orthpedic note "Resident confused to time and place, wandering into other residents' rooms. Resident went into another resident's room and put the resident's pants on."

The resident's Care Plan dated 7/23/2014 was reviewed and revealed an update in August 2014 for wandering related to 2 falls in the facility. The resident's negative behaviors were not addressed at the time of the update.

The resident's current care plan was reviewed on 9/17/2014 with all added updates since admission, and the resident's negative behaviors were not addressed in the care plan.

Observation of the resident in her room on 9/17/2014 at 10:30 AM She was seated in her wheelchair, wanderguard noted on left ankle. The resident was not verbally responsive to any of my statements, appeared very confused and not capable of an interview.

The facility DON was interviewed on 9/17/2014 on 10:30 AM and reported the facility was aware of the resident's behaviors, and measures had been taken to address the behaviors and included a psychiatric visit in which psyche meds

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING ______ B. WING ______	09/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	**290 KEEL ROAD GRANTSBORO, NC 28529**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 5 had been added and increased. The DON also stated the behaviors were discussed each morning in rounds as well as a 24 hour nursing reports which addressed the negative behaviors. The DON stated it was the responsibility of the MDS nurse to implement a care plan when a resident developed negative behaviors, and the expectation was this should have been implemented by the MDS nurse for resident #105. The facility Administrator was interviewed on 9/17/2014 at 10:35 AM and stated the expectation was a treatment plan should be implemented for a resident who displayed negative behaviors. The MDS nurse was interviewed on 9/17/2014 at 1:30 PM and indicated she was aware of the negative behaviors of the resident, but she assumed the wandering risk covered behaviors of the resident. She further stated she should have implemented a care plan that addressed the resident's specific negative behaviors.	F 279		