STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:
345292

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
09/18/2014

NAME OF PROVIDER OR SUPPLIER
GRANTSBROOK NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
290 KEEL ROAD
GRANTSBORO, NC 28529

(X4) ID PREFIX TAG
F 279
SS=D

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
F 279

PROVIDER’S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

COMPLETION DATE
9/30/14

F 279 (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.

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.

Grantsbrook’s response to this
Statement of Deficiencies does not

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE
Electronically Signed

(TITLE)
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**

**NAME OF PROVIDER OR SUPPLIER**
Grantsbrook Nursing and Rehabilitation Center

**STREET ADDRESS, CITY, STATE, ZIP CODE**
290 Keel Road
Grantsboro, NC 28529

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<td>F 279</td>
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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 demonstrated 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."
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**SUMMARY STATEMENT OF DEFICIENCIES**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>Event ID</th>
<th>Facility ID</th>
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<tbody>
<tr>
<td>Event ID: VJPP11</td>
<td>Facility ID: 923031</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
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<tbody>
<tr>
<td>8/18/2014</td>
<td>3:07 AM</td>
<td>&quot;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.&quot;</td>
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<tr>
<td>8/18/2014</td>
<td>1:18 PM</td>
<td>&quot;Resident noted on several occasions to be in other resident's rooms removing their blankets and trying to awaken them, easily directed out 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.&quot;</td>
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<tr>
<td>8/18/2014</td>
<td>10:04 PM</td>
<td>&quot;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 with no success. Resident continued wheeling around the hall looking for her son.&quot;</td>
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<tr>
<td>8/20/2014</td>
<td>10:43 PM</td>
<td>&quot;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.&quot;</td>
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<tr>
<td>8/23/2014</td>
<td>11:44 AM</td>
<td>Orthopedic note &quot;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.&quot;</td>
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**PROVIDER'S PLAN OF CORRECTION**

(Each corrective action should be cross-referenced to the appropriate deficiency)
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<td>F 279</td>
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| 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 bell to 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 hall that 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."
**NAME OF PROVIDER OR SUPPLIER**

GRANTSBROOK NURSING AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

290 KEEL ROAD
GRANTSBORO, NC 28529

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<td>9/8/2014 at 6:28 AM</td>
<td>&quot;Resident wanders into others personal space. She is easily redirected. Gait unsteady as she ambulates. Unsafe behavior observed, standing up from unlocked wheelchair.&quot;</td>
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<td>9/12/2014 at 4:22 PM</td>
<td>&quot;Remains noncompliant with not using wheelchair and walking unassisted. Needs frequent redirection in regards to going in others' rooms.&quot;</td>
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<td>9/16/2014 at 1:39 PM</td>
<td>Orthopedic note &quot;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.&quot;</td>
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<td>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.</td>
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<td>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.</td>
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<td>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.</td>
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| | | | | 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...
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.