THE TOTAL ATTENDED TO THE TOTAL AND THE TOTA					
OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs		A. BUILDING:	COMPLETE:		
		B. WING	2/5/2015		
OVIDER OR SUPPLIER	STREET ADDRESS	, CITY, STATE, ZIP CODE	•		
WOODS NURSING AND REHABILITATIC	ALBEMARLE,	NC			
SUMMARY STATEMENT OF DEFICIENC	ES				
483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP					
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.					
A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.					
This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to revise the care plan to include new interventions for the use of Abilify, Cymbalta, Ativan and Haldol for one of five residents assessed for unnecessary medications (Resident #45). The findings included: Resident #45 was admitted to the facility 7/18/14. Cumulative diagnoses included cerebrovascular disease.					
depression and vascular dementia.					
A Quarterly Minimum Data Set (MDS) dated 12/15/14 indicated Resident #45 had short term and long term memory impairment and was moderately impaired in decision-making. Moods noted during the observation period were noted as follows: little interest, feeling down/ depressed, feeling tired, feeling bad about self nearly every day. Behavioral symptoms not directed towards others were documented as having occurred 13 days. Meds: 7 days of injections, insulin, antianxiety and antidepressants.					
Physician orders for February 2015 were reviewed and revealed the following medications: Ativan (antidepressant) 0.5 mg (milligrams) po (by mouth) BID (twice daily) (original order was dated 12/23/14)					
Ativan 1 mg po every night (original order Abilify (antipsychotic) 4 mg po qam (eve	er was dated 8/11 ry morning) and	/14)	ıl order was		
Cymbalta (antidepressant) 30 mg po qod (original order was dated 7/18/14 for Cyr Haldol (antipsychotic) 5 mg IM (intramus	9every other day nbalta 60 mg. da scularly) q4hr (e	ily) very four hours) prn (as needed) for ag			
	DVIDER OR SUPPLIER WOODS NURSING AND REHABILITATIC SUMMARY STATEMENT OF DEFICIENCY 483.20(d)(3), 483.10(k)(2) RIGHT TO P. The resident has the right, unless adjudge of the State, to participate in planning car A comprehensive care plan must be devel assessment; prepared by an interdisciplini with responsibility for the resident, and o needs, and, to the extent practicable, the plegal representative; and periodically reviassessment. This REQUIREMENT is not met as evic Based on medical record review and staff interventions for the use of Abilify, Cymbunnecessary medications (Resident #45). Resident #45 was admitted to the facility depression and vascular dementia. A Quarterly Minimum Data Set (MDS) dimemory impairment and was moderately period were noted as follows: little interenally every day. Behavioral symptoms in 13 days. Meds: 7 days of injections, ins. Physician orders for February 2015 were Ativan (antidepressant) 0.5 mg (milligran 12/23/14) Ativan 0.5 mg by mouth twice daily at 9A Ativan 1 mg po every night (original order Abilify (antipsychotic) 4 mg po qam (eve dated 1/21/15 for Abilify 2 mg po qam an Cymbalta (antidepressant) 30 mg po qod (original order was dated 7/18/14 for Cyn Haldol (antipsychotic) 5 mg IM (intramus	THONLY A POTENTIAL FOR MINIMAL HARM DNES 345146 STREET ADDRESS 33426 OLD SAI ALBEMARLE, SUMMARY STATEMENT OF DEFICIENCIES 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PI The resident has the right, unless adjudged incompetent o of the State, to participate in planning care and treatment. A comprehensive care plan must be developed within 7 da assessment; prepared by an interdisciplinary team, that int with responsibility for the resident, and other appropriate needs, and, to the extent practicable, the participation of t legal representative; and periodically reviewed and revise assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the t interventions for the use of Abilify, Cymbalta, Ativan and unnecessary medications (Resident #45). The findings inc Resident #45 was admitted to the facility 7/18/14. Cumul depression and vascular dementia. A Quarterly Minimum Data Set (MDS) dated 12/15/14 inc memory impairment and was moderately impaired in deci- period were noted as follows: little interest, feeling down nearly every day. Behavioral symptoms not directed towa 13 days. Meds: 7 days of injections, insulin, antianxiety Physician orders for February 2015 were reviewed and re- Ativan (antidepressant) 0.5 mg (milligrams) po (by mouth 12/23/14) Ativan 0.5 mg by mouth twice daily at 9AM and 2PM (or Ativan 1 mg po every night (original order was dated 8/11 Abilify (antipsychotic) 4 mg po qam (every morning) and dated 1/21/15 for Abilify 2 mg po qam and 5 mg po qhs) Cymbalta (antidepressant) 30 mg po qod 9every other day (original order was dated 7/18/14 for Cymbalta 60 mg. da Haldol (antipsychotic) 5 mg IM (intramuscularly) q4hr (every morning) and (antidepressant) 5 mg IM (intramuscularly) q4hr (every morning) and (antidepressant) 6 mg IM (intramuscularly) q4hr (every morning) and (antidepressant) 8 mg po q49 every other day	THONLY A POTENTIAL FOR MINIMAL HARM DYNOER OR SUPPLIER WOODS NURSING AND REHABILITATIC SUMMARY STATEMENT OF DEFICIENCIES 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated u of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprel assessment; prepared by an interdisciplinary team, that includes the attending physician, a regist with responsibility for the resident, and other appropriate staff in disciplines as determined by th needs, and, to the extent practicable, the participation of the resident, the resident's family or the legal representative; and periodically reviewed and revised by a team of qualified persons after assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to revise the care plan to interventions for the use of Abilify, Cymbalta, Ativan and Haldol for one of five residents assess unnecessary medications (Resident #45). The findings included: Resident #45 was admitted to the facility 7/18/14. Cumulative diagnoses included cerebrovascu depression and vascular dementia. A Quarterly Minimum Data Set (MDS) dated 12/15/14 indicated Resident #45 had short term an memory impairment and was moderately impaired in decision-making. Moods noted during the period were noted as follows: little interest, feeling down/ depressed, feeling tired, feeling bad a nearly every day. Behavioral symptoms not directed towards others were documented as having 13 days. Meds: 7 days of injections, insulin, antianxiety and antidepressants. Physician orders for February 2015 were reviewed and revealed the following medications: Ativan (antidepressant) 0.5 mg (milligrams) po (by mouth) BID (twice daily) (original order was 12/23/14) Ativan 0.5 mg by mouth twice daily at 9AM and 2PM (original		

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

The above isolated deficiencies pose no actual harm to the residents

If continuation sheet 1 of 2 Event ID: VW5011

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM		PROVIDER #	MULTIPLE CONSTRUCTION A. BUILDING:	DATE SURVEY COMPLETE:		
FOR SNFs AN	ID NFs	345146	B. WING	2/5/2015		
NAME OF PROVIDER OR SUPPLIER BETHANY WOODS NURSING AND REHABILITATIC		STREET ADDRESS, CITY, STATE, ZIP CODE 33426 OLD SALISBURY ROAD BOX 1250 ALBEMARLE, NC				
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	CIES				
F 280	Continued From Page 1					
	The care plan for Resident #45 was reviewed and revealed there was no care plan for psychotropic medications.					
	On 2/5/15 at 12:06PM, Administrative s not a care plan for psychotropic medicat should have been a care plan for the use	tions. She stated s	she did not know how that was missed			