PRINTED: 01/23/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		345169	B. WING _			C 12/30/2014
	ROVIDER OR SUPPLIER	STO		STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	'	12/00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 201 SS=D	TRANSFER/DISCHA The facility must perm the facility, and not tra resident from the facil discharge is necessar and the resident's need facility; The transfer or discharcher the resident no longer provided by the facility. The safety of individuendangered; The health of individuendangered; The resident has failed appropriate notice, to under Medicare or Me For a resident who be after admission to a me facility may charge a charges under Medicare or Me For a resident who be after admission to a me facility may charge a charges under Medicare or Me For a resident who be after admission to a me facility may charge a charges under Medicare or Med	anit each resident to remain in ansfer or discharge the lity unless the transfer or ry for the resident's welfare eds cannot be met in the large is appropriate because has improved sufficiently so related the services by: als in the facility is als in the facility would ered; d, after reasonable and pay for (or to have paid edicaid) a stay at the facility. Ecomes eligible for Medicaid ursing facility, the nursing resident only allowable end; or operate. T is not met as evidenced ew, record review, staff ryiew, and physician failed to have a supportable mediate discharge for 1 of 3	F 2	Documentation provided by physical and included in the medical recorregarding supportable reason to immediate discharge for Resider All residents identified as having	rd issue nt #6.	1/21/15

01/16/2015 **Electronically Signed**

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)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	0.0.00		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 12	/30/2014
				9(69 COX ROAD		
BRIAN CT	R HEALTH & REHAB/GA	ASTO		G	ASTONIA, NC 28054		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	_	(X5)
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F 201	Continued From page	e 1	F	201			
	The findings included	i:			potential to be affected.		
	The feelith to Took of a	and Dischause Describes			Audit conducted by Administrator to	_	
		and Discharge Procedure, June 2013, stated that "A			identify other residents given immediat discharge notice in the last 30 days to	е	
		ansferred or discharged			ensure supportable reason to issue		
		nt to determine if a new plan			immediate discharge notice.		
		or the resident's needs to be					
	met at the facility."				Review regarding reasons for		
					transfer/discharge of a resident provide	∌d	
	Resident #6 was adm				by Administrator to Social Services	_	
	07/02/13. Her diagno	sorder, mood disorder and			Director, Social Services Assistant, and Director of Nursing to ensure complian		
		dical record revealed she			Director of Nursing to ensure compliant	ce.	
		are of psychiatric services in			Discharge/Transfer Monitoring Tool		
	I .	7/13 due to periods of yelling			implemented to ensure appropriate		
	out, confusion and wa				reasons for discharge/transfer are		
					supported. Discharge/Transfer Monito		
	She had been care pl				Tool to be completed by Administrator t		
	1	otropic medications since			all discharges/transfers 3 times weekly		
	12/10/13 and falls sin	ce 03/20/14.			2 weeks; then once weekly for 2 weeks then once monthly for 3 months.	; ;	
	Review of the medica	al record revealed Resident			,		
	#6 was seen by the fa	acility's consultant			Results of Discharge/Transfer Monitori	ng	
		ctitioner (psych NP) on			Tool will be incorporated in monthly		
		es stated staff reported her			Quality Assurance and Performance		
	I .	r since the start of Seroquel			Improvement Program to evaluate	_	
	, , ,	dication) on 09/04/14. Psych			compliance and effectiveness monthly	for	
		vealed Resident #6 was			3 months.		
	_	rded this date and having sych NP increased the dose					
		igrams (mg) 3 times a day.					
	I -	ch NP noted hallucinations					
		e. On 10/23/14, psych NP					
		orsening of mood and no					
	I .	psych NP saw the resident					
	on 10/30/14 for recen						
		iety. The resident was					
	noted as yelling a lot	and could not be redirected.					

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F 201	antidepressant) to 20 changed Clonazepar to 0.5 mg 2 times a cwith instructions to heast noted visit by the when Resident #6 wat night, staying awathere was no major obehaviors were unprirritable at times. He compliant with taking effects reported by strazodone (an anti-offects reported by strazodone (an anti-offects reported by strazodone) and she yelled loudly, cursing, yellin follows: *11/14/14 at 11:30 PM 7:30 PM she yelled loudly, cursing, yelled in the room. She was noted and she quiete own. *11/14/14 during the the resident was quiete own. *11/15/14 at 1:00 PM and fell sustaining a *11/16/14 at 1:00 PM and attempting to sta *11/19/14 at 11:00 PM and attempting to sta *11/19/14 at 11:00 PM at 6:30 PM and now	h NP decreased Prozac (an omg per day due to falls and m (an antianxiety medication) day and 1 mg at hour of sleep old for sedation/falls. The expsych NP was on 11/13/14 has reportedly unable to sleep ke and yelling. He noted escalation of mood noted, her edictable and she was further noted she remained of medications with no side taff. The plan was to start depressant) 25 milligrams insomnia. In the evening around outly to her son who was not be redirected with some effect end after 30 minutes on her 11:00 PM to 7:00 AM shift the tuntil 4:00 AM, when she hadly to someone who was not came quiet at 5:30 AM. We she removed her lap belt secratch on her head. It resident removing lap belt and. M resident talking to herself	F 2	01			
	conversing to some	ne not in the room. She was rocedure to collect urine via					

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F 201	the family expressed being lethargic. The was being treated for which could cause let she be sent to the horevealed she returned 11/21/14 at 1:45 PM. nurse spoke to the ethan was related to her urthe antibiotics would nurse practitioner was and orders were rece of Trazodone, to controutinely at night and 0.5 mg 2 times a day needed (prn). A telephone order by 11/24/14 decreased 6:00 AM and 25 mg 3 Seroquel 12.5 mg 3 PM and 10:00 PM penursing note dated 1 the medication changhad been yelling, usi saying profane things She was medicated who are not present *11/24/14 at 3:00 PM who are not present *11/28/14 at 2:00 PM anxiety and started to threw cup of juice on medication administed.	AM, nursing notes revealed concern about Resident #6 nurse explained the resident r a urinary tract infection thargy but the family insisted ospital. Nursing notes d from the hospital on The nursing note stated the mergency room physician ent's altered mental status inary tract and infection and resolve that issue. The se called per family request eived for the discontinuation tinue Clonazepam 1 mg at to reduce the Clonazepam routinely to 2 times a day as a the nurse practitioner dated the Seroquel from 12.5 mg at at 2 pm and 10:00 PM to times a day 6:00 AM, 2:00 er family request. The 1/24/14 at 11:00 AM noted ges and noted the resident ng derogatory language and a sabout family and others. With the prn Clonazepam. The nurse practitioner dated the Seroquel from 12.5 mg at at 2 pm and 10:00 PM to times a day 6:00 AM, 2:00 er family request. The 1/24/14 at 11:00 AM noted ges and noted the resident ng derogatory language and a sabout family and others. With the prn Clonazepam. The nurse practitioner dated the program of the p	F 2	01			

AND DUAN OF CODDECTION		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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F 201	when she began to ta continued until appro- rested the rest of the *11/30/14 at 2:30 PM and talking loudly to medication and was Resident #6's most re- quarterly dated 11/26 of 12 out of 15 on the status which indicate She required extensi- activities of daily livin delirium and no beha medications and hav changes were made this time. Nursing notes reveal hallucinations and re- as follows: *12/01/14 during the the resident was talk of shift. At approxim down and rested the *12/02/14 at 8:00 PM times. *12/03/14 at 8:30 PM legs dangling over si resident if she would began to curse and to not in the room. After redirect. Then at 8:30 loudly and argue with conversational way, in	atil approximately 3:30 AM alk loudly to self. This eximately 4:00 AM and she shift. I resident in hall yelling out self. Received prn quiet by 3:00 PM. Becent Minimum Data Set, a sold, coded her with a score eximately dishe was cognitively intact. The self interview for mental dishe was cognitively intact. The self interview for most goskills, was coded for no exiors, receiving psychotropic ing a history of falls. No to any of the care plans at the dongoing behaviors, moving self release lap belt and loudly to self at beginning ately 2:00 AM she quieted rest of the shift. It resident opened lap belt shift. If resident removed lap belt shift. If resident noted in bed with de of low bed. When asked put legs in bed, resident alk to other people who were to minutes staff was able to to PM she was noted to talk	F 20			

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F 201	at beginning of shift: 2:15 am which was e *12/05/14 at 11:00 P loudly all day and ha people not in the roo belt several times. *12/08/14 during the the resident talked lo 3:00 AM then rested *12/09/14 at 3:25 PN unhooking lap belt. *12/09/14 at 4:30 PN answering to person increase in vocalizat *12/09/14 at 5:00 PN cussing. *12/10/14 at 9:00 PN one and answering s *12/11/14 at 11:00 P and speaking to peo redirected. *12/12/14 at 11:00 P speaking to people v She unhooked lap be *12/16/14 at 8:35 PN and found resident ly Resident explained s rehooked it to stop a bathroom. When she she unhooked the al summon help. No inj Review of physician 12/16/14 at 10:50 PN escalate notify family (emergency room) for	resident talking loudly to self and gave prn Clonazepam at effective. M resident heard screaming ving conversation with m. She also unhooked lap 11:00 PM to &:00 AM shift addy and sang until about remainder of shift. It talking loudly to no one and and another self to the sident talking loudly, I resident talking loudly to no self, opened lap belt twice. M resident screaming loudly and who were not there and another self twice. M Resident yelling loudly and who were not in the room. Self twice. I resident's alarm sounded arm as she took herself to the fell and couldn't get back up arm from the wheelchair to	F2	01			

NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 201 Continued From page 6 tonight per family request." Nursing notes dated 12/16/14 at 11:00 PM Nurse #2 wrote that the resident expressed the same story of "I took my belt off and hooked it back and walked in to bathroom and (had bowel movement) when I got done I stood up and then I fell on the floor." No injury was noted and the hall nurse reported family wanted Seroquel held tonight. The on-call nurse practitioner gave the order to hold the Seroquel and send her to the ER if behaviors escalated. The note stated Nurse #2 gave information to hall nurse and 3rd shift nurse. On 12/17/14 at 12:30 AM nursing notes revealed	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO (X4) ID PREFIX TAG (X5) ID PREFIX TAG (C4) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 201 Continued From page 6 tonight per family request." Nursing notes dated 12/16/14 at 11:00 PM Nurse #2 wrote that the resident expressed the same story of "I took my belt off and hooked it back and walked in to bathroom and (had bowel movement) when I got done I stood up and then I fell on the floor." No injury was noted and the hall nurse reported family wanted Seroquel held tonight. The on-call nurse practitioner gave the order to hold the Seroquel and send her to the ER if behaviors escalated. The note stated Nurse #2 gave information to hall nurse and 3rd shift nurse. On 12/17/14 at 12:30 AM nursing notes revealed			345169	B. WING			C 12/30/2014		
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Resident #6 was experiencing an increase in agitation and hallucinations. She was combative with staff and redirection was unsuccessful. The physician was notified and an order to send the resident out for a psychiatric evaluation was received. EMS (emergency medical services) was notified and the police were dispatched as well. Police arrived and resident stated there was "a bushy haired man that was out to get me." The nursing note, signed by Nurse #1, further stated "Immediate discharge notice given to resident at time of transport." This nursing note was signed by Nurse #1. A telephone order, dated 12/17/14 and signed off at 1:15 AM by Nurse #1, included orders to send the Resident #6 to the hospital for a psych eval due to hallucinations, combativeness, and harm to self and others. Review of the transfer sheet sent with Resident #6 to the hospital dated 12/17/14 indicated the	F 201	tonight per family re Nursing notes dated #2 wrote that the re story of "I took my k walked in to bathroo movement) when I is fell on the floor." No nurse reported family tonight. The on-cal order to hold the Se ER if behaviors eso #2 gave information nurse. On 12/17/14 at 12:3 Resident #6 was ex agitation and hallucy with staff and redire physician was notified physician was notified resident out for a per received. EMS (em was notified and the well. Police arrived "a bushy haired ma The nursing note, s stated "Immediate of resident at time of t was signed by Nurs the Resident #6 to it due to hallucination to self and others. Review of the trans	d 12/16/14 at 11:00 PM Nurse sident expressed the same pelt off and hooked it back and per and (had bowel got done I stood up and then I to injury was noted and the hall ly wanted Seroquel held I nurse practitioner gave the eroquel and send her to the alated. The note stated Nurse in to hall nurse and 3rd shift. 30 AM nursing notes revealed experiencing an increase in inations. She was combative extion was unsuccessful. The ed and an order to send the expeniency medical services) applies were dispatched as and resident stated there was in that was out to get me." igned by Nurse #1, further discharge notice given to transport." This nursing note is effect to send the hospital for a psych evalus, combativeness, and harm	F 20					

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F 201	persons not there (prefusing assist, requiversusing and the Nurse assistent and answering assist, requiversusing and contact and answering and answering assist, requiversusing and contact and answering assist, requiversusing assist, requiversusing and contact and answering assist, requiversusing assist, requiversusing assist, requiversusing and contact and answering assist, requiversusing and contact and answering assist, requiversusing and contact and answering assist, requiversusing assist, requiversusing assist, requiversusing and contact and answering assist, requiversusing and contact and answering assist, requiversusing assist, requiversusing and contact and answering assist, requiversusing assist, requiversusi	speaks & answers to resent); argumentative, ires psych eval." Ing Home Notice of dated 12/17/14 and signed by 12/17/14 revealed Resident on 12/17/14 for the marked duals in this facility is duals in this facility would gered. The handwritten reason for endangerment to self and/or that in addition to notifying all representative (named) ne notice indicated the facility e" Resident #6 to (named sychiatric unit. The notice t's rights to appeal the ofton of the notice was a to the original was given to the oft transport and signed and in 12/17/14 at 2 AM. PM, Nurse #2 was self stated she was off stated and the in due to	F 20			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	$\langle \rangle$	X3) DATE SURVEY COMPLETED
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F 201	Seroquel and to send down. Nurse #2 state motioning with her hap resent but was not or resistant to all interversal watching television and leave her unattended shift nurse (Nurse #1 did not level out. Nur Resident #6 was send on 12/29/14 at 3:21 It telephone interview significant during the 3:00 PM to She stated she was a was a very busy night supervisor (Nurse #2 Nurse #3 described Fischer screaming more and she was not combating she was not combating she did not give the reservated. On 12/29/14 at 4:25 If #6 stated during teleptinformed the facility with the hospital but was restated she was not as "discharged" from the discharge notice under resident was transfer the hospital gurney, she arrived at the hospital gurney, she arrived at the hospital gurney.	Id the Seroquel that we the order to hold the I her out if she did not calm ed Resident #6 was ands at people who were not combative. She was entions, eating, drinking, and and the nurse was afraid to . Nurse #2 instructed the 3rd) to send her out if behaviors are #2 was not present when	F2	201		

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F 201	12/30/14 at 12:06 Resident #6 as tal hallucinating at the agitation increase resident began to then stated she sa out to get her. Nu give the prn Clonaneeded to call the family had already #1 stated she optorder to send Resasked what paper Nurse #1 stated the medication admin form, face sheet a about a discharge Nurse #2 gave he Resident #6 if she during the night be contained. Nurse was leaving the faresident the envel hold on to the hold on to the the family she was increased agitation. Several attempts worked with Residuated with the Nursing (DON) and Per the Administration (DON) and Per the Administration to the hospital at threat to themse	nterviewed via telephone on AM. Nurse #1 described king very loudly and be beginning of the shift. Her d and Nurse #1 stated the swing and kick the staff. She aw a bushy haired man who was rese #1 stated that in order to uzepam, she would have family for approval. Since the requested no Seroquel, Nurse and to use the already received ident #6 to the hospital. When work was sent with the resident, astration records, the MOST and nursing notes. When asked notice, Nurse #1 stated that re a sealed envelope to give to was sent out to the hospital at she did not know what it #1 stated that as Resident #6 cility with EMS, she handed the ope instructing Resident #6 to elope. She stated she informed is being sent to the hospital for in.	F2	201		

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F 201	related to immediate blank forms the Adm signed available for discharge was neces with the support of the instructed Nurse #2 for Resident #6 and the resident was serearly morning hours stated she received Resident #6 was sees someone, talked abounch staff were afratherself or someone of Administrator agreed discharge Resident #6 DON or Administrator behaviors staff described the clinical record. Interview with the CI revealed on 12/30/14 gave the verbal order the hospital if behavions NP who did not comfunfamiliar with the recouple of weeks price the stated she had dest time he saw her ther switch could be could be calm and ebehaviors quickly. Here	discharges. There were inistrator had previously staff to fill out if an immediate sary. The DON stated that he Administrator, the DON to fill out a discharge notice give it to Nurse #1 in case at to the hospital during the of 12/17/14. The DON a call just after midnight that sing things, was going to kill out knives, was swinging so id she was going to hurt less. The DON and at it was necessary to #6 for her own safety. Neither or were present to witness the ribed about knives and h were not documented in finical Division Director 4 at 12:45 PM the NP who are to send Resident #6 out to fors escalated was the on-call the to this facility and was	F 20	01		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY
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BRIAN CT	R HEALTH & REHAB/GA	asto		9	69 COX ROAD GASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 201	someone, and that he control. The physicia the call earlier in the strequest to hold the Scheld the Seroquel as have helped her behaphysician further state decision to not accept ER. 483.12(a)(4)-(6) NOT BEFORE TRANSFER Before a facility transpersident, the facility manner of the resident of the the reasons for the manguage and manner the reasons in the resinclude in the notice to paragraph (a)(6) of the	ting, resisting care, its such as going to kill or behaviors were out of in stated that if he received shift related to the family's eroquel, he would not have he felt this medication may aviors improve. The ed he was not involved in the it the resident back from the interest or discharges a must notify the resident and, imber or legal representative transfer or discharge and ove in writing and in a rethey understand; record sident's clinical record; and he items described in		201			1/21/15
		nder paragraph (a)(4) of this e by the facility at least 30					
	before transfer or disc individuals in the facil under (a)(2)(iv) of this health improves suffic immediate transfer or	as soon as practicable charge when the health of ity would be endangered a section; the resident's ciently to allow a more discharge, under paragraph in; an immediate transfer or					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
		345169	B. WING _			C 12/30/2014
	ROVIDER OR SUPPLIER	ASTO		STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054		12/00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 203	Continued From page	e 12	F 2	03		
	medical needs, under section; or a resident facility for 30 days.	by the resident's urgent paragraph (a)(2)(ii) of this has not resided in the				
	this section must inclive or discharge; the effect discharge; the location transferred or discharge resident has the right State; the name, add of the State long term nursing facility reside disabilities, the mailin number of the agency protection and advoction disabled individuals ethe Developmental D of Rights Act; and for who are mentally ill, the telephone number of the protection and ad individuals established Advocacy for Mentally	acy of developmentally established under Part C of isabilities Assistance and Bill nursing facility residents he mailing address and the agency responsible for vocacy of mentally ill d under the Protection and				
	Based on record rev family interviews, the resident and family p	iew, staff interviews and facility failed to notify the rior to issuing an immediate of 3 sampled residents les (Resident #6).		Written Notification of Dischar to Responsible Party of Reside All residents identified as having potential to be affected.	ent #6.	
		nitted to the facility on		Audit completed by Administra identify written notification is p other residents/responsible pa have been discharged in the la Review of Notice Requirement	rovided to arties who ast 30 days.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	ILTIPLE CONSTRUCTION (X3) DATE DING		SURVEY PLETED	
		345169	B. WING				C 30/2014
	ROVIDER OR SUPPLIER	ASTO		96	TREET ADDRESS, CITY, STATE, ZIP CODE 69 COX ROAD ASTONIA, NC 28054	12/	30/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 203	the facility since 08/0 out, confusion and ware confusion and ware Review of the medical #6 was seen by the compractitioner (psych NF 10/08/14, 10/23/14, a visits, medications has behaviors and insome Nursing notes for Nove Resident #6 exhibited loudly, cursing, yelling removing her self released to 11/14/14 around 7:30 11/15/14 at 1:00 PM; on 11/19/14 at 6:30 PM On 11/21/14 at 6:30 PM on 11/21/14 at 1:45 PM on the family expressed being lethargic. The residence was related to her urithe antibiotics would in urse practitioner was	are of psychiatric services in 7/13 due to periods of yelling andering. Il record revealed Resident onsultant psychiatric nurse P) on 09/10/14, 10/01/14, and 11/13/14. During these d been changed to address hia. If the provided Herman of the provided	F	203	Transfer/Discharge completed by Administrator with Social Service Direct Social Service Assistant, and Director of Nursing to ensure compliance. Monitoring tool implemented to ensure notice requirements before transfer/discharge are met. Administrator to complete monitoring to related to notice requirements before transfer/discharge for each discharging/transferring resident 3 time weekly for 2 weeks; then once weekly 12 weeks; then once monthly for 3 month. Results of Monitoring Tool will be incorporated in monthly Quality Assura and Performance Improvement program to evaluate for compliance and effectiveness monthly for 3 months.	ool es for hs.	
	11/24/14 decreased to per family request. T	the nurse practitioner dated he antipsychotic medication he nursing note dated ted the medication changes					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER	ASTO		STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	12/30/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 203	and noted the reside derogatory language about family and other Nursing notes reveal on 11/24/14 at 3:00 F 11/29/14 at approximat 2:30 PM. Resident #6's most requarterly dated 11/26 of 12 out of 15 on the status which indicate She required extensificativities of daily living delirium and no behas anti-psychotropic menursing notes docum hallucinations and/or belt on: 12/01/14 during the 12/02/14 at 8:00 PM; 12/03/14 at 8:30 PM; 12/04/14 during the 12/05/14 at 11:00 PM; 12/05/14 at 11:00 PM; 12/10/14 at 9:00 PM; 12/10/14 at 9:00 PM; 12/10/14 at 10:50 PM; 12/16/14 at 10:50 PM;	and saying profane things and saying profane things ares. ed continued hallucinations PM; 11/28/14 at 2:00 PM; attely 3:30 AM; and 11/30/14 eccent Minimum Data Set, a 6/14, coded her with a score a brief interview for mental dishe was cognitively intact. We assistance for mosting skills, was coded for no aviors, received dications and had falls. Interest ongoing aremoving self release lap 11:00 PM to 7:00 AM shift; 12/02/14 at 11:00 PM; 12/04/14 at 10:30 PM; 11:00 PM to 7:00 AM shift; 12/08/14 during the 11:00 12/09/14 at 3:25 PM; 12/09/14 at 5:00 PM; 12/11/14 at 11:00 PM; and PM. It telephone orders dated M included "if behaviors or before sending to ER or eval per NP (nurse and "May hold Seroquel")	F 20	3	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345169	B. WING		C 12/30/2014	
		BASTO	STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054		12/33/2017	
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 203	written by Nurse #2 family wanted Seror fall). The on-call NF Seroquel and send escalated. The note information to hall n On 12/17/14 at 12:3 Resident #6 was exagitation and halluc with staff and redire physician was notificated resident out for a perceived. EMS (emwas notified and the well. Police arrived "a bushy haired man The note further stanotice given to resident out or exicute was signed by A telephone order dat 1:15 AM by Nurse to the hospital for a hallucinations, comband others. This was Review of the transife to the hospital dareason for transfer w/staff-hallucinating persons not there (prefusing assist, required Review of the Nursi Transfer/Discharge the administrator or	wrote the hall nurse reported quel held tonight (following a p gave the order to hold the her to the ER if behaviors e stated Nurse #2 gave urse and 3rd shift nurse. O AM nursing notes revealed periencing an increase in nations. She was combative ction was unsuccessful. The ed and an order to send the cychiatric evaluation was ergency medical services) e police were dispatched as and resident stated there was an that was out to get me." ted "Immediate discharge lent at time of transport." This Nurse #1. ated 12/17/14 and signed off e #1 was to send the resident psych eval due to pativeness, and harm to self is ordered by the on-call NP. fer sheet sent with Resident ated 12/17/14 indicated the was "combative speaks & answers to present); argumentative, hires psych eval."	F 203			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER	GASTO		STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	12/30/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 203	endangered; *The health of indivotherwise be endared this notice was for "others." The notice indicated the resident, the legwas also notified. It planned to "dischar hospital) inpatient proceedings of the resident at the time dated by Nurse #100 not 12/29/14 at 3:05 interviewed. Nurse 12/16/14 but Nurse Resident #6's escal described Resident and answering som Resident #6 was mand she would not listated staff could us on this date. She was cussing and control the resident of the nurse practition family's request to hand she gave the onot calm down. Nu	iduals in this facility is iduals in this facility would agered. I the handwritten reason for rendangerment to self and/or Id that in addition to notifying gal representative (named) The notice indicated the facility ge" Resident #6 to (named asychiatric unit. The notice nt's rights to appeal the bottom of the notice was a at the original was given to the of transport and signed and on 12/17/14 at 2 AM. If PM, Nurse #2 was If a salled her in due to lating behaviors. She If as hallucinating, talking leone who was not there. If a salled her down but not levold not stay in one place and ontinually removed her lap belt. In the was called about the mold Seroquel that evening order to send her out if she did rise #2 stated she was	F 20	3	
	not calm down. Nu motioning with her l but was not combat interventions, eating television and the nunattended. Nurse				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER	ASTO	9	STREET ADDRESS, CITY, STATE, ZIP CODE 169 COX ROAD BASTONIA, NC 28054	1 12/00/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 203	not level out. Nurse Resident #6 was ser On 12/29/14 at 3:21 telephone interview during the 3:00 PM to She stated she was was a very busy night supervisor (Nurse #2 Nurse #3 described screaming more and she was not combat she did not give the Seroquel. Nurse #3 details but thought Note that the details and called the On 12/29/14 at 4:25 #6 stated during teles informed the facility the hospital but was stated she was not a "discharged" from the discharge notice underesident was transfer to the hospital stretch to the hospital stretch Nurse #1, who sent on 12/17/14 was interesident #6 as talking hallucinating at the baggitation increased as began to swing and stated Resident #6 swas out to get her.	#2 was not present when not out to the hospital. PM, Nurse #3 stated during she was Resident #6's nurse to 11:00 PM shift on 12/16/14. In fairly new employee and it not so she called the nurse to to come in and help her. Resident #6 as yelling and to louder than usual, but said live. Per the family request resident her 10:00 PM stated she could not recall laurse #2 handled all the refamily. PM, the family of Resident to phone interview that she was was sending the resident to not given a reason. Family aware Resident #6 was being refacility until she found the der the resident when the gred from the EMS stretcher her. Resident #6 to the hospital reviewed via telephone on M. Nurse #1 described	F 203		

	OF DEFICIENCIES F CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER	ASTO		STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	12/00/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 203	administration record sheet and nursing not discharge notice, Nurse her a sealed er #6 if she was sent to stated she handed R instructions for Residence of the envelope as she was EMS. Nurse #1 state in the envelope. She family she was being increased agitation. Resident #6 was being facility. On 12/30/14 at 10:54 conducted with the A Nursing (DON) and the Per the Administrator sent to the hospital in a threat to themselve filling out the Notice of compliant with the dot.	e 18 and physical, medication ds, the MOST form, face oftes. When asked about a rse #1 stated that Nurse #2 rivelope to give to Resident the hospital. Nurse #1 resident #6 the envelope with dent #6 to hold on to the seleaving the facility with d she did not know what was e stated she informed the sent to the hospital for She stated she did not know and discharged from the AM an interview was dministrator, Director of the Clinical Division Director. The process for any resident to cases that the resident was the sor others involved staff of Discharge in order to be forcementation regulation. The missing the state of the commentation regulation. The state of the state of the commentation regulation. The state of the state of the state of the commentation regulation. The state of the state of the state of the commentation regulation. The state of the st	F 20	,	
	DON stated that with Administrator, the DO out a discharge notic to Nurse #1 in case thospital early on 12/received a call just ar #6 was seeing things talked about knives, were afraid she was someone else. The Eagreed to discharge	ssary for safety reasons. The			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	12/30/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
F 203	witness the behaviors document in the clinic stated she expected I for immediate dischar resident. A phone interview wit	s staff described but did not cal record. The Administrator Nurse #1 to explain the need rge to the family and the	F 203		
F 206	was conducted on 12 physician stated he h couple of weeks prior He stated she had de last time he saw her. 'her switch could be to could be calm and ex behaviors quickly. He second shift nurse aft transferred to the hos hitting, resisting care, such as going to kill s behaviors were describysician stated that earlier in the shift, he held the Seroquel per have helped her behaphysician further stated decision to not accep ER.	doubt at 12:53 PM. The ad seen Resident #6 a to the 12/17/14 discharge. In mentia and was stable the He further described that ripped quickly' indicating she hibit hallucinations and a stated he was informed by the resident #6 was pital that she had been communicating threats omeone, and that her libed as out of control. The if he had received the call would probably have not family request as that may aviors improve. The ed he was not involved in the tithe resident back from the	F 206		1/21/15
F 206 SS=D	A nursing facility mus written policy under whospitalization or ther bed-hold period under readmitted to the facilitiest availability of a better resident requires.	OND BED-HOLD t establish and follow a which a resident whose apeutic leave exceeds the	F 206		1/21/15

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION		TE SURVEY MPLETED
		245460				С
NAME OF B		345169	B. WING		•	2/30/2014
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	
BRIAN CT	R HEALTH & REHAB/G	ASTO		969 COX ROAD		
				GASTONIA, NC 28054		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 206	Continued From page services.	e 20	F 20	06		
		「 is not met as evidenced				
	by: Based on record revinterviews, physician with hospital personn readmit a resident to of 3 sampled residen (Resident #6). The findings included Resident #6 was admo7/02/13. Her diagnoweakness, bipolar disdepression. The mediate been under the othe facility since 08/0 out, confusion and was Review of the medical	iew, staff interviews, family interview, and interviews el, the facility failed to the first available bed for 1 ts who were discharged I: I: I: I: I: I: I: I: I: I		Resident #6 discharged hon 12/17/14. Complete assessmere-admission to first available Resident #6. Multiple attemp made to contact RP for Resident available bed have been unsuccessful. Director of Nucontacted RP of Resident #6 with no return call. Social Wo Assistant contacted RP of Re 1/14/15 and 1/21/15 with no All residents identified as have potential to be affected. Audit completed by Social Social Social Completed by Social S	nent for e bed for its have been dent #6 to admission to irsing on 1/16/15 orker esident #6 on return call. ving the ervice sion potential	
	practitioner (psych N 10/08/14, 10/23/14, a visits, medications had behaviors and insom Nursing notes for Nor Resident #6 exhibited loudly, cursing, yellin removing her self relearound 7:30 PM; 11/1:00 PM; 11/16/14 a 6:30 PM. A telephone order by	IP) on 09/10/14, 10/01/14, and 11/13/14. during these ad been changed to address		days. Review of Re-Admission to F Available Bed requirements of Administrator with Social Ser Social Service Assistant, and Nursing to ensure compliance Monitoring tool implemented readmission to first available bed-hold for discharged reside Monitoring tool to be comple Administrator for all discharg 3 times weekly for 2 weeks;	First completed by rvice Director, d Director of ee. to ensure bed beyond dents. ted by ed residents	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY PLETED
		345169	B. WING			1	C / 30/2014
	ROVIDER OR SUPPLIER			96	GREET ADDRESS, CITY, STATE, ZIP CODE SIS COX ROAD ASTONIA, NC 28054	<u> 121</u>	30/2014
(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 206	medication per family dated 11/24/14 at 11: changes and noted the using derogatory lang things about family and Nursing notes for Respendings about family and Nursing notes for Respendings and/or repelt on 11/24/14 at 3: 11/29/14 at approximat 2:30 PM. Resident #6's most requarterly dated 11/26 of 12 out of 15 on the status which indicated She required extensivactivities of daily living delirium and no beha anti-psychotropic med Nursing notes docum hallucinations and/or belt on 12/01/14 during shift; 12/02/14 at 8:00 12/03/14 at 8:30 PM; 12/04/14 11-7; 12/05/during the 11:00 PM 3:25 PM; 12/09/14 at PM; 12/10/14 at 9:00 and 12/12/14 at 11:00 Review of physician to that on 12/16/14 at 10 escalate notify family (emergency room) fo practitioner) on call";	request. The nursing note 00 AM noted the medication he resident had been yelling, guage and saying profane and others. Sident #6 revealed continued alking loudly, cursing, yelling, emoving her self release lap 00 PM; 11/28/14 at 2:00 PM; ately 3:30 AM; and 11/30/14 Excent Minimum Data Set, a 1/14, coded her with a score brief interview for mental dishe was cognitively intact. We assistance for most giskills, was coded for no viors, receiving dications and having falls. Exented ongoing removing self release laping the 11:00 PM to 7:00 AM 12/04/14 at 11:00 PM; 12/04/14 at 10:30 PM; 12/04/14 at 11:00 PM; 12/08/14 at 4:30 PM; 12/09/14 at 5:00 PM; 12/11/14 at 11:00 PM; 0 PM. Elephone orders revealed 0:50 PM "if behaviors before sending to ER	F2	206	weekly for 2 weeks; then once monthly 3 months. Results of Monitoring Tool will be incorporated in monthly Quality Assura and Performance Improvement prograt to evaluate for compliance and effectiveness monthly for 3 months.	nce	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		· ,	(X3) DATE SURVEY COMPLETED		
		345169	B. WING			C 2/20/2044
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 969 COX ROAD GASTONIA, NC 28054		2/30/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 206	written by Nurse #2, family wanted Seroc fall). The on-call NF Seroquel and send I escalated. The note information to hall not on 12/17/14 at 12:3 Resident #6 was expagitation and halluci with staff and redired physician was notificated resident out for a pseroceived. EMS (emewas notified and the well. Police arrived a "a bushy haired mar The note further staff notice given to reside note was signed by A telephone order dat 1:15 AM by Nurse to the hospital for a "hallucinations, com and others." Review of the transf #6 to the hospital dareason for transfer ww/staff-hallucinating persons not there (prefusing assist, required.	12/16/14 at 11:00 PM, wrote the hall nurse reported quel held tonight (following a paye the order to hold the ner to the ER if behaviors estated Nurse #2 gave urse and 3rd shift nurse. 0 AM nursing notes revealed periencing an increase in nations. She was combative ction was unsuccessful. The ed and an order to send the ychiatric evaluation was ergency medical services) police were dispatched as and resident stated there was an that was out to get me." ted "Immediate discharge ent at time of transport." This Nurse #1. ated 12/17/14 and signed off est was to send the resident psych eval due to bativeness, and harm to self er sheet sent with Resident thed 12/17/14 indicated the was "combative speaks & answers to present); argumentative, ires psych eval."	F 20	06		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345169	B. WING		C 12/30/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	12/30/2014
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 206	#6 was discharged "endangerment to sindicated the facility Resident #6 to (nar psychiatric unit. Review of the hosp #6's hospital stay of complaint at 2:05 A after withholding Seclinical impression infection. The resident thoughts of harming further revealed: *12/17/14 at 2:29 A person and place, sepech was slurred *12/17/14 at 8:12 AM pleasant, she was a commands. *12/17/14 at 8:28 A take resident back discharged. *12/17/14 at 1:45 P coordinator called r eval. Doctor will or *12/17/14 at 3:16 F a registered nurse, resident reported sepected sident of time, pla concentration was a task. Her memory normal limits. Her	n 12/17/14 revealed Resident on 12/17/14 for self and/or others." The notice of planned to "discharge" med hospital) inpatient ital ER's records for Resident in 12/17/14 revealed the chief in 12/17/14 revealed the chief in 12/17/14 revealed the chief in Mass increased agitation beroquel per family wishes. The fact this time was a urinary tract dent was noted to have noted to have noted to she was awake and alert and lead to she was awake and alert and lead to be havior was cooperative, awake, alert and obeyed in the facility was refusing to to facility saying she was some in the facility's admission requesting a copy of the psych der one. If the psych assessment staff, evaluated Resident #6. The face and person. Her described a stable to attend to was described as being within behavior was described as	F 20	6	
	clinical summary st	evident delusions. The ated "upon interview pt and behaviorally stable; no oms present."			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	CONSTRUCTION	COMPLETED	
		345169	B. WING		C 12/30/2014	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO			STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054		12/30/2014	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 206	*12/17/14 at 7:27 Pl called the facility Ad that the psych eval and received by fac reported that the evas a physician did n *12/17/14 at 7:33 Pl physician asked the there was no medic to take Resident #6 On 12/29/14 at 1:03 (HSW) #2 was interreported that Reside morning of 12/17/14 became more alert talking loudly into th Resident #6 exhibite behaviors and was hallucinating. The cand did not see any admission. She repwas not willing to tapsych eval complete further stated HSW discussions involvin back to the facility. A telephone intervie #1 on 12/20/14 at 7 she arrived at work send her back to the unwilling to accept he psych eval. Once the facility, the facility resident back because	M the hospital social worker ministrator after confirmation for Resident #6 was faxed ility. The Administrator aluation was not acceptable ot do the evaluation. M the resident's facility ER to admit the resident but al reason. The family decided	F 206			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. B		PLE CONSTRUCTION IG	(X3)	(X3) DATE SURVEY COMPLETED	
		345169	B. WING _			C 12/30/2014	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO				STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054	!	12/30/2014	
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F 206	the hospital did not fe admit Resident #6. It desire to have Reside but after several hour. The facility's admissi interviewed on 12/30 she was contacted of stating Resident #6 vadmissions coordinate not get involved in responding to get involved in the get involved in the get involved in the second in the get involved in the get invo	Illucinate. The physician at eel there was just cause to The family had expressed the ent #6 return to the facility rs, took the resident home. On coordinator was //14 at 10:05 AM. She stated in 12/17/14 by the hospital was ready to return. As tor she stated she usually did sidents returning from the ions coordinator then talked instrator who expressed evaluation for Resident #6 irrn to the facility. The tor referred the HSW to the eadmissions coordinator involved with Resident #6's W with Resident #6's family on M revealed the family wanted return to the facility on ted she was looking for t for Resident #6 prior to the all on 12/17/14 but wanted in to the facility until a transfer	F 2	06			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		345169	B. WING			C	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HEALTH & REHAB/GASTO				STREET ADDRESS, CITY, STATE, ZIP CODE 969 COX ROAD GASTONIA, NC 28054			
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F 206	discharge Resident # Administrator and DC they refused to readn the resident was not a the hospital. If she ha psychiatrist, was not deemed safe to return would have taken her A phone interview wit was conducted on 12 stated he was informa after the resident was had been hitting, resi threats such as going her behaviors were d The physician stated call earlier in the shift not held the Seroque may have helped her	6 for her own safety. The DN stated that the reason nit Resident #6 was because seen by a "psychiatrist" at ad been seen by a admitted to the hospital and not the facility, then they back. h Resident #6's physician 1/30/14 at 12:53 PM. He ed by second shift nurse is sent to the hospital that she sting care, communicating to kill someone, and that escribed as out of control. Ithat if he had received the hew would probably have a per family request as that a the colved in the decision to not	F?	206			