PRINTED: 01/28/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCT	TION	(X3) DATE SURVEY COMPLETED	
		345314	B. WING			1	C 31/2014
	ROVIDER OR SUPPLIER		-	830 BETHANY	ESS, CITY, STATE, ZIP CODE CHURCH ROAD TY, NC 28043	<u> 121</u>	31/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD B OSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	Resident #139 receive no physician's order a blood sugar levels wit Immediate Jeopardy (11:54 AM when the fa acceptable credible a facility remains out of scope and severity of potential for more tha immediate jeopardy) systems are in place a employee education. 483.13 (F224) at J Immediate Jeopardy (11) Resident #139 receive no physician's order a initiate the blood sugat treatment, and clocke without informing and Director of Nursing, of #139's condition. Immediate Jeopardy (11) Accility provided an according to the fact of compliance at a lower (actual harm that is not ensure monitoring systems are inployed at a harm level of C1483.25 (F309) at J Immediate Jeopardy (11) Resident #139 received	began on 12/11/14 when ed a long acting insulin with and the fluctuation of low thout physician notification. was removed on 12/31/14 at acility provided an llegation of compliance. The compliance at a lower D (no actual harm with n minimal harm that is not to ensure monitoring and the completion of began on 12/11/14 when ed a long acting insulin with and the nurse failed to ar monitoring protocol, and ad out and left the facility ther nurse, supervisor, or the physician of Resident necitate Jeopardy was at 11:54 AM when the ecceptable credible allegation acility remains out of or scope and severity of G out immediate jeopardy) to stems are in place and the ee education. Example two	F	000			
ADODATODY	DIDECTORIS OR PROVINCE/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u> :		TITI F		(X6) DATE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

01/24/2015

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.

Electronically Signed

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3	3) DATE SURVEY COMPLETED
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/3/12/14
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157 SS=J	treatment, and clocked without informing and Director of Nursing, or #139's condition. Immoremoved on 12/31/14 facility provided an according of compliance. The facompliance at a lower (no actual harm with minimal harm that is ensure monitoring sy completion of employ 483.25 (F333) at J Immediate Jeopardy Resident #139 receiven no physician's order. The facompliance at a lower (no actual harm with minimal harm that is ensure monitoring sy completion of employ 483.10(b)(11) NOTIF (INJURY/DECLINE/F) A facility must immediate consult with the resid known, notify the resid accident involving the injury and has the pointervention; a significant physical, mental, or provided in the significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and has the pointervention; a significant involving the injury and	ar monitoring protocol, and ad out and left the facility other nurse, supervisor, or the physician of Resident mediate Jeopardy was at 11:54 AM when the exceptable credible allegation acility remains out of rescope and severity of Depotential for more than mot immediate jeopardy) to stems are in place and the ree education. began on 12/11/14 when ed a long acting insulin with Immediate Jeopardy was at 11:54 AM when the exceptable credible allegation acility remains out of rescope and severity of Depotential for more than mot immediate jeopardy) to stems are in place and the ree education. Y OF CHANGES	F 0			2/2/15

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345314	B. WING		C 12/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	1 12/01/2014	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION	
F 157	clinical complications significantly (i.e., a ne existing form of treatr consequences, or to treatment); or a decis the resident from the §483.12(a). The facility must also and, if known, the resor interested family mochange in room or rospecified in §483.15 resident rights under regulations as specifithis section. The facility must record the address and phore	reatening conditions or); a need to alter treatment eed to discontinue an ment due to adverse commence a new form of ion to transfer or discharge facility as specified in promptly notify the resident sident's legal representative member when there is a manufacture assignment as	F 15	,		
	by: Based on record revinterviews the facility after a long acting inswith no physician's or physician of a resider for 1 of 1 sampled resident #139 receiv no physician's order a blood sugar levels will Immediate Jeopardy 11:54 AM when the face interview of the sample	iews, staff, and physician failed to notify the physician sulin had been administered reder and failed to notify the nt's low blood sugar levels sidents (Resident #139). began on 12/11/14 when ed a long acting insulin with and the fluctuation of low thout physician notification. was removed on 12/31/14 at acility provided an illegation of compliance. The		F157 1. Residents identified to be affect the deficient practice - On 12/11/14, Resident #139 was administered long-acting insulin without a physicia order. The licensed nurses caring for resident on second and third shifts of evening of 12/11/14 failed to notify the supervisor and the physician per the facility soliabetic Protocol on the medication error and low blood sugates that interventions could be put in the provide for the resident wellbein. The facility identified the medication	n□s the the the te r level blace ng.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION		E SURVEY PLETED
		345314	B. WING _			12	C 2/31/2014
NAME OF PI	ROVIDER OR SUPPLIER		ı.	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				83	30 BETHANY CHURCH ROAD		
FOREST (CITY HEALTH AND REH	IABILITATION CENTER			OREST CITY, NC 28043		
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F 157	Continued From pag	ge 3	F ·	157			
	facility remains out of scope and severity of potential for more the immediate jeopardy systems are in place employee education. The findings include Resident #139 was 12/11/14 with diagnor joint replacement, hi diabetes mellitus typ Minimum Data Set (indicated Resident # and was capable of A review of the nurse through 12/12/14 review of the physical Resident #139 had acting insulin without 12/12/14 at 12:31PM to 7AM shift, of #139's finger stick be and that the residen orange juice and per #2 documented a relater of 76 at which the an 8 oz. cup of med	of compliance at a lower of D (no actual harm with an minimal harm that is not) to ensure monitoring e and the completion of		197	on 12/12/14 and began an investigation into the causes of the deficient practice. The physician was notified on the morr on 12/12/14 and interventions were continued based on his direction. A Medication Variance Report was completed by the Unit Manager on 12/12/14. Resident #139 was monitore by licensed nurses for changes in condition and the physician was notifie any changes during the period of 12/12 through discharge on 12/16/14. 2. Residents with the potential to be affected by the alleged deficient practic Residents who have a significant changin condition related to a finger stick indicating a low blood sugar level have potential to be affected by the alleged deficient practice. On 12/29/14, the Director of Nursing began a detailed review of actions taken for the affected residents and audited the correspondir documentation in the medical records of these residents to ensure that interventions were implemented, and nurses communicated to the physician based on the facility Diabetic Protoc for the past 30 days. 3. Systemic Measures - The Division Director of Clinical Services and the Director of Nursing have conducted training with licensed nurses beginning 12/29/14 regarding notification to the physician or physician extender of changes in condition, such as symptom of hypoglycemia, which may include diaphoresis, confusion, hunger,	e. ning d d of 2/14 ee - ege the	
	· 12/12/14 at 1:4	5 AMNurse #2 documented 51 and Resident #139 was			, , , , , , , , , , , , , , , , , , , ,		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345314	B. WING _				31/2014
NAME OF PI	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
				83	30 BETHANY CHURCH ROAD		
FOREST	CITY HEALTH AND REF	HABILITATION CENTER		F	OREST CITY, NC 28043		
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F 157	Continued From pag	ge 4	F	157			
	sleepy but alert and	oriented to person, place,			listening to residents when they inform		
		documented that she gave			them of potential errors in medication	ſ	
		and a tangerine, at which			administration. Licensed nursing staff	will	
		consumed the entire carton			not be allowed to work until the training		
	of milk and ate half	of the tangerine. Nurse #2			completed. Licensed nursing staff will I	эе	
	documented a re-ch	neck FSBS 20 minutes later of			provided this education at least annual	ly	
	88 and again provid	led Resident #139 with milk,			via the Director of Nursing or Area Stat		
	-	ckers, and a container of			Development Manager. This education		
		o documentation in Nurse			will be included in the facility□s new hi	re	
	•	physician had been notified of			orientation and newly hired licensed		
		esident #139's low FSBS			nursing staff will not be permitted to		
	throughout her shift.	•			assume their floor responsibilities until		
	10/10/14 of 7:0	O AM The Unit Manager			they have completed this education.	.	
		0 AMThe Unit Manager hat she notified the physician			The Director of Nursing or Unit Manage will review the 24-Hour Report daily,	51	
	I	low blood sugars and that the			Monday through Friday, to identify		
		as being followed. The UM			changes in condition and that appropri	ate	
		e physician had advised her to			notification of physician and interested	110	
		ol and monitor Resident			parties has been completed. On		
	#139's urine output				weekends, the RN on duty will review t	he l	
	'				24-Hour Report to identify changes in		
	· 12/12/14 at 8:0	0 AMNurse #4, working the			condition and notification of physician	and	
	7AM to 3PM shift, d	ocumented a FSBS of 47 and			interested parties has been completed		
	that Resident #139	was alert with confusion.			Members of the District Team (which m	ıay	
		ed an IV (intravenous) was			include, but not limited to, the District		
		e 50 (D50) was pushed via			Director of Operations, Division Director		
	_	fluid which contained			Clinical Education, District Rehabilitation		
	1	½ normal saline (NS) was			Manager, and District Care Manageme		
	_	id was set to run at 100			Director) will make periodic visits for th	ree	
		our. Nurse #4 documented a minutes after giving the D50 of			months to monitor that physician notification of change in condition has		
	427.	minutes after giving the D50 01			been completed.		
	741.				The Interdisciplinary Team (including the	16	
					Director of Nursing, Administrator, Unit		
	A review of a Medic	ation Variance Report written			Manager, Unit Coordinator, Social		
		/12/14 at 7:30 AM indicated			Services Director, Activities Director,		
		nistered the wrong medication			Therapy Program Manager, Dietary	ĺ	
		nt. The report noted the			Manager, and Resident Care	ĺ	
	_	tered was Levemir insulin 45			Management Director) will review on a		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE S COMPLI	
		345314	B. WING _			C 12/3	1/2014
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	12/3	1/2014
	_			830 BETHANY CHURCH ROAD			
FOREST	CITY HEALTH AND REH	IABILITATION CENTER		FOREST CITY, NC 28043			
(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 (EACH CORRECTIVE A CROSS-REFERENCED T DEFICII	ACTION SHOULD BE TO THE APPROPRIA		(X5) COMPLETION DATE
F 157	Continued From pag		F 1	157			
	#139. (Levemir is a starts to work in 1 to 10 hours, and lasts report indicated "errothat may have contributed that may have contributed that may have contributed that may have contributed and orders were reconstructed that may have contrained orders were reconstructed that may have contained orders were reconstructed to the Administrator were selected, and administration observing an interview UM verified she had variance report. She 12/12/14 at 7:15 AM nurse, Nurse #2, and #4, discussing the fless. She indicated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she immediated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she "figwas given Resident was across the hall stated she immediated that during investigation she immediated that during i	ariance report revealed the acted on 12/12/14 at 7:30 AM eived and the Director of Pharmacy, the Family, and are contacted on 12/12/14 at further indicated the en: Nurse #3 was suspended, and required medication evations. The report was and the Administrator on on 12/29/14 at 10:45 AM the completed the medication estated on the morning of a she overheard the 3rd shift do the 1st shift nurse, Nurse and that time she went to the and Resident #139 injection of insulin the 2nd inistered. The UM further at the course of her gured out" that Resident #139 #134's insulin; Resident #134 from Resident #139. She tely advised the DON of the physician.		daily basis, Monday throresidents who have exhichanges in condition to assessments or observations are document were initiated, and the attemptoms are document were initiated, and the attemptom of the phone orders. In addition to the above Directed In-Service educing conducted by a practice the North Carolina Board January 28, 2015 for lice regarding prevention of which will include educate of the physician and supevent a medication error which will include educate the physician and supevent a medication error data collected from the attemptom and telephone of the data, and report patt the QAPI Committee ever for four months. The Q will evaluate the effective and make changes base ensure continued complete.	ibited acute ensure that ations of ited, intervention ittending physic priate by Report and measures, cation will be consultant fron d of Nursing on ensed nurses medication erro ation on notificat pervisor in the r is made. and Performan - The Director or r will review the audits of 24-Ho orders, analyze terns or trends t ery other month API Committee eness of the pla ed on outcomes	ns ian n ors tion ce of our	
	AM Nurse #2 indicat	interview on 12/29/14 at 11:36 ted she was responsible for : #139 on 12/11/14 at 11PM					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	(X3) DATE SURVEY COMPLETED	
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		345314	B. WING _			12/31/2014	
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	E		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 157	change of shift rep aware of any conc Resident #139. She checked on her resident #139, who door, Resident #139, who door, Resident #139 assistance to the best #2 stated Resident was "feeling funny that she had been #2 stated she checked sugar and noted it stated she gave Reat and when she blood sugar it had indicated she did resident was the but she had continuous blood sugar and get throughout her shift because the but she had continuous had a telephone AM Nurse #4 indicated the care of Reside until 3PM. She state report at 7AM she Resident #139's fluthroughout the nig received report, she Resident #139. No Resident #139. No Resident #139. No Resident #139 had she further indephysician and the to start an IV, adm D5 ½ NS at 100 m	AM. She stated during the ort at 11PM, she was not made erns and/or problems with e further stated she always sidents at the beginning of her r initial check that night of een she opened the resident's 39 called out to her for pathroom. At which time, Nurse at #139 indicated to her that she and weird" and advised her given a shot of insulin. Nurse exced Resident #139's blood was in the 40's. She further esident #139 carbohydrates to re-checked Resident #139's come up into the 80's. She not call the physician during the resident was alert and talking, used to check Resident #139's ave her carbohydrates to eat fit. It interview on 12/29/14 at 11:51 ated she was responsible for not #139 on 12/12/14 from 7AM ted during the change of shift was informed by Nurse #2 of actuating blood sugars her. Nurse #4 indicated after she are and the UM went to assess are #4 stated she checked ood sugar and noted it to be icated the UM called the physician gave them the orders inister D50, and infuse fluids of	F	157			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
				-		(С
		345314	B. WING				31/2014
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
FORFET (NTV UEALTH AND DELL	A DIL ITATION CENTED		8	30 BETHANY CHURCH ROAD		
FUREST	CITY HEALTH AND REH	ABILITATION CENTER		F	OREST CITY, NC 28043		
(X4) ID		TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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1710		,			DEFICIENCY)		
F 157	Continued From page	e 7	F	157			
	PM Nurse #3 indicate	ed she was responsible for					
	the care of Resident	#139 on 12/11/14 from 3PM					
		itted she gave Resident					
		ication on 12/11/14 around					
		she gave the resident					
		nits. She further indicated					
		of the resident identifiers nor					
		ent to state her name and/or					
		stated she told Resident					
		to give her an insulin shot					
		ed "I don't take insulin."					
		ed she replied to Resident					
		was ordered for her and she					
		ve it. Nurse #3 stated she en the wrong medication					
	when she went to ba						
		rd (MAR) to document that					
		sulin. Nurse #3 indicated that					
	she did not documen						
		sulin and she only checked					
		d sugar 2 more times before					
		PM. She further indicated					
	she clocked out and	left the facility without telling					
	anyone that she had	administered the long acting					
	insulin, Levemir, to R	lesident #139. She stated					
	she was unaware of	what to do at the time she					
	made the error. She	further stated she did not					
		ut the medication error until					
	_	en the DON called her at					
		about the insulin medication					
		that she did not call the					
		im of the medication error on					
	12/11/14.						
	During an interview o	on 12/29/14 at 5:26 PM the					
	_	e was not the practicing					
		of the insulin medication					
	· ·	cated the physician that was					
		nger at the facility. He stated					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 12/31/2014	
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	ODE	1210112014	
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 157	to the facility on 12 have expected Nu physician as soon made a medication have sent the resimonitored due to the acting type and the was administered. During an interview DON stated he was error until 12/12/14. UM told him of the expected the nurse anytime there was condition. He furth expected Nurse #3 when the insuling mand he would have notified the property on 12/29 #139. A Credible Allegation accepted on 12/31 Credible Allegation Change 1. Residents ident deficient practice.	re of the error upon his arrival 2/15/14. He indicated he would rse #3 to have called the as she was aware that she had a error. He stated he would dent to the hospital to be he insulin being that of a long e large dosage amount which to Resident #139. W on 12/29/14 at 6:14 PM the is not aware of the medication 4 at 8:15 AM. He indicated the medication error. He stated he es to contact the physician a change in a resident's er stated he would have 8 to have notified the physician hedication error was detected a also expected Nurse #2 to hysician when Resident #139's	F1	57			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/3/12014		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 157	for the resident on seevening of 12/11/14 and the physician Protocol of the medic sugar level—so that place to provide for the facility identified the land began an investion the deficient practice on the morning of were continued base Medication—Variance the Unit Manager on	r. The licensed nurses caring econd and third shifts on the failed to notify the supervisor per the facility's Diabetic cation error and low blood interventions could be put in he resident's wellbeing. The medication error on 12/12/14 igation into the causes of The physician was notified 12/12/14 and interventions and on his direction. A ce Report was completed by 12/12/14.	F 1	57				
	condition related to a blood sugar level have by the alleged deficite 29, 2014, the Director detailed review of accresidents and audited documentation in the residents to insure the implemented, and nuphysician based on the past 30 days. The Division Director Director of Nursing helicensed nurses beging regarding notification extender of changes symptoms of hypogly	e medical records of these nat interventions were urses communicated to the he facility's Diabetic Protocol						

A STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY HEALTH AND REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE					_			-
FOREST CITY HEALTH AND REHABILITATION CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 10 blurry vision. Licensed Nurses were also educated on actively listening to residents' when they inform them of potential errors in medication administration. Licensed nursing staff will be provided this education at least annually via the Director of Nursing or Area Staff Development Manager. This education will be included in the facility's new hire orientation and newly hired licensed nursing staff will not be permitted to assume their floor responsibilities until they have completed this education. The Director of Nursing or Unit Manager will review the 24-hr Report, daily Monday through Friday, to identify changes in			345314	B. WING			12/	31/2014
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 10 blurry vision. Licensed Nurses were also educated on actively listening to residents' when they inform them of potential errors in medication administration. Licensed nursing staff will not be allowed to work until the training is completed. Licensed nursing staff will be provided this education at least annually via the Director of Nursing or Area Staff Development Manager. This education will be included in the facility's new hire orientation and newly hired licensed nursing staff will not be permitted to assume their floor responsibilities until they have completed this education. The Director of Nursing or Unit Manager will review the 24-hr Report, daily Monday through Friday, to identify changes in			ABILITATION CENTER		8	330 BETHANY CHURCH ROAD		
blurry vision. Licensed Nurses were also educated on actively listening to residents' when they inform them of potential errors in medication administration. Licensed nursing staff will not be allowed to work until the training is completed. Licensed nursing staff will be provided this education at least annually via the Director of Nursing or Area Staff Development Manager. This education will be included in the facility's new hire orientation and newly hired licensed nursing staff will not be permitted to assume their floor responsibilities until they have completed this education. The Director of Nursing or Unit Manager will review the 24-hr Report, daily Monday through Friday, to identify changes in	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
physician and interested parties has been completed. On weekends, the RN on duty will review the 24-hour Report to identify changes in condition and notification of physician and interested parties has been completed. 3. Systemic Measures The Interdisciplinary Team (including the Director of Nursing, Administrator, Unit Manager, Unit Coordinator, Social Services Director, Activities Director, Therapy Program Manager, Dietary Manager, and Resident Care Management Director) will review on a daily basis, Monday through Friday, those residents who have exhibited acute changes in condition to assure that assessments or observations of symptoms are documented, interventions were initiated, and the attending physician was contacted as appropriate by reviewing the 24 hour reports and	F 157	blurry vision. License educated on actively they inform them of p administration. License allowed to work until Licensed nursing stafeducation at least and Nursing or Area Staff This education will be hire orientation and n staff will not be permi responsibilities until the education. The Direct Manager will review the Monday through Frida condition and that apphysician and interest completed. On weeker eview the 24-hour Recondition and notificatinterested parties has a systemic Measur The Interdisciplinary of Nursing, Administration Coordinator, Social Solirector, Therapy Promanager, and Reside Director) will review of through Friday, those exhibited acute change that assessments or a are documented, interested physicials.	d Nurses were also listening to residents' when rotential errors in medication sed nursing staff will not be the training is completed. If will be provided this nually via the Director of Development Manager. Included in the facility's new newly hired licensed nursing tited to assume their floor hey have completed this tor of Nursing or Unit the 24-hr Report, daily ay, to identify changes in propriate notification of sted parties has been ends, the RN on duty will eport to identify changes in tition of physician and se been completed. Team (including the Director ator, Unit Manager, Unit services Director, Activities orgam Manager, Dietary ent Care Management on a daily basis, Monday e residents who have ges in condition to assure observations of symptoms erventions were initiated, and an was contacted as	F	157			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345314	B. WING		C 12/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	1 12/01/2011	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 157	Continued From pag		F 15	57		
F 224 SS=J	11:54 AM when inter awareness of the proby using the Rights include Right Reside Right Drug, and Right Process for medication physician, family, number they inform the medication administ process for medication variance indicated the in-serv observations of admiresidents in the faciliand potential factors as, distraction, know should be done if a medications for which 483.13(c) PROHIBIT MISTREATMENT/N The facility must devipolicies and procedum istreatment, negleand misappropriation This REQUIREMENT by: Based on record residents in the process for medications for which are the process for medications of admiresidents in the facility must devipolicies and procedum istreatment, negleand misappropriation for the process for medications for which are the process for medication and procedum is the process for medication and process for medication admirest factors and process factors facto	inistering medications to ity, and included examples for medication errors, such eledge deficits, and what resident questions the ch they are to be given. FEGLECT/MISAPPROPRIATN relop and implement written	F 22	Residents identified to be affected by deficient practice:	2/2/15 the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			1	31/2014	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 12/	31/2014	
					30 BETHANY CHURCH ROAD			
FOREST (ITY HEALTH AND REH	IABILITATION CENTER			OREST CITY, NC 28043			
	0.11.41.45.70	TATELLE NE DE			PROVIDER'S PLAN OF CORRECTION			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SH			(X5) COMPLETION DATE	
F 224	Continued From page	ge 12	F 2	224				
	significant medication	on error, neglected to initiate			12/11/14, Resident #139 was			
		protocol, and neglected to			administered a long-acting insulin with	out		
		e, supervisor, or physician			a physician □s order. Resident #139 wa			
		eceived long acting insulin in			monitored by licensed nurses for chan-			
		oled residents (Resident			in condition related to the medication			
	#139). The facilty als	so failed to remove a bedpan			error. The physician was notified of any	y		
	from under a resider	nt for 1 of 2 sampled			changes during the period of 12/12/14			
	residents (Resident	#133).			through discharge on 12/16/14.			
					Resident #133 is provided with care ar	ıd		
		/ began on 12/11/14 when			services for toileting needs in a timely			
	Resident #139 received a long acting insulin with				fashion.			
	no physician's order and the nurse failed to				2. Residents with the potential to be			
	initiate the blood sug			affected by the alleged deficient praction				
		ted out and left the facility			Residents who require the administrati			
		other nurse, supervisor,			of medications have the potential to be			
		or the physician of Resident			affected by the deficient practice. The			
		mediate Jeopardy was			Director of Nursing completed an audit	of		
		4 at 11:54 AM when the			all current residents Medication			
		acceptable credible allegation			Administration Records for the last 30	_		
	-	facility remains out of			days to review for significant medication errors to be completed by 12/30/14. N			
		er scope and severity of G not immediate jeopardy) to			additional significant errors were identi			
	•	ystems are in place and the			during this review.	iieu		
		yee education, and for			Residents who require assistance with			
	example number two				utilizing a bed pan for toileting have the			
	cxample number two	o.			potential to be affected by the alleged	•		
	The findings include	d:			deficient practice. The Director of Nurs	ina		
					or Resident Care Management Director	-		
	Review of the facility	s undated document titled			has completed an audit to identify thos			
	"Diabetic Protocol" r				residents who require such assistance			
		ven as per (physician) MD's			and have updated care grids to aid in t			
	orders.	,			identification of care needs. No other			
	D. FSBS - if lower th	nan 80, notify MD, hold insulin			residents were identified as having bee	en		
		fic orders. Inform MD of any			effected by the deficient practice.			
	nursing interventions	s, such as giving sugar &			3. Systemic Measures - The Director	of		
		hat the resident has eaten			Nursing, Administrator, and Unit			
	and general condition	on of the resident.			Managers will review on a daily basis,			
		rt and FSBS is low give Oral			Monday through Friday, the 24-Hour			
	Glucose Gel 15 Gm	(grams), give per			Report and Medication Variance Report	ts,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245244	B. WING				С
		345314	B. WING_				12/31/2014
NAME OF PI	ROVIDER OR SUPPLIER				RESS, CITY, STATE, ZIP CODE		
FOREST (CITY HEALTH AND REH	ABILITATION CENTER		830 BETHANY	Y CHURCH ROAD		
				FOREST CIT	TY, NC 28043		
(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 SHOL OSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	Continued From pag	e 13	F 2	24			
	a diabetic whose FSI of D5-1/2 NS (Dextro	is diminished or impaired in BS is low, an IV (intravenous) use 5% and ½ Normal lililiters) per hour is to be		physicia interven provide	nduct investigations to ident an notification has occurred ations have been put in plac for the resident⊡s well-bei eds are not neglected. On	and ce to	
	started and 1 amp (a	mpule) of D50 (Dextrose 50)		weeken	ds, the RN on duty will revi		
	is to be pushed while				r Report and any medicatio		
		ble to start an IV with 1st			e reports to ensure physiciation has occurred and interv		
	stick, give Glucagon 1 mg (milligrams) IM (intramuscular). Then continue to place IV. Recheck FSBS in 15 minutes after pushing D50. Continue IV until otherwise ordered by MD, but				en put in place so that resi		
					are identified and provided f		
					education regarding medica		
	D/C (discontinue) in	24 hours if FSBS is staying		administ	tration practices and preve	ntion of	
	greater than 125.				tion errors was completed o		
					4 for the licensed nurse by		
		admitted to the facility on			aff Development Coordinate		
	_	ses which included shoulder			ision Director of Clinical Se	ervices	
		gh blood pressure, and			Director of Nursing have	ırooo	
	Minimum Data Set (N	e 2. The 5 day admission			ted training with licensed nu ng 12/29/14 regarding Abus		
		139 was cognitively intact		_	Prohibition and the require		
		daily decision making.			nedication errors to the phy		
	and was sapable of	daily accident making.			ector of Nursing or Supervis		
	A review of the physi	cian's orders dated 12/11/14			that resident⊡s needs are t		
		500 milligrams (mg) one			not neglected, and interve	•	
	tablet by mouth three	times a day for prophylaxis			in place to address the erro		
	related to complication	ons of type 2 diabetes.		education	on included the definition of	f	
	Further review of the	physician's orders indicated		Neglect	and examples were discus	ssed.	
	finger stick blood sug	gars (FSBS) twice daily (6:30		License	d nursing staff will not be a	llowed	
		ated to diabetes. Further			until the training is complet		
		e was no physician's order			d nursing staff will be provi	ded this	
		for Resident #139. (Levemir			on at least annually via the		
		n which starts to work in 1 to			of Nursing or Area Staff		
		in 8 to 10 hours, and lasts			oment Manager. This educ		
	for 18 to 26 hours).				ncluded in the facility ☐s ne		
	A marriant of the - NA - 11	antion Administration Decemb			ion and newly hired license		
		cation Administration Record			staff will not be permitted to		
		ember 2014 revealed o be given Metformin 500mg			their floor responsibilities ι ve completed this education		
	I NOSIGOTIL # 138 Was I	o be given incubilling		uicy iidv	re completed this education	11.	1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345314	B. WING			C 12/31/2014	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/31/2014	
				830 BETHANY CHURCH ROAD			
FOREST (CITY HEALTH AND REH	ABILITATION CENTER		FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
F 224	Continued From pag	ne 14	F 2	24			
F 224	one tablet by mouth 5:00 PM. Additional Resident #139's last administered on 12/1 Metformin was held #139's low FSBS an at 9:00 AM. Further there was no indicate administered. A review of the nurse through 12/12/14 review of the nurse through 12/12/14 review of the nurse through 12/12/14 review of the nurse tolerated with no addition administrated with no addition administrated any FSBS in Resident #139 had be review of the MAR readministered her Memouth on 12/11/14 at 12:31PM to 7AM shift, of #139's FSBS was 48 given 8 ounces (oz.) butter crackers. Nurse FSBS 15 minutes lating gave Resident #139 fortified nutritional shifts SBS 30 minutes lating 12/12/14 at 1:45	at 9:00 AM, 1:00 PM, and at review of the MAR revealed dose of Metformin was 11/14 at 5:00 PM. The on 12/12/14 due to Resident d was re-started on 12/13/14 review of the MAR revealed ion for Levemir to be e's notes dated 12/11/14 realed the following entries: 88 PMNurse #3, working the today and medications were rerese effect noted. There was Nurse #3's notes or on the ration Record (MAR) to ad been checked or that been given insulin. Further revealed Resident #139 was efformin 500mg tablet by 15 PM. 81 AM-Nurse #2, working the documented that Resident 8 and that the resident was of orange juice and peanut as e #2 documented a re-check ter of 76 at which time she an 8 oz. cup of med pass (a nake) with another re-check ter of 88.	F 2	Beginning 12/30/14, the Director Nursing will conduct interviews interviewable residents at least times per week for four weeks, times per month thereafter to id allegations of neglect related to medication administration. Inverwill be conducted, if necessary, interview information. Directed In-Service education we conducted by our regional Omborn January 27 & January 28 for nurses, Resident Care Specialis (C.N.As), and facility staff memoregarding Neglect of Resident Cwill include education on notifical physician and supervisor in the medication error is made so that resident sneeds are provided timely manner, as well as, examinate what constitutes Neglect and the requirements for reporting of all of abuse or neglect. The Director of Nursing, Unit Moor Interdisciplinary Team Memboronduct rounds at least three (3 per week for four (4) weeks, the weekly for three (3) months, on shifts, to monitor that care is be delivered according to the need residents. The Administrator or Social Ser Director will review Resident Commetting minutes on a monthly the monitor for concerns related to of care and services. If a conce	with three (3) then three entify stigations based on vill be sudsman licensed sts bers Care that ation of the event a at the for in a nples of e egations anagers, ers will by times en at least random ing is of the vices buncil basis to provision rn is		
	sleepy but alert and	51 and Resident #139 was oriented to person, place, documented that she had		identified, the information will be to determine reporting requirem Residents will be provided with			

PRINTED: 01/28/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345314	B. WING			C 12/31/2014	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE. ZIP CODE	12/31/2014	
				830 BETHANY CHURCH RO			
FOREST (CITY HEALTH AND R	EHABILITATION CENTER		FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTION CROSS-REFERENCE CROSS-REFER	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE	
F 224	Continued From p	age 15	f F 2	224			
1 224	administered 15 g to Resident #139 a tangerine, at which consumed the ent the tangerine. Nur FSBS 20 minutes Resident #139 with crackers, and a condocumentation in physician had been Resident #139's low blood sugar pure blood s	rams of glucose gel by mouth and gave her milk and a h time Resident #139 ire carton of milk and ate half of se #2 documented a re-check later of 88 and again provided h milk, another pack of ontainer of yogurt. There was no Nurse #2's notes that the en notified of the fluctuation in low FSBS throughout her shift. 30 AMThe Unit Manager that she notified the physician is low blood sugars and that the rotocol was being followed. The hat the physician had advised the protocol and monitor Resident at for next 24 hours. 300 AMNurse #4, working the documented a FSBS of 47 and 9 was alert with confusion. Inted an IV (intravenous) was use 50 (D50) was pushed via of fluid which contained & ½ normal saline (NS) was and was set to run at 100 hour. Nurse #4 documented a fininutes after giving the D50 of ication Variance Report written ication variance re		information regardin from abuse or negle meetings, as well as Rights, monthly duri Resident concerns with Interdisciplinary Teathrough Friday, and conducted, as necessinformation provided allegation of abuse of off-hours, the staff wof Nursing or Adminand an investigation provide for the resid determine reporting 4. Quality Assural Improvement Measu Nursing or Administration and an investigation of allegation of allegations of allegations of allegations of trends to patterns or trends to	s other Resident ing meetings. will be reviewed by the m daily, Monday investigations will be ssary, based on the d. In the event of an or neglect during will notify the Director istrator immediately, in will be initiated to ent safety and to requirements. Ince and Performance cures - The Director of rator will review the the rounds, Resident inutes, Concerns, and regations of abuse or e data, and report to the QAPI Committee or four months. The ll evaluate the plan and make outcomes to ensure		
	by the UM dated 1 Nurse #3 had adm to the wrong resid medication admini						

Facility ID: 923147

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	I	12/01/2014
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 224	an error occurred the resulted in temporal intervention." The vire Physician was contaged and orders were reconsuring (DON), the the Administrator was 15 AM. The report findings/actions take was re-educated, and administration obsesigned by the DON 12/12/14. During an interview UM verified she had variance report. She 12/12/14 at 7:15 AM nurse, Nurse #2, an #4, discussing the ff FSBS. She indicated check on the reside informed her of the shift nurse had admindicated that during investigation she "figwas given Resident was across the hall stated she immediate error and called the During a telephone AM Nurse #2 indicated the care of Residen until 12/12/14 at 7Al change of shift repolaware of any conce	report indicated "error/harm: at may have contributed to or by resident harm and required ariance report revealed the acted on 12/12/14 at 7:30 AM revived and the Director of Pharmacy, the Family, and rere contacted on 12/12/14 at at further indicated the ren: Nurse #3 was suspended, and required medication revations. The report was and the Administrator on on 12/29/14 at 10:45 AM the completed the medication restated on the morning of 1 she overheard the 3rd shift d the 1st shift nurse, Nurse rectuation of Resident #139's d at that time she went to the tand Resident #139 injection of insulin the 2nd inistered. The UM further graph the course of her gured out" that Resident #139 #134's insulin; Resident #134 from Resident #139. She tely advised the DON of the	F 2	24		

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345314	B. WING _			C 12/31/2014		
	ROVIDER OR SUPPLIER	1	STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043			12/3 1/2014		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 224	shift and during her in Resident #139, when door, Resident #139 assistance to the bat #2 stated Resident # was "feeling funny at that she had been gi #2 stated she checked sugar and noted it was tated she gave Reseat and when she reblood sugar it had continued to be a sugar and gave throughout her shift. During a telephone in AM Nurse #4 indicated the care of Resident until 3PM. She stated report at 7AM she was Resident #139's fluct throughout the night. The received report, she Resident #139's blood 46. She further indicated the care of Resident #139's blood 46. She further indicated physician and the phose in PM Nurse #3 indicated the care of Resident until 11PM. She admit 1	lents at the beginning of her nitial check that night of a she opened the resident's called out to her for hroom. At which time, Nurse 139 indicated to her that she and weird" and advised her wen a shot of insulin. Nurse ed Resident #139's blood as in the 40's. She further ident #139 carbohydrates to checked Resident #139's ome up into the 80's. She call the physician during the sident was alert and talking, and to check Resident #139's e her carbohydrates to eat htterview on 12/29/14 at 11:51 ed she was responsible for #139 on 12/12/14 from 7AM during the change of shift as informed by Nurse #2 of the truth that the UM went to assess the #4 stated she checked and sugar and noted it to be atted the UM called the ysician gave them the orders ster D50, and infuse fluids of	F 2	24				

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER XUMINARY STATEMENT OF DEPICIENCIES 10 PROVIDER'S PLAN OF CORRECTION SHOULD BE PREDICTIVE AND PREST CITY, NO. 28043 XUMINARY STATEMENT OF DEPICIENCIES 10 PROVIDER'S PLAN OF CORRECTION SHOULD BE PREDICTIVE AND PREST CITY, NO. 28043 F 224 Continued From page 18 9PM. She indicated she gave the resident Levemir insulin 45 Units. She further indicated she did not use any of the resident Identifiers nor did she ask the resident to state her name and/or her date of brith. She stated she told Resident #139 she was going to give her an insulin shot and the resident stated 3" don't take insulin." Nurse #3 further stated she told Resident #139 that the insulin was ordered for her and she was supposed to have it. Nurse #3 indicated that she had given the wrong medication when she went to back to the Medication Administration Record (MAR) to document that she had given the insulin. Nurse #3 indicated that she did not document that she had given the wrong medication when she went to back to the Medication Administration Record (MAR) to document that she had given the wrong medicated she clocked out and let the facility without telling anyone that she had administered the long acting insulin, Levemir to Resident #139 she shad she to the state she did not take with anyone about the medication error until the next morning when the DON called her at home and asked her about the insulin medication error of Resident #139's condition prior to her clocking out and leaving the facility. She indicated on 12/15/14 by	OLIVILIY	OT OIL MEDIO/IILE A	MEDIO/ ND OLITATOLO				CIVID ITC	7. 0000 0001
NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 330 BETHANY CHURCH ROAD FOREST CITY, NC 28043			· '					
NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER CAPA DEPOSITION NUMBER OF STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEPICIENCES SOB BETHANY CHURCH ROAD FOREST CITY, NC 28043				33.25	-		(c l
POREST CITY HEALTH AND REHABILITATION CENTER CAN ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FILL PROVIDERS PLAN OF CORRECTION COMMETTION PROVIDERS PLAN OF CORRECTION COMMETTION PREFIX TAG PROVIDERS PLAN OF CORRECTION COMMETTION PROPERTY PROVIDERS PLAN OF CORRECTION COMMETTION PROVIDERS PLAN OF CORRECTION PROPERTY COMMETTION PROVIDERS PLAN OF CORRECTION PROPERTY COMMETTION PROPERTY PROVIDERS PLAN OF CORRECTION PROPERTY COMMETTION PROPERTY PROVIDERS PLAN OF CORRECTION PROPERTY COMMETTION PROPERTY PR			345314	B. WING				
CALL DEFICIENCY DEPICIENCY	NAME OF PR	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG PREFIX TAG PROPINE PROPIN	FOREST C	CITY HEALTH AND REHA	ABILITATION CENTER					
F224 F24 Continued From page 18 9PM. She indicated she gave the resident Levemir insulin 45 Units. She further indicated she did not use any of the resident it the insulin. Nurse #3 further stated she realized she had given the insulin was ordered for her and she was supposed to have it. Nurse #3 stated she realized she had given the insulin and she only checked Resident #139 the insulin and she only checked Resident #139 the insulin and she only checked Resident #139 the had giving the further indicated she did not document that she had given Resident #139 the insulin and she only checked Resident #139 the insulin and she only checked Resident #139 Shod sugar 2 more times before her shift ended at 11PM. She further indicated she docked out and left the facility without telling anyone that she had administered the long acting insulin, Levemir to Resident #139. She stated she was unaware of what to do at the time she made the error. She further stated she did not talk with anyone about the medication error or She reiterated that she did not call the physician to inform him of the medication error or or Sesident #139's condition prior to her clocking out and leaving the facility. She indicated on 12/15/14 she had to take a class titled "Medication"						OREST CITY, NC 28043		I
9PM. She indicated she gave the resident Levemir insulin 45 Units. She further indicated she did not use any of the resident identifiers nor did she ask the resident to state her name and/or her date of birth. She stated she told Resident #139 she was going to give her an insulin shot and the resident stated "I don't take insulin." Nurse #3 further stated she replied to Resident #139 that the insulin was ordered for her and she was supposed to have it. Nurse #3 stated she realized she had given the wrong medication when she went to back to the Medication Administration Record (MAR) to document that she had given the insulin. Nurse #3 indicated that she did not document that she had given Resident #139 shood sugar 2 more times before her shift ended at 11PM. She further indicated she clocked out and left the facility without telling anyone that she had administered the long acting insulin, Levemir to Resident #139. She stated she was unaware of what to do at the time she made the error. She further stated she did not talk with anyone about the medication error until the next morning when the DON called her at home and asked her about the insulin medication error. She reiterated that she did not call the physician to inform him of the medication error or of Resident #139's condition prior to her clocking out and leaving the facility. She indicated on 12/15/14 she had to take a class titled "Medication"	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
the Area Staff Development Coordinator administer medications to the residents during her shift. She further indicated she was observed 2 other times to administer medications, on 12/16/14 and on 12/18/14. During an interview on 12/29/14 at 6:14 PM the	F 224	9PM. She indicated so Levemir insulin 45 Ur she did not use any odid she ask the reside her date of birth. She #139 she was going to and the resident state Nurse #3 further state #139 that the insuling was supposed to have realized she had give when she went to back Administration Reconshe had given the insuling she did not document Resident #139 the insuling Resident #139 the insuling Resident #139's blooker shift ended at 115 she clocked out and I anyone that she had insuling Levemir to Rewas unaware of what the error. She further anyone about the memorning when the DC asked her about the irreiterated that she did inform him of the med #139's condition prior leaving the facility. She had to take a class tit Management" and was the Area Staff Develor administer medication her shift. She further 2 other times to admin 12/16/14 and on 12/1	she gave the resident hits. She further indicated of the resident identifiers nor cent to state her name and/or stated she told Resident to give her an insulin shot ed "I don't take insulin." ed she replied to Resident was ordered for her and she ee it. Nurse #3 stated she en the wrong medication of (MAR) to document that sulin. Nurse #3 indicated that that she had given sulin and she only checked d sugar 2 more times before PM. She further indicated left the facility without telling administered the long acting esident #139. She stated she it to do at the time she made stated she did not talk with dication error until the next DN called her at home and insulin medication error. She did not call the physician to dication error or of Resident to her clocking out and the indicated on 12/15/14 she elded "Medication as observed on 12/15/14 by opment Coordinator in the residents during indicated she was observed inister medications, on 8/14.	F	224			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345314	B. WING			C 1 2/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		· ·	2/3 //2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IUST BE PRECEDED BY FULL PREFIX		RECTION SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
F 224	error until 12/12/14 a UM told him of the m expected the nursing resident identifiers b medications and he contact the physician in a resident's condit have expected Nurse staff to have contact the nurse on call with doubt, or any medica indicated he expecte give a report of their before they leave the clocking out and leav The Administrator wa Jeopardy on 12/29/1 #139. A Credible Allegation accepted on 12/31/1 Credible Allegation of Treatment of Reside 1. Residents ident deficient practice. On 12/11/14, Reside long-acting insulin w The licensed nurse f identification proced resident's identity via resident's identity via resident's identity wi resident's identity wi resident's identity wi	not aware of the medication at 8:15 AM. He indicated the nedication error. He stated he g staff to use at least two efore administering any expected the nurses to an anytime there was a change tion. He indicated he would be #3 and/or any of his nursing ed him, their supervisor or an any questions, concerns, ation errors. He further ad all of the nursing staff to resident's to another nurse to hall and especially before wing the facility. The assinformed of Immediate 4 at 6:32 PM for Resident The of Compliance was 4 at 11:54 AM as follows:	F 2:	24			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 12/31/2014	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		•	12/3 1/2014	
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 224	that she (the residen addition, the nurse lesshift without reporting Supervisor or oncomidentified the medical began an investigation deficient practice. The suspended on 12/12 the investigation. On medication administres prevention of medication administres prevention of medication 12/15/14 for the list Staff Development Modications have the deficient practice Residents who remedications have the the deficient practice complete an audit of Medication Administres days to review for sign be completed by 12/3. Systemic Measurement of Nursi Managers will review through Friday, the 2 Medication Variance investigations to identify their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of their needs are not in RN on duty will review the shift of the shif	riedge the resident's advising t) was not on insulin. In iff the facility at the end of the g the error to the Nursing ing nurse. The facility tion error on 12/12/14 and on into the causes of the elicensed nurse was 7/14 pending the outcome of et o one education regarding ation practices and ation errors was completed censed nurse by the Area lanager. In the potential to be affected by the potential to be affected by the Director of Nursing will all current residents' ration Records for the last 30 gnificant medication errors to 30/14. In the potential to be affected by the potential to potential to potential to potential to potential to potential to potential	F 2	24			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345314	B. WING			12/	31/2014	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC 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 224	The Division Director Director of Nursing I licensed nurses beg regarding Abuse & I requirement to repo physician and Direct ensure that resident not neglected, and i to address the error definition of Neglect discussed. Licensed allowed to work until Licensed nursing stateducation at least a Nursing or Area Sta This education will be hire orientation and staff will not be pern responsibilities until education. Beginnir Nursing or Social Se interviews with inter three (3) times per we three times per mon allegations of negletadministration. Investige of the state of the province of t	ge 21 geen put in place so that e identified and provided for. For of Clinical Services and the nave conducted training with inning December 29, 2014 Neglect Prohibition and the rt medication errors to the tor of Nursing or Supervisor to s' needs are being met and interventions are put in place. This education included the and examples were if nursing staff will not be if the training is completed. The included in the facility's new newly hired licensed nursing intended in the facility's new newly hired licensed nursing intended to assume their floor they have completed this ing 12/30/14, the Director of ervices Director will conduct wiew able residents at least reek for four weeks, then the thereafter to identify ct related to medication estigations will be conducted, on interview information.	F	224				
	11:54 AM when inte awareness of the pr by using the Rights include Right Reside Right Drug, and Rig	was removed on 12/31/14 at rviews with nurses revealed evention of medication errors of Administration which ent, Right Dose, Right Time, ht Route. They verified they vice training and were made						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	 	12/01/2014
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F 224	variances to include notification of the ph supervisor, and DOI indicated the in-serv definition of neglect needs have been m leaving the facility, a administering medic facility, and included factors for medication knowledge deficits,	ng process for medication a mediation variance report, nysician, family, nursing N. The nurses further vice training included the and to ensure that residents' et and not neglected before as well as observations of cations to residents in the d examples and potential on errors, such as, distraction, and what should be done if a the medications for which they	F2	224		
	11/06/14 with diagnorancer and diabetes Minimum Data Set (described Resident made herself undersunderstand others. was intact and the massistance of 2 staff hygiene, and toileting resident had an individual was occasionally income Area Assessment (Corequired extensive as	ras admitted to the facility obes which included ovarian is mellitus. An admission MDS) dated 11/14/14 #133's speech was clear, stood, and was able to The MDS specified cognition esident required extensive if for bed mobility, personal ing. The MDS indicated the welling urinary catheter and continent of bowel. A Care CAA) specified the resident assistance with all activities of able to make her needs				
	#133 with a self-car activities of daily livi The care plan goals	1/18/14 described Resident e performance deficit for ng related to terminal illness. specified the resident would level of function through the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/01/2014
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F 224	Continued From pag	ge 23	F 2	24		
	resident required exmembers to turn an rounds and as nece totally dependent or use. On 12/29/14 at 1:51 observed during a culcer on her sacral a observed lying on a resident was rolled noted from the top cascending over the sacral area, the bru across the resident' curved again and debuttock to the top of was in the shape of red to light red in co	Interventions included the stensive assistance of 2 staff d reposition in bed on care assary and the resident was a 2 staff members for toilet PM, Resident #133 was dressing change to a pressure area. The resident was an air mattress. When the to her left side, a bruise was of the right thigh and right buttock. Just above the ise curved and extended as lower back. The bruise escended down the left of the left thigh. The bruise a thin line in width and dark alor. The bruise had the ape of the edge of a bedpan. erved with no skin				
	Responsible Party (The RP stated she I around 4:30 PM and showed no signs of returned to the facilit AM and the residen her to use the bedphruising on the resident on the bedpan that stated the resident I she needed someth resident was declinit	anducted with the resident's RP) on 12/29/14 at 2:49 PM. Left the resident on 12/26/14 dt the resident's buttocks bruising. She stated she tity on 12/27/14 around 11:30 tt was complaining that it hurt an. The RP stated she noted dent's buttocks when she was a aide the resident had been hrough the night. The RP had used her call light when ling. The RP explained the night used her call light if she				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	E	12/01/2014
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F 224	needed care. At oth An interview was co Nursing (DON) on 1 DON stated she had morning of 12/27/14 AM that the night nu Resident #133. The investigating this indexplained Resident morning of 12/27/14 and none were foun. An interview was co #1 on 12/31/14 at 9 worked the 11PM to 12/26/14. She state medication pass about heard Resident #13 asked, Resident #13 asked, Resident #13 asked, Resident #13 had bedpan was found under Resident #133 had bedpan had touched explained she and Nand applied a moist backside. Nurse #1 incident to her relief. An interview was co on 12/31/14 at 10:09 NA #2 had worked to 12/26/14. She state end of the hall where #1 stated she and Nanswering call lights.	nducted with the Director of 2/30/14 at 3:30 PM. The directived a report on the between 5:30 AM and 6:00 are found a bedpan under a DON added the facility was addent as neglect. She #133 was assessed on the for other bruises or injuries d. Inducted via phone with Nurse 41 AM. Nurse #1 stated she 7AM shift on the evening of ad as she started her but 5:30 AM to 5:45 AM, she 3 calling out for help. When as stated her backside was explained she solicited Nurse st with repositioning the alled the resident to her side, a ander her. Nurse #1 stated an indention where the direction her stated she reported the	F2	224		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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F 224	#1 responded to to to be put on the be Resident #133 useduring the evening resident to let her get off the bedpar busy and did not get #133. She stated Resident #133's contact had taken her off should have gone but she did not. In the she left the facility report to the relieve An interview was on 12/31/14 at 10 worked the 11PM 12/26/14. She stated from any of the nun NA #3 stated she looked into each into Resident #133's moving in bed so resident if she near resident asked for provided and their she went into Resident #133's moving in bed so resident asked for provided and their she went into Resident asked for provided and their she went into Resident asked for provided and their she went into Resident asked for provided and their she went into Resident asked for provided and their she went into Resident asked for provided and their she went into Resident asked for provided and their she went into Resident resident into Resident for a bout 5:00 AM to #133's room. The backside hurting, nearby administer help her. When the they found a bedget was a state of the resident resid	3 turned on her call light. NA he light and the resident asked edpan. NA #1 described ed her call light several times g and NA #1 was waiting for the know when she was ready to n. NA #1 stated she got very go back to see about Resident since she had not heard all light, she assumed NA #2 the bedpan. NA #1 stated she back to check on the resident, NA #1 further explained before that evening, she did not give a	F	224		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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F 224	-	e 26 ks ago. NA #3 stated the ng out when she needed	F 2	24	
	something. NA #3 ar unaware Resident #4 An additional intervie DON on 12/31/14 at explained she expec	cknowledged she was 133 was on the bedpan. www.as conducted with the 12:03 PM. The DON ted residents in this facility to red and as they need it.			
F 246 SS=D	on 12/31/14 at 12:21 worked the 3PM to 1 was assigned to Res She stated she assis bedpan right after su not assist Resident # anymore that evening	g. NABLE ACCOMMODATION	F 2	46	2/2/15
	services in the facility accommodations of i	ndividual needs and when the health or safety of			
	by: Based on observation and resident interview provide the correct si	T is not met as evidenced on, record review, and staff ws, the facility failed to ize of incontinence briefs for ewed for accommodation of esident #130).		 Corrective action has been accomplished for the alleged defici practice in regards to Resident # 13 providing the correct size incontine briefs. Facility residents who require to the size in the s	30 by ence

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G		E SURVEY PLETED
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TO UNIC OF T	TO VIDER OR OUT FEILING			830 BETHANY CHURCH ROAD		
FOREST (CITY HEALTH AND REHA	ABILITATION CENTER		FOREST CITY, NC 28043		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 246	Continued From page	e 27	F 24	16		
F 246	Resident #130 was a 11/17/14 for short ter acute hospital stay. Set (MDS) dated 11/2 #130 with moderately to make needs know resident was frequent bladder and required staff for toileting need. An interview was condon 12/29/14 at 3:23 F was admitted to the f She explained the faincontinence briefs to Resident #130 added the last time she had size incontinence briewas in the smaller britime. Resident #130 were uncomfortable agroin area. An observation of inconducted on 12/29/14 (NA) #4 was observer removed a white cold Following peri care, a brief was applied. The across the resident's	dmitted to the facility m rehabilitation following an An admission Minimum Data 24/14 identified Resident impaired cognition and able n. The MDS specified the tly incontinent of bowel and extensive assistance of 2 ds. ducted with Resident #130 PM. The resident stated she acility back in November. cility had run out of bariatric vice since her admission. d last Friday, 12/26/14 was been without the correct ef. The resident stated she iefs for 1 to 2 days each described the smaller briefs and rubbed her skin in the	F 24	of incontinence briefs have the be affected by the same alleger practice. The Central Supply Completed an audit of current reincontinence brief needs and reare provided with incontinence based on their assessed needs 3. Measures put in place to e alleged deficient practice does include: in-service re-education Director of Nursing or Area Star Development Manager for Resi Specialists (C.N.A.s) regarding provision of services while in the with reasonable accommodation individual needs and preference when the health or safety of the or other residents would be encounted by the original of the continent based on their size assessment the resident voices a need for consupplies. If this occurs, the Unit or Director of Nursing will review request with the resident to determost appropriate changes to be the Central Supply Clerk will expar level system to ensure that are provided with the appropriating incontinence briefs. Newly admiresidents who require incontine will be assessed by the Central Clerk using the vendor seminated to the control of the	d deficient lerk has esidents esidents esidents supplies . Insure the not recur by the f dent Care the e facility ns of es, except individual langered, provided ce briefs t unless lifferent Manager w the ermine the e	
	areas. At that time, I briefs were the correct The green briefs were tighter around the res	NA #4 explained the white ct size for Resident #130. e a size smaller and fit sident's legs and could not ely and comfortably as the		scale, and adequate supplies of be made available to the reside Administrator or Social Services will review concerns daily, Mon through Friday, during the Inter Team Meeting to identify potential.	f briefs will nt. The s Director day disciplinary	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	` ′	SURVEY PLETED
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		345314	B. WING _			12	/31/2014
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FOREST O	ITY HEALTH AND REHA	BII ITATION CENTER		83	0 BETHANY CHURCH ROAD		
TORLOT	III IILALIII AND KLIIA	BEHATION CENTER		FC	DREST CITY, NC 28043		
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	Continued From page In a continued intervie NA #4 stated this pass briefs were not availa had run out of the larg several times over the knew where the back and did have access An interview was con Supply Clerk (CSC) of CSC explained the far Consultant visit the far resident for the size of required. The CSC is provided by this consistent placed her orders and Friday, she multiplies he estimated were unumber of days until stated she did not go count how many brief been used since the light she was some of the assessed for the gree ones. She added she asked to wear 2 white activities outside of the An interview was con Administrator on 12/3	e 28 ew on 12/29/14 at 4:23 PM, t Friday, 12/26/14, the white ble. She stated the facility ger size incontinence briefs a past few weeks. NA #4 up supply of briefs was kept to that supply. ducted with the Central in 12/30/14 at 2:25 PM. The cility had an Incontinence cility to assess each if incontinence brief they tated she used the sizes ultant and estimated out in resident utilized daily. As son Monday, Wednesday, blied the number of briefs sed by each resident by the the next order. The CSC into the supply closet and is of each size had actually ast order. The CSC stated in briefs preferred the white each of shew some residents that had been the briefs preferred the white each of the supply attended the residents when they attended their rooms.	TAG	246	CROSS-REFERENCED TO THE APPROPRIA	off) es for es s,	
	In a continued intervienthe Administrator state	in place for ensuring the re kept available. ew on 12/31/14 at 11:57 AM ed she expected the CSC to by many briefs of each size					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY
						(С
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	ROVIDER OR SUPPLIER	ABILITATION CENTER		830	REET ADDRESS, CITY, STATE, ZIP CODE 0 BETHANY CHURCH ROAD DREST CITY, NC 28043		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 246 F 309 SS=J	to that usage. The A expected the facility tall supply items requived 483.25 PROVIDE CAN HIGHEST WELL BEID Each resident must reprovide the necessar or maintain the higher mental, and psychosometric provides the resident must reprovide the necessar or maintain the higher mental, and psychosometric provides the resident must reprovide the necessar or maintain the higher mental, and psychosometric provides the resident must reprove the resident must reprove the resident must be required to the resident must reprove the resident must r	and place her order according dministrator stated she o keep adequate supplies of red by residents. ARE/SERVICES FOR NG Deceive and the facility must by care and services to attain st practicable physical,		246			2/2/15
	by: Based on record revinterviews the facility closely, and consult vicontinuum of care for administration of a lophysician's order for (Resident #139). Immediate Jeopardy Resident #139 receiving physician's order a initiate the blood sugatreatment, and clocked without informing and Director of Nursing, of #139's condition. Immemoved on 12/31/14 facility provided an accordinate of compliance. The facility for the facility provided an accordinate of the facility of the facility provided an accordinate of the facility fa	began on 12/11/14 when led a long acting insulin with and the nurse failed to lar monitoring protocol, and led out and left the facility of the physician of Resident led at 11:54 AM when the loceptable credible allegation			1. On 12/11/14, Resident #139 was administered long-acting insulin without physician sorder. The physician was notified on the morning of 12/12/14 and interventions were continued based on direction. Resident #139 continued to I monitored and orders were implemented to address any future low blood sugar levels through the remainder of her stay. The resident was discharged on 12/16/in stable condition. 2. Residents with the potential to be affected by the deficient practice-Resid who exhibit acute changes in condition related to finger sticks indicating low blo sugar levels requiring intervention have the potential to be affected by the allegideficient practice. The Director of Nursing has identified current residents who have had an acu	t a d his be ed y. 114 dent ood e ed	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345314	B. WING				31/2014
NAME OF PR	ROVIDER OR SUPPLIER	1	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	121	31/2014
					30 BETHANY CHURCH ROAD		
FOREST C	CITY HEALTH AND REHA	ABILITATION CENTER		F	OREST CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
IAG	neggen om on		IAG		DEFICIENCY)		
F 309	Continued From page		F;	309			
		potential for more than			change in condition related to low blood	t	
		not immediate jeopardy) to			sugar levels in the past 30 days and		
		stems are in place and the			reviewed their corresponding		
	completion of employ	ee education.			documentation to determine that a nurs		
					assessment has been documented and	i l	
	The findings included	i:			interventions were implemented in a		
					timely fashion.		
		's undated document titled			A Medication Variance report was		
	"Diabetic Protocol" read in part:				completed by the Unit Manager on		
	_	en as per (physician) MD's			12/12/14. One to One counseling with	the	
	orders.	OO CEE MED I III II			nurses regarding the requirement for		
		an 80, notify MD, hold insulin			notification of the physician and		
	-	ic orders. Inform MD of any			supervisor in the event of a medication		
	_	, such as giving sugar &			error, as well as implementing interventions to maintain the resident		
		hat the resident has eaten					
	and general condition	t and FSBS is low give Oral			wellbeing was conducted by the Director of Nursing on 12/12/14.	ונ	
	Glucose Gel 15 Gm				3. Systemic Measures-The		
	manufacturer's direct				Interdisciplinary Team (including the		
		is diminished or impaired in			Director of Nursing, Administrator, Soci	ial	
		BS is low, an IV (intravenous)			Services Director, Activities Director,	ai	
		ose 5% and ½ Normal			Therapy Program Manager, Dietary		
	•	Ililiters) per hour is to be			Manager, Unit Coordinator or Unit		
		mpule) of D50 (Dextrose 50)			Manager, and Resident Care		
	is to be pushed while				Management Director) will review on a		
		ole to start an IV with 1st			daily basis, Monday through Friday, the	se	
	stick, give Glucagon				residents who have exhibited acute		
		n continue to place IV.			changes in condition to ensure that		
		minutes after pushing D50.			assessment or observations of sympto-	ms	
		erwise ordered by MD, but			have been documented, interventions		
	D/C (discontinue) in 2	24 hours if FSBS is staying			were initiated timely, and the attending	ing	
	greater than 125.				physician was contacted as appropriate	€.	
					On weekends, the RN on Duty will		
		idmitted to the facility on			perform the review of the 24-Hour Rep		
	•	ses which included shoulder			to identify residents who have		
		gh blood pressure, and			experienced acute changes in condition	า	
		e 2. The 5 day admission			and ensure assessment or observation	s	
	Minimum Data Set (N				have been documented, interventions		
	indicated Resident #	139 was cognitively intact			initiated timely, and the attending		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	l` ´co			PLETED
		345314	B. WING _				C / 31/2014
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	· · · ·	
FOREST (CITY HEALTH AND REH	ARII ITATION CENTER		83	30 BETHANY CHURCH ROAD		
TOREST	III IILALIII AND KLII	ABILITATION CENTER		F	OREST CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 309	Continued From pag	e 31	F3	309			
	and was capable of a A review of the physindicated Metformin tablet by mouth three related to complicating Further review of the finger stick blood sugament	daily decision making. dician's orders dated 12/11/14 500 milligrams (mg) one et times a day for prophylaxis ons of type 2 diabetes. ephysician's orders indicated gars (FSBS) twice daily (6:30 lated to diabetes. Further e was no physician's order d for Resident #139. (Levemir in which starts to work in 1 to in 8 to 10 hours, and lasts e's notes dated 12/11/14 vealed the following entries: 8 PMNurse #3, working the dication Administration Record d been checked or that the motified that Resident #139 ded a long acting insulin forder. 81 AM-Nurse #2, working the documented that Resident and that the resident was of orange juice and peanut			physician has been contacted as appropriate. Adjustments to the plan of care and Care Grids will be made base on these reviews and the input of mediprofessionals. The Division Director of Clinical Service and the Director of Nursing have conducted training with licensed nurses beginning 12/29/14 regarding the identification of changes in condition, under the conducted training with licensed nurses beginning 12/29/14 regarding the identification of changes in condition, under the different condition of Change of Condition tools as guidelifor assessment/evaluation components and the expectation of timely interventiand physician involvement for identified acute changes in resident condition. Licensed nursing staff will not be allowed to work until the training is completed. Licensed nursing staff will be provided education at least annually via the Director of Nursing or Resident Care Management Director. This education be included in the facility s new hire orientation and newly hired licensed nursing staff will not be permitted to assume their floor responsibilities until they have completed this education. Directed in-service training will be conducted for licensed nursing staff by practice consultant with the NC Board Nursing on January 28, 2015 in regard	ed ccal es s s se nes s, on d ed this will	
	butter crackers. Nurs FSBS 15 minutes lat gave Resident #139 fortified nutritional sh FSBS 30 minutes lat 12/12/14 at 1:45 a re-check FSBS of	se #2 documented a re-check her of 76 at which time she an 8 oz. cup of med pass (a hake) with another re-check			prevention of medication errors. This education will include discussion of notification of the physician and supervisor in the event of medication e so that interventions can be put in plac provide for the resident □s well-being. The Director of Nursing, Unit Coordinat Unit Manager, or Resident Care Management Director will conduct care	rror e to tor,	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	CONSTRUCTION (X3) DATE SU COMPLE	
		345314	B. WING				C 31/2014
	ROVIDER OR SUPPLIER			83	TREET ADDRESS, CITY, STATE, ZIP CODE 30 BETHANY CHURCH ROAD OREST CITY, NC 28043	<u> 127</u>	51/2014
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 309	of milk and ate half of documented a re-che 88 and again provide another pack of crack yogurt. There was no #2's notes that the properties throughout her shift. 12/12/14 at 7:30 (UM) documented that of Resident #139's logarility's protocol was documented that the continue the protocol #139's urine output for 12/12/14 at 8:00 7AM to 3PM shift, do that Resident #139 wong for infusion and milliliters (ml) per houre-check FSBS 15 mid 427. A review of a Medical by the UM dated 12/1 Nurse #3 had administed Units one time by SQ #139. The report indication and indication administed Units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed was a square and administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed was a square and administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units one time by SQ #139. The report indication administed units of the was administed units o	onsumed the entire carton of the tangerine. Nurse #2 ock FSBS 20 minutes later of d Resident #139 with milk, ocers, and a container of documentation in Nurse hysician had been notified of ident #139's low FSBS AMThe Unit Manager at she notified the physician w blood sugars and that the being followed. The UM physician had advised her to and monitor Resident or next 24 hours. AMNurse #4, working the cumented a FSBS of 47 and as alert and confused. d an IV (intravenous) was 50 (D50) was pushed via uid which contained for normal saline (NS) was was set to run at 100 or. Nurse #4 documented a inutes after giving the D50 of tion Variance Report written 12/14 at 7:30 AM indicated setered the wrong medication The report noted the red was Levemir insulin 45 of (subcutaneous) to Resident cated "error/harm: an error ve contributed to or resulted	F	309	rounds at least three (3) times per wee for four (4) weeks then at least weekly three (3) months to include discussion with randomly chosen licensed nurses regarding residents with the potential to have acute changes in condition, identified residents with acute changes condition, physician involvement as appropriate, and interventions being implemented to address the resident need. 4. Quality Assurance and Performant Improvement Measures - The Director Nursing or Administrator will review the data collected from the audits of 24-Hc Reports and care rounds, analyze the data, and report patterns or trends to the QAPI Committee every other month for three months. The QAPI Committee we evaluate the effectiveness of the plan at make changes based on outcomes to ensure continued compliance.	for in ce of cur ne	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		ATE SURVEY DMPLETED
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/3//2014
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
F 309	intervention." The vand Physician was contained and orders were reconsuring (DON), the fithe Administrator we 8:15 AM. The report findings/actions take was re-educated, an administration observing by the DON at 12/12/14. During an interview of UM verified she had variance report. She 12/12/14 at 7:15 AM nurse, Nurse #2, and #4, discussing the fluf FSBS. She indicated check on the resident informed her of the inshift nurse had adminidicated that during investigation she "fig was given Resident was across the hall for stated she immediate error and called the puring a telephone in AM Nurse #2 indicated the care of Resident until 12/12/14 at 7AM change of shift repormade aware of any of with Resident #139. always checked on hereout the care of the control of the pormade aware of any of with Resident #139. always checked on hereout the control of the pormade aware of any of with Resident #139. always checked on hereout the control of the pormade aware of any of with Resident #139. always checked on hereout the control of the pormade aware of any of with Resident #139. always checked on hereout the control of the pormade aware of any of	riance report revealed the cted on 12/12/14 at 7:30 AM eived and the Director of Pharmacy, the Family, and re contacted on 12/12/14 at further indicated the n: Nurse #3 was suspended, d required medication vations. The report was and the Administrator on vations. The report was and the Administrator on the morning of she overheard the 3rd shift of the 1st shift nurse, Nurse actuation of Resident #139's at that time she went to at and Resident #139 anjection of insulin the 2nd nistered. The UM further the course of her ured out" that Resident #139 anjection of insulin; Resident #139 and 13/15 insulin; Resident #134 from Resident #139. She elly advised the DON of the ohysician. Interview on 12/29/14 at 11:36 and she was responsible for #139 on 12/11/14 at 11PM of the stated during the the tat 11:00 PM, she was not concerns and/or problems She further stated she her residents at the beginning gher initial check that night	F3	09		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		ATE SURVEY OMPLETED
		345314	B. WING _			C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/31/2014
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	for assistance to the Nurse #2 stated Rest that she was "feeling advised her that she insulin. Nurse #2 stated #139's blood sugar. She further stated s carbohydrates to ea Resident #139's blood the 80's. She indicar physician during the was alert and talking to check Resident # her carbohydrates to During a telephone AM Nurse #4 indicate care of Resident until 3PM. She state report at 7AM she was Resident #139's fluct throughout the night received report, she Resident #139. Nurse Resident #139. Nurse Resident #139. Nurse Resident #139's blo 46. She further indicated physician and the plate to start an IV, admir D5 ½ NS at 100 ml/ During a telephone PM Nurse #3 indicated the care of Resident until 11PM. She admit 139 the wrong med 9PM. She indicated Levemir insulin 45 Levemir insul	cident #139 called out to her bathroom. At which time, sident #139 indicated to her grown and weird" and had been given a shot of ated she checked Resident and noted it was in the 40's. The gave Resident #139 the and when she re-checked od sugar it had come up into ted she did not call the enight because the resident grown but that she had continued 139's blood sugar and gave to eat throughout her shift. Interview on 12/29/14 at 11:51 ted she was responsible for the #139 on 12/12/14 from 7AM and during the change of shift was informed by Nurse #2 of cituating blood sugars to have and the UM went to assess se #4 stated she checked od sugar and noted it to be cated the UM called the hysician gave them the orders hister D50, and infuse fluids of	F3	09		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345314	B. WING _		1	C 2/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	•	2/3/1/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 309	her date of birth. She #139 she was going and the resident statt Nurse #3 further statt #139 that the insulin was supposed to have realized she had give when she went to be Administration Record she had given the insuling she did not documer Resident #139 the ingresident #139's blook her shift ended at 11 she clocked out and anyone that she had insuling Levemir, to she was unaware of made the error. She talk with anyone about the next morning who home and asked her error. During an interview of physician at the time error. He further indicated hysician at the time error. He further indicated was no lor he was made aware to the facility on 12/1 have expected Nurse physician as soon as made a medication of have sent the reside monitored due to the	ent to state her name and/or a stated she told Resident to give her an insulin shot ed "I don't take insulin." ed she replied to Resident was ordered for her and she ve it. Nurse #3 stated she en the wrong medication ck to the Medication rd (MAR) to document that sulin. Nurse #3 indicated that at that she had given sulin and she only checked of sugar 2 more times before PM. She further indicated left the facility without telling administered the long acting desident #139. She stated what to do at the time she further stated she did not ut the medication error until en the DON called her at about the insulin medication cated the physician that was niger at the facility. He stated of the error upon his arrival 5/14. He indicated he would at to the hospital to be insulin being that of a long arge dosage amount the was	F3	309			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345314	B. WING		C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	1201/2011
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
F 309	DON stated he was error until 12/12/14 UM told him of the rexpected the nursin resident identifiers to medications. He further supervisor and/or he would have expected the physicand fluctuating FSB always expected all contacted him, their call, and/or the physicand/or conce well-being of a resident and to have the physicand fluctuating FSB always expected all contacted him, their call, and/or the physicand fluctuating for a resident physical physical fluctuation of the phys	on 12/29/14 at 6:14 PM the not aware of the medication at 8:15 AM. He indicated the medication error. He stated he g staff to use at least two pefore administering any ther stated he would have to have notified the physician edication error was detected the facility without informing or another nurse. He indicated ected Nurse #2 to have also can of Resident #139's low S. He stated he would have of his nursing staff to have supervisor or the nurse on sician with any medication rns that would involve the	F 309		
	accepted on 12/31/	n of Compliance was 14 at 11:54 AM as follows: of Compliance: Quality of			
	Residents identification Residents identification	tified to be affected by the			
	l ·	ent #139 was administered vithout a physician's order.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING			C 12/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		2/3//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 C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 309	second and third shiffailed to notify the super the facility's Diab medication error and interventions could be the resident's wellbein medication error on investigation into the practice. The physicimorning of 12/12/14 continued based on a Variance Report was Manager on 12/12/14 the nurses regarding notification of the phyevent of a medication implementing interversident's wellbeing with the deficient practice. Residents who exhibited to finger stick levels requiring interversidents who have healfloor of Nursing healfloor of Nu	caring for the resident on the on the evening of 12/11/14 pervisor and the physician etic Protocol of the low blood sugar level so that e put in place to provide for ng. The facility identified the 12/12/14 and began an causes of the deficient an was notified on the and interventions were his direction. A Medication completed by the Unit 1. One to one counseling with the requirement for visician and supervisor in the nerror, as well as notions to maintain the was conducted by the n 12/12/14. The potential to be affected by the n tacute changes in condition is indicating low blood sugar vention have the potential to be ged deficient practice. The as identified current and an acute change in the lewed their corresponding letermine that a nursing in documented and inplemented in a timely the will continue to be reviewed by Team quarterly, annually	F3	309			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345314	B. WING		C 12/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	12/3//2014	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 309	of Nursing, Administra Director, Activities Director, Activities Director, Activities Director) Will review of through Friday, those exhibited acute change that assessments or chave been document initiated timely, and the contacted as approprion Duty will perform to Report to identify resi experienced acute chensure assessment of documented, interver the attending physicial appropriate. Adjustme Care Grids will be maind the input of medi. The Division Director Director of Nursing halicensed nurses begin regarding the identification, use of Changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components, and the intervention and physidentified acute changuidelines for assess components.	Team (including the Director ator, Social Services rector, Therapy Program nager, Unit Coordinator or esident Care Management on a daily basis, Monday residents who have ges in condition to assure observations of symptoms ed, interventions were ne attending physician was iate. On weekends, the RN he review of the 24-hour idents who have langes in condition and or observations have been notions initiated timely, and an has been contacted as ents to the plan of care and ade based on these reviews cal professionals. of Clinical Services and the lange of Condition tools as ment/evaluation expectation of timely	F 30			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			C 2/31/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		2/3//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 COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	Continued From pag		F 3	09		
		used nursing staff will not be their floor responsibilities leted this education.				
F 312 SS=G	11:54 AM when inter awareness of the preby using the Rights of include Right Reside Right Drug, and Righthad received in-serviaware of the importation physician, family, nurwhich included active when they inform the medication administration process for medication mediation variance reindicated the in-servidefinition of neglect aneeds and well-being neglected before lear observations of admiresidents in the faciliand potential factors as, distraction, know should be done if a medications for which 483.25(a)(3) ADL CADEPENDENT RESIDENT RE	was removed on 12/31/14 at views with nurses revealed evention of medication errors of Administration which nt, Right Dose, Right Time, at Route. They verified they ce training and were made note of the notification of the raing supervisor, and DON, ally listening to the residents are of a potential error in ation, and the reporting on variances to include a report. The nurses further ce training included the and to ensure the residents' ghave been met and not ving the facility, as well as nistering medications to the ty, and included examples for medication errors, such redge deficits, and what resident questions the facility are to be given. ARE PROVIDED FOR DENTS able to carry out activities of the necessary services to on, grooming, and personal	F3	12		2/2/15

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345314	B. WING		C 12/31/2014	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 12/3//2014	
				830 BETHANY CHURCH ROAD		
FOREST (CITY HEALTH AND REHA	ABILITATION CENTER		FOREST CITY, NC 28043		
(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 CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION	
F 312	Continued From page	e 40	F 31	2		
	by: Based on observatio and family interviews	n, record review, and staff, the facility failed to remove a resident on the 3:00 PM		Corrective action has been accomplished for Resident #133 in regards to the alleged deficient pra		
		1 of 4 residents reviewed for		providing for toileting needs in a tir fashion. The resident is provided w	nely vith a	
	The findings included	:		bed pan at her request and staff is in removing the bed pan when toile complete.		
	Resident #133 was admitted to the facility 11/06/14 with diagnoses which included ovarian cancer and diabetes mellitus. An admission Minimum Data Set (MDS) dated 11/14/14 described Resident #133's speech was clear, made herself understood, and was able to understand others. The MDS specified cognition was intact and the resident required extensive assistance of 2 staff for bed mobility, personal hygiene, and toileting. The MDS indicated the resident had an indwelling urinary catheter and was occasionally incontinent of bowel. A Care Area Assessment (CAA) specified the resident required extensive assistance with all activities of daily living and was able to make her needs known.			2. Residents who are dependent toileting assistance have the poten be affected by the alleged deficient practice. The Resident Care Management Director has complet audit of the current resident popula identify those residents who require assistance with toileting. Care Griebeen reviewed and updated, as net to provide information to nursing stregarding residents toileting need 3. Measures put in place to ensurthe alleged deficient practice does recur include: in-service education conducted by DON, for nursing staregarding the provision of services carry of activities of daily living for	tial to t ed an ation to e staff ds have eded, eaff ds. are that not aff to those	
	#133 with a self-care activities of daily living. The care plan goal sp maintain the current linext 90 day review. I resident required extermembers to turn and rounds and as necession.	18/14 described Resident performance deficit for g related to terminal illness. Decified the resident would evel of function through the interventions included the ensive assistance of 2 staff reposition in bed on care sary and the resident was 2 staff members for toilet		residents who are unable to carry of these activities independently; spe staff are to provide toileting assistate a timely fashion and be aware that residents who may use a bed pan frequent checks to remove the bed when toileting is complete. The Di of Nursing, Unit Manager, or Unit Coordinator will conduct care roundleast three (3) times per week for forweeks then at least weekly for three	out cifically, ince in those require I pan rector ds at our (4)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY PLETED
		345314	B. WING			C /31/2014
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	1 12	01/2014
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 312	observed during a drulcer on her sacral ar observed lying on an resident was rolled to noted from the top of ascending over the risacral area, the bruis across the resident's curved again and desbuttock to the top of twas in the shape of a red to light red in coldappearance and shap. The bruise was obserbreakdown. An interview was con Responsible Party (RThe RP stated she learound 4:30 PM and showed no signs of breturned to the facility AM and the resident her to use the bedpan bruising on the resident informed by a nurse a left on the bedpan this stated the resident has he needed somethir resident was declinin At times the resident needed care. At other An interview was con Nursing (DON) on 12 DON stated she had	PM, Resident #133 was essing change to a pressure ea. The resident was air mattress. When the her left side, a bruise was the right thigh and ght buttock. Just above the e curved and extended lower back. The bruise scended down the left he left thigh. The bruise thin line in width and dark or. The bruise had the pe of the edge of a bedpan.	F 3:	months to monitor that toileting is timely and residents are recei assistance with activities of daily 4. The Director of Nursing or Administrator will review the res care rounds; analyze the data a trends or patterns to the QAPI C every other month for four (4) m The QAPI Committee will evalua effectiveness of the plan based outcomes and may make ament the plan to ensure continued c	ving y living. sults of nd report Committee conths. ate the on dments to	

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	DATE SURVEY COMPLETED
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(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 COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 312	Continued From pag		F 3	12		
	Resident #133. She was assessed on the other bruises or injur	rse found a bedpan under explained Resident #133 e morning of 12/27/14 for ies and none were found.				
	worked the 11PM to 12/26/14. She stated medication pass abo heard Resident #133	ut 5:30 AM to 5:45 AM, she calling out for help. When				
	burning. Nurse #1 e. Aide (NA) #3 to assis resident. As they rol bedpan was found un	3 stated her backside was explained she solicited Nurse st with repositioning the led the resident to her side, a ender her. Nurse #1 stated in indention where the				
	bedpan had touched explained she and N					
	on 12/31/14 at 10:09 NA #2 had worked th 12/26/14. She stated end of the hall where	AM. NA #1 via phone AM. NA #1 stated she and a 3PM to 11PM shift on they were assigned to the Resident #133 resided. NA A #2 were extremely busy				
	needs. NA #1 explain PM, Resident #133 to #1 responded to the to be put on the bedy	and attending to residents' ned about 10:15 PM to 10:20 urned on her call light. NA light and the resident asked oan. NA #1 described				
	during the evening a resident to let her knoget off the bedpan. I busy and did not go l	her call light several times and NA #1 was waiting for the above when she was ready to NA #1 stated she got very ack to see about Resident ace she had not heard				

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F 312	had taken her off the should have gone be but she did not. NA she left the facility the report to the relievin An interview was co on 12/31/14 at 10:43 worked 11PM to 7Al 12/26/14. She state from any of the nurs NA #3 stated about into Resident #133's complained of her be	light, she assumed NA #2 be bedpan. NA #1 stated she ack to check on the resident, #1 further explained before hat evening, she did not give a	F3	12		
	turned Resident #13 under the resident. had been using the weeks ago. NA #3 s yelling out when she acknowledged she was on the bedpan. unaware the resider throughout her shift. An additional intervious DON on 12/31/14 at	ew was conducted with the 12:03 PM. The DON				
	explained she expedireceive the care the An interview was co on 12/31/14 at 12:2' worked the 3PM to was assigned to Reshe stated she assisted she as a same a	cted residents in this facility to y need and as they need it. Inducted with NA #2 via phone I PM. NA #2 stated she I1PM shift on 12/26/14 and sident #133's end of the hall. Its sted Resident #133 with the upper. She acknowledged with NA #1 and did not				

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		345314	B. WING			C 12/31/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/3 //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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 312 F 333 SS=J	483.25(m)(2) RESID SIGNIFICANT MED The facility must ens any significant medic This REQUIREMENT by: Based on record reverserror by administering no physician's order for medication errors Immediate Jeopardy Resident #139 receive no physician's order. removed on 12/31/14 facility provided an anof compliance. The facompliance at a lower (no actual harm with minimal harm that is ensure monitoring sycompletion of employ The findings included Resident #139 was a 12/11/14 with diagnotionit replacement, high	Ba's call light later in the shift. ENTS FREE OF ERRORS The interviews are free of ration errors. It is not met as evidenced riews and staff interviews the ent a significant medication go a long acting insulin with for 1 of 2 residents reviewed (Resident #139). Began on 12/11/14 when red a long acting insulin with Immediate Jeopardy was at at 11:54 AM when the exceptable credible allegation accility remains out of er scope and severity of D potential for more than not immediate jeopardy) to externs are in place and the ree education. It: Indmitted to the facility on sess which included shoulder gh blood pressure, and at 2. The 5 day admission	F 33	12	data, data de la companya de la com	2/2/15
		139 was cognitively intact daily decision making.		assessment has been document interventions were implemented timely fashion.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		E SURVEY IPLETED	
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				830 BETHANY CHURCH ROAD			
FOREST (CITY HEALTH AND REH	ABILITATION CENTER		FOREST CITY, NC 28043			
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F 333	indicated Metformin tablet by mouth three related to complication Further review of the finger stick blood sug AM and 9:00 PM) review revealed ther for Levemir indicated is a long acting insul 3 hours, with a peak for 18 to 26 hours). A review of the Medi (MAR) dated for Dec Resident #139 was to one tablet by mouth 5:00 PM. Additional Resident #139's last administered on 12/Metformin was held #139's low FSBS and at 9:00 AM. Further there was no indicated administered. A review of the nurse through 12/12/14 review of the nurse through 12/12/14 review of the nurse through 12/11/14 at 11:33 PM until 11PM shift #139 was resting control to the still was resting control.	ician's orders dated 12/11/14 500 milligrams (mg) one te times a day for prophylaxis ons of type 2 diabetes. the physician's orders indicated gars (FSBS) twice daily (6:30 lated to diabetes. Further the was no physician's order d for Resident #139. (Levemir in which starts to work in 1 to in 8 to 10 hours, and lasts cation Administration Record tember 2014 revealed to be given Metformin 500mg at 9:00 AM, 1:00 PM, and at review of the MAR revealed dose of Metformin was 11/14 at 5:00 PM. The on 12/12/14 due to Resident d was re-started on 12/13/14 review of the MAR revealed	F 3		ation ctive actions aring and 24-Hour lave lication the nurse Supervisor al Services we duled 29/14 ation errors tration Right Dose, ight Route. xamples of potential systemic , lack of dege ident ang given. porting les that cation f the		
	or on the Medication (MAR) to indicate an or that Resident #13 Further review of the	nentation in Nurse #3's notes Administration Record by FSBS had been checked had been given insulin. MAR revealed Resident and the Metformin 500mg		applicable, responsible party, a Director of Nursing. Licensed staff will not be allowed to work training is completed. License staff will be provided this educated least annually via the Director.	nursing k until the d nursing ation at		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		E SURVEY IPLETED	
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F 333	Continued From pag	e 46	F 33	33			
	tablet by mouth on 1			or Area Staff Development Ma	nager This		
	tablet by model on i	271771 40 0.001 1111		education will be included in th	-		
	· 12/12/14 at 12:3	1 AM-Nurse #2, working the		new hire orientation and newly	-		
		ocumented that Resident		licensed nursing staff will not b			
		and that the resident was		to assume their floor responsib	-		
	given 8 ounces (oz.)	of orange juice and peanut		they have completed this educ			
		se #2 documented a re-check		Medication Pass Observations			
	FSBS 15 minutes lat	er of 76 at which time she		Director of Nursing, Unit Mana	-		
	gave Resident #139	an 8 oz. cup of med pass (a		Coordinator, or Area Staff Dev			
	fortified nutritional shake) with another re-check			Manager will begin on 12/30/14	4 for at		
	FSBS 30 minutes lat	er of 88.		least three (3) licensed nurses	per week		
				until all nurses have been obse	erved and		
	· 12/12/14 at 1:45	AMNurse #2 documented		then will be conducted random	ıly at least		
	a re-check FSBS of	51 and Resident #139 was		twice per month ongoing.			
		oriented to person, place,		In addition to the above measu			
		locumented that she had		Directed in-service education v			
	_	ns of glucose gel by mouth		conducted by a practice consu			
		d gave her milk and a		NC Board of Nursing on Janua	•		
	tangerine, at which ti			for licensed nurses regarding t			
		carton of milk and ate half of		prevention of medication errors			
		#2 documented a re-check		responsibility of licensed nurse	•		
		er of 88 and again provided		errors to the physician and sup			
	Resident #139 with r			order to implement intervention			
	crackers, and a conta	ainer of yogurt.		address the care needs of the			
	10/10/11 -1 7:00	ANA The Unit Menegan		The Director of Nursing or Unit	•		
		AMThe Unit Manager		will conduct care rounds at lea			
		at she notified the physician		times per week for four (4) week			
		ow blood sugars and that the ocol was being followed. The		least weekly for three (3) mont			
		t the physician had advised		monitor that residents are rece medications as ordered and co	•		
		rotocol and monitor Resident		regarding accurate medication			
	#139's urine output for			administration are identified ar			
	# 100 3 utilie output ii	OF HOAL 24 HOURS.		addressed.	iu		
	· 12/12/14 at 8·00	AMNurse #4, working the		The facility s identification sys	stem for		
		ocumented a FSBS of 47 and		residents has been reviewed b			
		vas alert with confusion.		Interdisciplinary Team and incl	•		
		ed an IV (intravenous) was		identifiers, resident names incl			
		50 (D50) was pushed via		electronic medical record, as w			
	the IV and a bag of fl			photo identifier in place on each			

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F 333	hung for infusion a milliliters (ml) per hare-check FSBS 15 427. A review of a Mediby the UM dated 1 Nurse #3 had adm to the wrong reside medication adminis 45 Units one time Resident #139. The an error occurred to resulted in temporal intervention." The Physician was con and orders were resulted in temporal intervention." The Physician was con and orders were resulted in temporal intervention. The Physician was con and orders were resulted in temporal intervention. The Physician was con and orders were resulted in temporal intervention. The Physician was con and orders were resulted in the Administrator via 8:15 AM. The reporting (DON), the the Administration obsigned by the DON 12/12/14. During an interview UM verified she have variance report. She indicate the check on the residinformed her of the shift nurse had administration and interview under the property of the shift nurse had administration and the property of the shift nurse had administration and the property of	age 47 & ½ normal saline (NS) was nd was set to run at 100 nour. Nurse #4 documented a minutes after giving the D50 of cation Variance Report written 2/12/14 at 7:30 AM indicated inistered the wrong medication ent. The report noted the stered was Levemir insulin of by SQ (subcutaneous) to e report indicated "error/harm: hat may have contributed to or ary resident harm and required variance report revealed the tacted on 12/12/14 at 7:30 AM exceived and the Director of e Pharmacy, the Family, and exerce contacted on 12/12/14 at ort further indicated the ren: Nurse #3 was suspended, and required medication ervations. The report was I and the Administrator on If you 12/29/14 at 10:45 AM the ad completed the medication estated on the morning of M she overheard the 3rd shift and the 1st shift nurse, Nurse fluctuation of Resident #139's ed at that time she went to ent and Resident #139 injection of insulin the 2nd ministered. The UM further and the course of her	F3	Medication Administration I Treatment Administration I Health Information Manage Supervisor will monitor that identifiers are present upor and will audit for the preser components at least weekly months. 4. Quality Assurance and Improvement Measures - The Administrator or Director of review the results of variant care rounds, and audits must the data for trends/patterns the QAPI Committee every for four (4) months. The QA will evaluate the effectivenes and may make amendmen based on outcomes to ensuronmental compliance.	Record. The er or the tresident nadmission nee of identifier y for three (3) d Performance The f Nursing will nees, reports, onthly; analyze and report to or other month API Committee ess of the plan atts to the plan	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345314	B. WING		12/31/2014	
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F 333	was given Resident was across the hall stated she immedia error and called the During a telephone	gured out" that Resident #139 #134's insulin; Resident #134 from Resident #139. She tely advised the DON of the	F 333			
	the care of Residen until 12/12/14 at 7A change of shift report aware of any concer Resident #139. She checked on her resishift and during her Resident #139, whe door, Resident #139 assistance to the basistance to the basistance to the basistance to the basis "feeling funny at that she had been got #2 stated she checked."	ted she was responsible for t #139 on 12/11/14 at 11PM M. She stated during the ort at 11PM, she was not made rns and/or problems with a further stated she always dents at the beginning of her initial check that night of en she opened the resident's coalled out to her for athroom. At which time, Nurse #139 indicated to her that she and weird" and advised her given a shot of insulin. Nurse ked Resident #139's blood was in the 40's. She further				
	stated she gave Re eat and when she re blood sugar it had dindicated she did not night but continued blood sugar and gar throughout her shift. During a telephone AM Nurse #4 indicate the care of Residen until 3PM. She state report at 7AM she we Resident #139's flucthroughout the night	sident #139 carbohydrates to e-checked Resident #139's come up into the 80's. She of call the physician during the to check Resident #139's we her carbohydrates to eat				

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F 333	Resident #139's blod 46. She further indice physician and the phe to start an IV, admin D5 ½ NS at 100 ml/b. During a telephone in PM Nurse #3 indicated the care of Resident until 11PM. She administry which was any did she ask the resident extended to be the did not use any did she ask the resident state. When the was going and the resident state was supposed to have realized she had given the insulin was supposed to have realized she had given the insulin was supposed to have realized she had given the insulin she did not documer Resident #139 the in Resident #139's block her shift ended at 11 she clocked out and anyone that she had insulin, Levemir, to Fishe was unaware of made the error. She talk with anyone about the next morning which is the start and insuling which is the shift ended at 11 she clocked out and anyone that she had insulin, Levemir, to Fishe was unaware of made the error. She talk with anyone about the next morning which is the start and insuling which is the properties of the physical shift in the physical shift is the physical shift in the physical shift in the physical shift is the physical shift in the	the #4 stated she checked and sugar and noted it to be atted the UM called the sysician gave them the orders ister D50, and infuse fluids of nour. Interview on 12/29/14 at 1:47 and she was responsible for all 139 on 12/11/14 from 3PM shitted she gave Resident ication on 12/11/14 around she gave the resident inits. She further indicated of the resident identifiers nor lent to state her name and/or a stated she told Resident to give her an insulin shot and "I don't take insulin." The ded she replied to Resident was ordered for her and she we it. Nurse #3 stated she en the wrong medication and (MAR) to document that soulin. Nurse #3 indicated that	F 3:	33			

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	' '	(X3) DATE SURVEY COMPLETED		
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F 333	observed on 12/15/ Development Coord to the residents duri indicated she was o administer medication 12/18/14. During an interview DON stated he was error until 12/12/14; UM told him of the resident identifiers be medications. He furt expected Nurse #3; to have contacted h nurse on call with ar or any medication e The Administrator w Jeopardy on 12/29/14/139. A Credible Allegation	ation Management" and was 14 by the Area Staff inator administer medications ing her shift. She further beserved 2 other times to ons; on 12/16/14 and on 12/29/14 at 6:14 PM the not aware of the medication at 8:15 AM. He indicated the nedication error. He stated he g staff to use at least two before administering any ther stated he would have and/or any of his nursing staff im, their supervisor or the my questions, concerns, doubt,	F	333	NCY)		
	Medication Error 1. Residents ident	of Compliance: Significant					
	long-acting insulin w The licensed nurse identification proced	ent #139 was administered vithout a physician's order. failed to follow the resident ures of validating the a name or confirming the					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 333	administration of me also failed to acknow that she (the resident facility identified the and began an invest deficient practice. The suspended on 12/12 the investigation. On medication administ prevention of medication administ prevention of medication pass obsthis nurse; one by the Manager on 12/15/13. Supervisor on 12/16 2. Residents with the deficient practices. Residents who require medications have the deficient practices complete an audit of Medication Administ days to review for signification and investigation investigation in the Director of Nursidentified errors and evaluated by the physical supervisor of Systemic Measurements. Systemic Measurements and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentified errors and evaluated by the physical supervisor of Nursidentifie	th another nurse prior to the dication. The licensed nurse viedge the resident's advising at) was not on insulin. The medication error on 12/12/14 igation into the causes of the ne licensed nurse was v/14 pending the outcome of the to one education regarding ration practices and ration errors was completed icensed nurse by the Area view and an ager. A total of three the ervations were completed for the Area Staff Development view and two by the second shift v/14 and 12/18/14. The potential to be affected by the administration of the potential to be affected by the affected by the administration of the potential to be affected by the all current residents' ration Records for the last 30 gnificant medication errors to 30/14. A Medication Variance with the possible to the completed for any any affected resident will be visician for side effects.	F3	33			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						С	
		345314	B. WING _			12/31/2014	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE		
FODEST (NEW LIE AL THE AND DELLA	ADUITATION CENTED		830 BETHANY CHURCH ROAD)		
FUREST	CITY HEALTH AND REHA	ABILITATION CENTER		FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 333	Continued From page	e 52	F:	333			
	Unit Managers will re identify that nurses half Medication Variance	view the 24-hour Report to ave monitored the resident. es occur on weekends, the rariance to the Supervisor or					
	The Division Director Director of Nursing had all scheduled licensed December 29, 2014 report medication errors by Administration which Right Dose, Right Tin Route. This education errors and factors afformedication errors, surdistraction, poor habit knowledge, knowledge deficits, and what to deficits, and what to deficits, and what to deficit medications being given the reporting process that includes completed Report, notification of Supervisor, if applicate the Director of Nursin not be allowed to wor completed. Licensed this education at leas Nursing or Area Staff This education will be hire orientation and not staff will not be permine responsibilities until the education. Medication Director of Nursing, UC Coordinator, or Area will begin on 12/30/14	egarding prevention of using the Rights of include Right Resident, he, Right Drug, and Right halso included examples of ecting the potential for ch as, systemic issues, ts, lack of medication ge deficits, and performance do if a resident questions the ven. This education included for medication variances ion of a Medication Variance of the physician, Nursing ble, responsible party, and g. Licensed nursing staff will k until the training is nursing staff will be provided to annually via the Director of Development Manager. Included in the facility's new ewly hired licensed nursing tted to assume their floor hey have completed this a Pass Observations by the Unit Manager, Unit Staff Development Manager					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345314	B. WING			C 2/31/2014	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO. 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 333	Continued From pag randomly at least twi	e 53 ce per month ongoing.	F 33	33			
	11:54 AM when inter awareness of the preby using the Rights of include Right Reside Right Drug, and Righthad received in-servitaware of the reportin variances to include notification of the physupervisor, and DON indicated the in-servit observations of admiresidents in the faciliand potential factors as, distraction, know should be done if a resident of the physupervisor.						

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345314	B. WING		R-C
NAME OF P	ROVIDER OR SUPPLIER	343314	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	12/31/2014
	CITY HEALTH AND REH	ABILITATION CENTER		830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 000	INITIAL COMMENTS	8	F 00	0	
{F 309} SS=J	Resident #139 receino physician's order initiate the blood sugtreatment, and clock without informing an Director of Nursing, #139's condition. Impremoved on 12/31/14 facility provided an a of compliance. The from compliance at a lower (no actual harm with minimal harm that is ensure monitoring sycompletion of employ. Also refer to Event II tags. 483.25 PROVIDE CA HIGHEST WELL BE Each resident must approvide the necessary or maintain the higher mental, and psychostaccordance with the and plan of care. This REQUIREMEN by: Based on record revinterviews the facility	D #YPES11 for additional ARE/SERVICES FOR ING receive and the facility must ry care and services to attain est practicable physical,	{F 309	1. On 12/11/14, Resident #139 was administered long-acting insulin withou physician □s order. The licensed nurse	ut a
I ARODATORY	I DIRECTOR'S OR PROVIDER	/SUPPLIER REPRESENTATIVE'S SIGNATUR	E	TITLE	(X6) DATE

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) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING		1	R-C 2/31/2014
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	14	2/3 1/20 14
TO THE OT THE	TO VIDER ON OUT FEILER			830 BETHANY CHURCH ROAD		
FOREST (CITY HEALTH AND REH	ABILITATION CENTER		FOREST CITY, NC 28043		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 309}	Continued From pag	ge 1	{F 309	9}		
{F 309}	continuum of care for administration of a lophysician's order for (Resident #139). Immediate Jeopardy Resident #139 receino physician's order initiate the blood sugtreatment, and clock without informing an Director of Nursing, #139's condition. Imremoved on 12/31/1 facility provided an a of compliance. The compliance at a low (no actual harm with minimal harm that is ensure monitoring s	or a resident after the ong acting insulin with no 1 of 4 sampled residents or began on 12/11/14 when wed a long acting insulin with and the nurse failed to gar monitoring protocol, and sed out and left the facility other nurse, supervisor, or the physician of Resident mediate Jeopardy was 4 at 11:54 AM when the acceptable credible allegation facility remains out of er scope and severity of D potential for more than not immediate jeopardy) to systems are in place and the	{F 30s	caring for the resident on second shifts on the evening of 12/11/14 notify the supervisor and the physical the facility solve by blood solve to provide for the resident swell to provide for the resident well to provide for the resident well the physician was notified on the of 12/12/14 and interventions well continued based on his direction. Resident #139 continued to be mand orders were implemented to any future low blood sugar levels the remainder of her stay. The re was discharged on 12/16/14 in st condition. 2. Residents with the potential affected by the deficient practicewho exhibit acute changes in continued shifts acute changes in continued shifts.	failed to sician per fithe ugar level at in place being. The monitored address through sident able to be resident idition	
	"Diabetic Protocol" r C. Insulin is to be giver orders. D. FSBS - if lower the until MD gives specionarsing interventions orange juice. Note wand general condition E1. If resident is alse Glucose Gel 15 Gm manufacturer's direct E2. If consciousness	d: o's undated document titled ead in part: o'en as per (physician) MD's ean 80, notify MD, hold insulin fic orders. Inform MD of any s, such as giving sugar & o'hat the resident has eaten of the resident. rt and FSBS is low give Oral (grams), give per		related to finger sticks indicating sugar levels requiring intervention the potential to be affected by the deficient practice. The Director of Nursing has ident current residents who have had a change in condition related to low sugar levels in the past 30 days a reviewed their corresponding documentation to determine that assessment has been documented interventions were implemented it timely fashion. A Medication Variance report was completed by the Unit Manager of 12/12/14. One to One counseling nurses regarding the requirement notification of the physician and	n have e alleged tified an acute v blood and a nursing ed and n a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING _				-C 31/2014	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	127	01/2014	
					330 BETHANY CHURCH ROAD			
FOREST (CITY HEALTH AND REHA	ABILITATION CENTER			FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 309}	Continued From page	e 2	{F 3	09}				
		lliliters) per hour is to be		,	error, as well as implementing			
		mpule) of D50 (Dextrose 50)			interventions to maintain the resident	s		
	is to be pushed while				wellbeing was conducted by the Director			
		ole to start an IV with 1st			of Nursing on 12/12/14.			
	stick, give Glucagon							
		continue to place IV.			3. Systemic Measures-The			
	Recheck FSBS in 15	minutes after pushing D50.			Interdisciplinary Team (including the			
	Continue IV until other	erwise ordered by MD, but			Director of Nursing, Administrator, Soc	al		
		24 hours if FSBS is staying			Services Director, Activities Director,			
	greater than 125.				Therapy Program Manager, Dietary			
					Manager, Unit Coordinator or Unit			
		dmitted to the facility on			Manager, and Resident Care			
		ses which included shoulder			Management Director) will review on a			
		gh blood pressure, and			daily basis, Monday through Friday, the	se		
		e 2. The 5 day admission			residents who have exhibited acute			
	Minimum Data Set (N	139 was cognitively intact			changes in condition to ensure that assessment or observations of sympton	me		
	and was capable of d				have been documented, interventions	.115		
	and was capable of d	any decision making.			were initiated timely, and the attending			
	A review of the physic	cian's orders dated 12/11/14			physician was contacted as appropriate			
		500 milligrams (mg) one			On weekends, the RN on Duty will			
		times a day for prophylaxis			perform the review of the 24-Hour Rep	ort		
		ons of type 2 diabetes.			to identify residents who have			
	Further review of the	physician's orders indicated			experienced acute changes in condition	n		
	finger stick blood sug	ars (FSBS) twice daily (6:30			and ensure assessment or observation	S		
	AM and 9:00 PM) rela	ated to diabetes. Further			have been documented, interventions			
		e was no physician's order			initiated timely, and the attending			
		for Resident #139. (Levemir			physician has been contacted as	_		
		n which starts to work in 1 to			appropriate. Adjustments to the plan o			
	I -	in 8 to 10 hours, and lasts			care and Care Grids will be made base			
	for 18 to 26 hours).				on these reviews and the input of medi	cai		
	A rovious of the pro-	In notes dated 12/11/14			professionals.	20		
		's notes dated 12/11/14 ealed the following entries:			The Division Director of Clinical Service and the Director of Nursing have	70		
	unough 12/12/14 fev	saled the following entitles.			conducted training with licensed nurses			
	 	8 PMNurse #3, working the			beginning 12/29/14 regarding the	,		
		did not document in her			identification of changes in condition, u	se		
		cation Administration Record			of Change of Condition tools as guideli			
		d been checked or that the			for assessment/evaluation components			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
					R-C		
		345314	B. WING _		12/31/20	014	
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE			
				830 BETHANY CHURCH ROAD			
FOREST	CITY HEALTH AND REH	ABILITATION CENTER		FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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	BE COM	(X5) IPLETION DATE	
				DEFICIENCY)			
{F 309}	had been administer without a physician's 12/12/14 at 12:3 11PM to 7AM shift, of #139's FSBS was 48 given 8 ounces (oz.) butter crackers. Nurs FSBS 15 minutes lat gave Resident #139 fortified nutritional sh FSBS 30 minutes lat a re-check FSBS of Resident #139 milk at time Resident #139 of milk and ate half of	notified that Resident #139 red a long acting insulin s order. 81 AM-Nurse #2, working the documented that Resident 8 and that the resident was of orange juice and peanut se #2 documented a re-check ser of 76 at which time she an 8 oz. cup of med pass (a nake) with another re-check ser of 88. 6 AMNurse #2 documented 51 and that she gave and a tangerine, at which consumed the entire carton of the tangerine. Nurse #2	{F 30	and the expectation of timely interver and physician involvement for identificacute changes in resident condition. Licensed nursing staff will not be allowed to work until the training is completed Licensed nursing staff will be provide education at least annually via the Director of Nursing or Resident Care Management Director. This education be included in the facility s new hire orientation and newly hired licensed nursing staff will not be permitted to assume their floor responsibilities until they have completed this education. Directed in-service training will be conducted for licensed nursing staff to practice consultant with the NC Board Nursing on January 28, 2015 in regal prevention of medication errors. This	ed ved d this will y a l of ds to		
	documented a re-che 88 and again provide another pack of crace yogurt. There was no #2's notes that the p the fluctuation in Res throughout her shift. 12/12/14 at 7:30 (UM) documented th of Resident #139's lo facility's protocol was documented that the continue the protoco #139's urine output f 12/12/14 at 8:00 7AM to 3PM shift, do that Resident #139 v	eck FSBS 20 minutes later of ed Resident #139 with milk, kers, and a container of o documentation in Nurse hysician had been notified of sident #139's low FSBS O AMThe Unit Manager lat she notified the physician lat she notified the physician lat she included by blood sugars and that the specified by blood sugars and that the specified had advised her to I and monitor Resident		education will include discussion of notification of the physician and supervisor in the event of medication so that interventions can be put in pla provide for the resident well-being. The Director of Nursing, Unit Coordin Unit Manager, or Resident Care Management Director will conduct carounds at least three (3) times per we for four (4) weeks then at least weekl three (3) months to include discussio with randomly chosen licensed nurse regarding residents with the potential have acute changes in condition, identified residents with acute change condition, physician involvement as appropriate, and interventions being implemented to address the resident need.	ce to ator, re ek / for n s to		

		IDENTIFICATION NUMBED:) MULTIPLE CONSTRUCTION SUILDING		(X3) DATE SURVEY COMPLETED	
		345314	B. WING			R-C	
NAME OF PR	ROVIDER OR SUPPLIER	0.0011		STREET ADDRESS, CITY, STATE, ZIP		/31/2014	
				830 BETHANY CHURCH ROAD			
FOREST C	CITY HEALTH AND REHA	ABILITATION CENTER		FOREST CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
{F 309}	the IV and a bag of fl dextrose 5% (D5) & 3 hung for infusion and milliliters (ml) per hou	50 (D50) was pushed via	{F 30	4. Quality Assurance a Improvement Measures - Nursing or Administrator data collected from the au Reports and care rounds data, and report patterns	The Director of will review the udits of 24-Hour , analyze the		
	A review of a Medica by the UM dated 12/2 Nurse #3 had adminito the wrong resident medication administed Units one time by SC #139. The report indicocurred that may have in temporary resident intervention." The var Physician was contact and orders were recently and orders were recently (DON), the Function of the Administrator were sent and orders were report findings/actions taken was re-educated, and administration observed.	tion Variance Report written 12/14 at 7:30 AM indicated stered the wrong medication to The report noted the ered was Levemir insulin 45 to (subcutaneous) to Resident cated "error/harm: an error live contributed to or resulted to harm and required riance report revealed the cated on 12/12/14 at 7:30 AM ere contacted on 12/12/14 at		QAPI Committee every of three months. The QAPI evaluate the effectiveness make changes based on ensure continued compliants.	ther month for Committee will s of the plan and outcomes to		
	UM verified she had variance report. She 12/12/14 at 7:15 AM nurse, Nurse #2, and #4, discussing the flu FSBS. She indicated check on the residen informed her of the ir	on 12/29/14 at 10:45 AM the completed the medication stated on the morning of she overheard the 3rd shift the 1st shift nurse, Nurse actuation of Resident #139's at that time she went to t and Resident #139 njection of insulin the 2nd nistered. The UM further					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		IPLE CONSTRUCTION	0	(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			R-C 12/31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZI 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	IP CODE	12/01/2014	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
{F 309}	Continued From pagindicated that during		{F 30	09}			
	investigation she "fig was given Resident # was across the hall fi	ured out" that Resident #139 #134's insulin; Resident #134 rom Resident #139. She ely advised the DON of the					
	AM Nurse #2 indicate the care of Resident until 12/12/14 at 7AM change of shift report made aware of any cwith Resident #139. Salways checked on hof her shift and during of Resident #139, who resident's door, Resident's door, Resident #2 stated Resident R	nterview on 12/29/14 at 11:36 ed she was responsible for #139 on 12/11/14 at 11PM 1. She stated during the t at 11:00 PM, she was not concerns and/or problems She further stated she er residents at the beginning g her initial check that night then she opened the dent #139 called out to her bathroom. At which time, ident #139 indicated to her funny and weird" and					
	advised her that she insulin. Nurse #2 stat #139's blood sugar a She further stated sh carbohydrates to eat Resident #139's blood the 80's. She indicate physician during the was alert and talking to check Resident #1 her carbohydrates to During a telephone in AM Nurse #4 indicate the care of Resident until 3PM. She stated	had been given a shot of ted she checked Resident and noted it was in the 40's. e gave Resident #139 and when she re-checked and sugar it had come up into the she did not call the might because the resident but that she had continued 39's blood sugar and gave eat throughout her shift. Interview on 12/29/14 at 11:51 and she was responsible for #139 on 12/12/14 from 7AM and during the change of shift as informed by Nurse #2 of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			
						R-C
		345314	B. WING _			12/31/2014
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY,	, STATE, ZIP CODE	
FORFOT (NEVILLE AL TIL AND DELLA	ADULTATION OFNITED		830 BETHANY CHURCH	I ROAD	
FUREST	CITY HEALTH AND REHA	ABILITATION CENTER		FOREST CITY, NC 28	8043	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COR	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)	DATE
{F 309}	Continued From page		{F 3	09}		
	received report, she a Resident #139. Nurse Resident #139's bloo 46. She further indica physician and the physician	Nurse #4 indicated after she and the UM went to assess #4 stated she checked d sugar and noted it to be atted the UM called the ysician gave them the orders ster D50, and infuse fluids of our.				
	PM Nurse #3 indicate the care of Resident a until 11PM. She admit #139 the wrong medi 9PM. She indicated she care of birth. She did not use any odid she ask the reside her date of birth. She #139 she was going that and the resident state Nurse #3 further state #139 that the insuling was supposed to have realized she had given when she went to be administration Recordshe had given the insuling the did not document Resident #139 the insuling Resident	nits. She further indicated of the resident identifiers nor ent to state her name and/or stated she told Resident to give her an insulin shot ed "I don't take insulin." ed she replied to Resident was ordered for her and she e it. Nurse #3 stated she en the wrong medication ck to the Medication d (MAR) to document that sulin. Nurse #3 indicated that				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345314	B. WING			R-C	
NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODI 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/31/2014 =	
(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 CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{F 309}	home and asked he error. During an interview physician indicated physician at the time error. He further indicontacted was no lo he was made aware to the facility on 12/2 have expected Nurs physician as soon a made a medication have sent the reside monitored due to the acting type and the ladministered to Res During an interview DON stated he was error until 12/12/14 au UM told him of the nexpected the nursing resident identifiers be medications. He furthexpected Nurse #3 to when the insulin me and to have not left her supervisor and/of he would have expected the physiciand fluctuating FSBs always expected all contacted him, their call, and/or the physiciand/or the physician and the ph	on 12/29/14 at 5:26 PM the he was not the practicing of the insulin medication icated the physician that was nger at the facility. He stated of the error upon his arrival 15/14. He indicated he would the she was aware that she had the error. He stated he would the error was amount the was ident #139. On 12/29/14 at 6:14 PM the not aware of the medication at 8:15 AM. He indicated the medication error. He stated he go staff to use at least two defore administering any ther stated he would have to have notified the physician dication error was detected the facility without informing or another nurse. He indicated toted Nurse #2 to have also can of Resident #139's low S. He stated he would have of his nursing staff to have supervisor or the nurse on sician with any medication ms that would involve the	{F 3	09}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING		,	R-C 12/31/2014	
NAME OF PROVIDER OR SUPPLIER FOREST CITY HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043		12/31/2014	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
{F 309}	Jeopardy on 12/29/1 #139. A Credible Allegation accepted on 12/31/1 Credible Allegation of Care 1. Residents ident deficient practice. On 12/11/14, Reside long-acting insulin with The licensed nurses second and third shif failed to notify the super the facility's Diab medication error and interventions could be the resident's wellber medication error on investigation into the practice. The physic morning of 12/12/14 continued based on Variance Report was Manager on 12/12/11 the nurses regarding notification of the phevent of a medicatio implementing interveresident's wellbeing Director of Nursing of the phecent of Nursing of the phecent of Sursing Control of Sursing	as informed of Immediate 4 at 6:32 PM for Resident n of Compliance was 4 at 11:54 AM as follows: of Compliance: Quality of ified to be affected by the and the aphysician's order. caring for the resident on fits on the evening of 12/11/14 upervisor and the physician betic Protocol of the I low blood sugar level so that be put in place to provide for ing. The facility identified the 12/12/14 and began an a causes of the deficient ian was notified on the and interventions were his direction. A Medication as completed by the Unit 4. One to one counseling with by the requirement for ysician and supervisor in the n error, as well as entions to maintain the was conducted by the	{F 30	9}			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345314	B. WING		R-C 12/31/2014
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	12/31/2014
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETIC
{F 309}	related to finger sticlevels requiring interested by the arbirector of Nursing residents who have condition related to last 30 days and redocumentation to a assessment has be interventions were if fashion. Plans of carby the Interdisciplinand with significant. 3. Systemic Measure The Interdisciplinary of Nursing, Administ Director, Activities If Manager, Dietary Munit Manager, and Director) will review through Friday, those exhibited acute chart assessments of have been docume initiated timely, and	ibit acute changes in condition cks indicating low blood sugar revention have the potential to alleged deficient practice. The has identified current had an acute change in low blood sugar levels in the viewed their corresponding determine that a nursing en documented and mplemented in a timely are will continue to be reviewed ary Team quarterly, annually change of condition.	{F 30		
	on Duty will perform Report to identify re experienced acute of ensure assessment documented, intervithe attending physical appropriate. Adjusti	the review of the 24-hour			

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		345314	B. WING			R-C	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIF 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043	CODE	12/31/2014	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATI	(X5) COMPLETION DATE	
{F 309}	and the input of med The Division Director Director of Nursing I licensed nurses beg regarding the identifi condition, use of Ch guidelines for asses components, and the intervention and phy identified acute char Licensed nursing sta until the training is o staff will be provided annually via the Direc Care Management I be included in the fa and newly hired lice permitted to assume	r of Clinical Services and the nave conducted training with inning December 29, 2014 ication of changes in ange of Condition tools as	{F 3	09}			
	11:54 AM when inter awareness of the proby using the Rights include Right Reside Right Drug, and Righad received in-servaware of the importary physician, family, nowhich included active when they inform the medication administ process for medication variance indicated the in-serval definition of neglect.	was removed on 12/31/14 at rviews with nurses revealed evention of medication errors of Administration which ent, Right Dose, Right Time, ht Route. They verified they rice training and were made ance of the notification of the arsing supervisor, and DON, ely listening to the residents em of a potential error in ration, and the reporting on variances to include a report. The nurses further ice training included the and to ensure the residents' g have been met and not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345314	B. WING _			1	-C 31/2014	
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 830 BETHANY CHURCH ROAD FOREST CITY, NC 28043)E			
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIA		(X5) COMPLETION DATE	
{F 309}	observations of admiresidents in the facilit and potential factors as, distraction, knowleshould be done if a re-	ring the facility, as well as nistering medications to y, and included examples for medication errors, such edge deficits, and what	{F 30	09}				