PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		345105	B. WING				C 06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		383	REET ADDRESS, CITY, STATE, ZIP CODE 80 N MAIN STREET GH POINT, NC 27265	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000		deficiencies was amended on	FO	000			
F 159 SS=B	224 was changed to severity for F 520 wharm with a potent but not immediate jeopardy and the ci	liate jeopardy start date for F from 6/24/14 to 7/7/14. The was changed from no actual ial for more than minimal harm jeopardy to immediate itation was amended. ACILITY MANAGEMENT OF	F 1	59			3/11/15
	facility must hold, s account for the per	erization of a resident, the safeguard, manage, and resonal funds of the resident facility, as specified in (8) of this section.					
	funds in excess of account (or account the facility's operatial interest earned account. (In poole	eposit any resident's personal \$50 in an interest bearing hts) that is separate from any of ing accounts, and that credits on resident's funds to that d accounts, there must be a ng for each resident's share.)					
	funds that do not e	aintain a resident's personal xceed \$50 in a non-interest iterest-bearing account, or					
	that assures a full a accounting, accord accounting principl	establish and maintain a system and complete and separate ling to generally accepted es, of each resident's personal the facility on the resident's					
LABORATOR	•	preclude any commingling of	MATURE		TITLE		(X6) DATE

03/02/2015

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 923250

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C 06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 3830 N MAIN STREET HIGH POINT, NC 27265	•	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 159	The individual finar through quarterly stee resident or his of the resident or his of the resident's account SSI resource limit is section 1611(a)(3)(amount in the account resident's other reaches the SSI resident may lose of the resident residents and/or representative exceeding the SSI income) resource limit and representative exceeding the SSI income) resource limit resident of the Resis September 2009; recenter shall notify of Medicaid benefits of the resident	facility funds or with the funds than another resident. Icial record must be available tatements and on request to or her legal representative. It if yeach resident that receives when the amount in the reaches \$200 less than the or one person, specified in B) of the Act; and that, if the unt, in addition to the value of monexempt resources, source limit for one person, the eligibility for Medicaid or SSI. INT is not met as evidenced view, record review and staff y failed to notify 3 of 58 (Resident #11 #35 and, #65) we of resident trust funds (supplemental security mit of \$2,000.	F 159	This plan of correction constituritten allegation of compliance Preparation and submission of correction does not constitute admission or agreement by the truth of the facts alleged of correctness of the conclusions on the statement of deficiencies plan of correction is prepared submitted solely because of refunder state and federal law. What Corrective action will be accomplished for the residents have been affected by the defipractice? Residents #11, #35 and #65 he completed a list of each of the	te. If this plan of an e provider of the set forth es. The and equirements is found to icient ave	

Facility ID: 923250

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING CON		E SURVEY PLETED					
		345105	B. WING _			C 02/06/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	•		
				3830 N MAIN STREET			
UNIHEAL	TH POST-ACUTE CA	ARE-HIGH POINT		HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 159	Continued From pa	age 2	F 15	9			
	conducted on 2/5/1 account revealed a was no documenta Resident#11 and/o	4 at 4:00PM. The trust balance of \$3,436.25. There tion presented to indicate that representative had been t balance had exceeded the		and the Social worker and go shopping for the reside accounts below \$2,000.00 Financial Manager (RFM) will also be verifying Resid liability.	nts to bring their . Regional or Counselor		
	cooperation consul indicated the previous was removed from investigation would	on 2/5/15 at 4:10PM, the tant and administrator ous business office manager the position and further be conducted into the resident was in process for notification to consible person.		How will you identify other having the potential to be a same deficient practice an corrective action will be talknessed Regional Financial Managresident accounts to ensur	affected by the d what ken? ger reviewed all re accounts are		
	administrative staff the financial counse ensuring that reside when their monies Medicaid limits of \$ stated it was the re counselor, SW and	on 2/6/15 at 8:17AM, #3 and administrator indicated elor was responsible for ents on Medicaid were notified were approaching the 52,000. Administrative Staff #3 sponsibility of the financial I administrator to ensure the		current and below Suppler Income (SSI) resource lim No other Residents were in being over the SSI resource. What measures will be put what systemic changes will ensure that the deficient pureoccur?	it on 2/27/15. dentified as be limit. t in place or ll be made to		
	account balances a designated amount During an interview social worker (SW) counselor was respaccounts did not exfinancial counselor when monies need In addition, the SW with the notification resident and/or rep	was spent down when the approached or exceeded the t. y on 2/6/14 at 3:35PMAM, the indicated the financial consible for ensuring resident exceed the Medicaid limits. The would then inform SW of ed to be spent for the resident. If did not have direct contact a process of informing the resentative of the residents approaching or exceeding the		As of 2/25/14 a part-time frounselor will monitor accellandle resident accounts of financial counselor is hired trained by the Regional Fir Counselor on 2/25/14. The facility has recruited a financial counselor with a I 3/17/14 and upon hire will the regional financial coun A member of the Regional will also be in the facility the handle resident accounts.	full time hire date of be trained by selor. Financial team ree days week		

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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	.	00/2013
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F 159	2. Resident #35 w 8/1/05, review of t conducted on 2/5/account revealed was no document Resident#35 and/notified the accound Medicaid resource Cooperation constinuities and residents and resident when their monies Medicaid limits of stated it was the resident 's money account balances designated amount During an intervie social worker (SW counselor was resident and/or resid	ras admitted to the facility on rust fund account was 14 at 4:00PM. The trust a balance of \$2,458.46. There ation presented to indicate that or representative had been not balance had exceeded the limit of \$2,000. We on 2/5/15 at 4:10PM, the cultant and administrator ious business office manager in the position and further die conducted into the resident was in process for notification to consible person. We on 2/6/15 at 8:17AM, ff #3 and administrator indicated selor was responsible for dents on Medicaid were notified as were approaching the \$2,000. Administrative Staff #3 esponsibility of the financial diadministrator to ensure the years was spent down when the approached or exceeded the	F 15	How will the corrective action monitored to assure that the practice will not reoccur, i.e., assurance program will be pure monitoring to assure continue compliance. Monitoring of the balance of the accounts will occur weekly for by the Region Financial Courthen monthly for three months the monitoring with have tracted trending will be given to the Aby the Region Financial Courthen who will report these results the Assurance Committee for recommendations of improve changes as needed to ensure compliance.	deficient what quality ut in place for ed the Resident r four weeks nselor (RFC) s. Results of king and dministrator nselor (RFC) to the Quality ement and or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
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F 159	8/29/14, review of conducted on 2/5/account revealed a was no documental Resident#65 and/onotified the account Medicaid resource During an interview cooperation consuindicated the previewas removed from investigation would 's trust accounts we residents and respondinistrative staff the financial counsensuring that resid when their monies Medicaid limits of stated it was the recounselor, SW and resident 's money account balances a designated amount During an interview social worker (SW counselor was responding to the financial counselor when monies need and in addition, the SW with the notification	as admitted to the facility on trust fund account was 14 at 4:00PM. The trust a balance of \$2,166.11. There ation presented to indicate that or representative had been at balance had exceeded the limit of \$2,000. If on 2/5/15 at 4:10PM, the ltant and administrator ous business office manager the position and further I be conducted into the resident was in process for notification to onsible person. If on 2/6/15 at 8:17AM, if #3 and administrator indicated elor was responsible for ents on Medicaid were notified were approaching the \$2,000. Administrative Staff #3 esponsibility of the financial diadministrator to ensure the was spent down when the approached or exceeded the	F 15	59			

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	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	<u> </u>	00/2010	
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F 159 F 224 SS=J	resource limits. 483.13(c) PROHIB MISTREATMENT/N The facility must de policies and proced mistreatment, negle	ipproaching or exceeding the IT NEGLECT/MISAPPROPRIATN evelop and implement written	F 1			3/11/15	
	by: Based on observar practitioners and plane review, the facility for treatment to a residuagnoses and had medical conditions, pressure ulcers. The pursue options to a and allowed the resemedications and caulcers when his deal of 4 sampled residual (Resident #3). The immediate jeous and was removed of facility provided an compliance. The facompliance at a social isolated deficiency with potential for mon-going in-service	NT is not met as evidenced tion, staff, family, nurse hysician interviews, and record ailed to provide care and lent who had a mental health refused medications for mental health conditions and refacility did not actively ddress the mental health issue sident to continue to refuse are/treatment of the pressure cision making was impaired for dents with pressure ulcers cardy (IJ) started on 7/7/14 on 2/6/15 at 6:00PM when the acceptable allegation of cility remains out of the constitutes no actual harm ore than minimal harm due to training of staff and allowing to implement the changes		What Corrective action will be accomplished for the residents for have been affected by the deficie practice? Resident #3 was involuntary come and sent to Novant Health Forsyl Medical Center. The attending pland the psych services was calling hospital to give report and history resident. The facility sent to the with EMS copies of the attending physician progress notes, wound notes, medication administration and psych notes. Upon return the guardianship will continued to be pursued. Guardi paper was filed at the magistrate Feb 4, 2015. How will you identify other reside	mitted h hysician g the of the hospital care records anship office on		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STORM (X4) DEPARTMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STORM (X4) DEPARTMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE STORM (X4) DEPARTMENT OF DEFICIENCIES (X4) PROVIDER/SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE STORM (X6) DEPARTMENT OF DEFICIENCY (X6) DEF		SURVEY PLETED				
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NAIVIE OF I	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE		
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F 224	Continued From p through the Quality The findings include Resident #3 was a 12/17/12. The diag depressive disorded diabetes, psychos adult failure to thrivulcers stage III (lei bilateral buttocks. Review of the Med (MAR) from Janual revealed Resident Levimir injections 12/18/12 (not docu- February 2015) a schizophrenia was time it was docum because the reside medication. On 6/24/14, the continued refusal of the following med continued refusal of for seizures; aspiri Senna, chlorophyli supplement for ch	age 6 y Assurance program. ded admitted to the facility on gnoses included schizophrenia, er, esophageal reflux, anemia, is, mood instability, colostomy, ve, paraplegia and pressures ft and right calf) and stage IV on dication Administration Record ery 2014 to February 2015, #3 had medication orders for for diabetes that had started on umented as given January 2014 and a Risperdal injection for started on 1/7/14 and the last ented it was given was 5/15/14 ent was refusing the onsultant pharmacist informed Resident #3 continued to so from January 2014 - June exist suggested discontinuation edications due to the resident's of medications. Depakote used in; multivitamins with minerals; I, Arginaid orange (a ronic wound healing), calcium	i	224	having the potential to be affected same deficient practice and what corrective action will be taken? All residents are at risk Residents with a BIMS score higher 9 (per the RAI manual) on the last completed MDS were interviewed by Social Services/Licensed Nurses of 2/5/15 in regards to neglect issues identified will be reported to the Dir Health Services and/or the Administrative interventions. For resident with BIMs scores 9 and below compliance rounds are community by assigned staff, including by limited to Department heads, week nursing supervisor, week-end mand duty, and administrative staff, commounds are reviewed by the Adminity and the Administrator in Training. On the compliance rounds that are reviewed are the following items by limited Resident care items (nails, dressing, and clean dried and toile odors, hydration) that have the potential of the possible neglect.	by the er then by the ector of strator d oleted / not -end ager on oliance strator items ut not ted, ential to	DATE
	pharmacist recom Prozac for depress spasticity. The phy on the recommend no documentation been educated ab	s and routine labs. The mended changing: Effexor to sion; Baclofen to valium for vsician agreed and signed off dations on 7/7/14. There was that showed the resident had out the negative consequences ion of the medications and			What measures will be put in place what systemic changes will be made ensure that the deficient practice was reoccur? On 2/5/15 education for all staff be the Abuse and neglect including die education was completed by the C Competency Coordinator. Any staff	de to rill not gan on gnity, linical	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE	·	70/2010	
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UNIHEAI	TH POST-ACUTE C	ARE-HIGH POINT		HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 224		age 7 tein supplement was ordered as not given due to resident	F 2	member not receiving to PRN status and out removed from the sch educated prior to retur	on FMLA will be edule and will be n to work. Upon		
	indicated the basic indicated Resident impaired. Resident with all activities of The pressure ulce on left and right can the MDS. There with the resident had be to the consequence.	mum Data (MDS) dated 8/7/14 c mental status interview t #3 was moderately cognitively t #3 required total assistance f daily living excepting feeding. It was documented as Stage III alves and Stage IV buttocks. Coded as refusing treatment on as still no documentation that een counseled or educated as the pressure ulcers.		hire staff will be trained neglect including digning assigned shifts oriental completed by the Clinic Coordinator. Education on compliant including signs of neglected on 2/6/15 for responsibilities, items that need to be reported Health Services and/of for immediate corrective Education was completed neglected.	ty prior to working ation will be cal Competency nee rounds, ect and dignity, was or assigned staff on to review and items ed to the Director of r the Administrator we action.		
	9/29/14, revealed agitated, orientation with care and treat treatment. There we condition of the we assessed for treat was no documents made any changes pressure ulcers or medication. The 1 the evaluation of the wound condition of indication that the alternative treatmed diagnoses or the pure The annual MDS or resident would not the cognition care	sician's progress note dated stage IV pressure ulcer, mood on confused and noncompliance tment. There was no change in was no indication that the bund had been observed or ment by the physician. There ation that the physician had so to the treatment of the to changes to the resident's 1/3/14 physician notes repeated the 9/29/14, with no inclusion of the treatment. There was no physician had explored any ent for the mental health pressure ulcers. Idated 11/6/14, indicated the participate in the assessment. In a great assessment on 11/6/14 to the treatment of 11/6/14 to the treatment of 11/6/14 to the treatment on 11/6/14 to the treatment on 11/6/14 to the treatment of 11/6/14 to the treatment on 11/6/14 to the treatment of 11/6/14 to the treatment		Administrator in Traini Administrator. Compliance rounds widaily by assigned teamincluding but not limite managers and staff frodepartment. Administ trend the results from will present findings to Assurance and Perfor Improvement Committand recommendations bi-monthly x 6 month of is sustained. Social Worker/Week-Week-end Manager of 7 residents per week if any identified issues wimmediately by the period will be a sustained.	Il be completed in members and to department or each rator will track and the compliance and in the Quality mance tee for suggestions a for change or until compliance and Licensed Nurse/in Duty will interview in regards to neglect with be handled		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LTIPLE CONSTRUCTION (X3) DATE SU COMPLET			
		345105	B. WING			C 02/06/2015	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		00/2013	
	TH POST-ACUTE C			3830 N MAIN STREET HIGH POINT, NC 27265	.ii GODE		
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F 224	with poor decision- go, changes in sev own daily care dec Admitted with huge noncompliance wit assessment includ urostomy and colo with activities of da wounds some sev due to weight refus that promote wour ulcer care assessr some severe, that stage IV and stage The care plan date as: 1. noncompliar work, activities of c care, turn and repo diet). The goal incl staff at least once included involve R comply, help resid psychiatric referral pressure ulcers, in assistance with ac included resident v wounds would dec next review. The a incontinence episc much as possible, shift, weekly skin a reposition, pressur cushion. 3. Behavi verbally and physic refusal of medicati would cause no ha next review. The a	age 8 -making, behaviors come and verity. Resident #3 made his cision but made poor decisions. The pressure ulcers and history of the care. The urinary care area aled Resident #3 had a stomy and required total care ally living due to multiple ere. Nutrition was unassessed sals and refusal of supplements and healing and labs. Pressure ment included multiple wounds, covered the entire buttocks, all on right and left calves. Ed 11/6/14 identified problem and ce (refusal of medications, lab daily living, weights, wound obtaining and adherence to luded compliance with nursing a day. The approaches esident #3 in planning ways to ent set goals for compliance, as needed. 2. Chronic apaired cognition and required tivities of daily living. The goal would have no pressure ulcers, crease in size and heal through approaches included monitor for odes, keep clean and dry as provide ostomy care every assessments, turn and are reduce ion mattress and ors included refusal of care, cally abusive at times and dons. The goal included resident arm to self or others through approaches included psychiatric d, explain procedures before	F 2	interview. The interview completed weekly x 4 we month x 1, and then more or until compliance is sure Social worker will track a results from the interview action if needs and will puthe Quality Assurance and Improvement Committee and recommendations for bi-monthly x 6 month or is sustained. How will the corrective a monitored to assure that practice will not reoccur, assurance program will monitoring to assure corrective and interview and interview and interview and interview and interview and interview and including to assure corrective and including but not limited to progress of audit tools. Compliance rounds will a daily by assigned team including but not limited managers and staff from department. Administrativend the results from the will present findings to the Assurance and Performal Improvement Committee and recommendations for bi-monthly x 6 month or	eeks, then twice a nthly x 3 months stained. and trend the ws and corrected present findings to and Performance er for suggestions or change until compliance action be a the deficient i.e., what quality be put in place for attinued armance er met on Feb 5, itation at the IJ ey. Team gation submitted and education. be completed members to department a each tor will track and er compliance and are Quality ance er for suggestions or change		

Facility ID: 923250

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F 224	express feelings at On 11/17/14 the p no change in the a wound condition or was no documenta #3 had been referrany other mental h Review of psychiat 12/2/14 and 1/21/1 depression, mood noncompliance wit treatment. Recomcurrent treatment pmood or behaviors Review of wound on 12/3/14, revealed the pressure ulcer was as evidence by no Review of the wound 12/30/14 showed rulcers on the calver Resident #3 was good status, there was not information of the wound 12/16/14, revealed sacral wound. Bon bed. Resident contrefused care and to ulcers. There was documented. The mand there were not indicated Resident	ive the resident alternatives to and provide reassurance. hysician's progress note had assessment or indication of a treatment changes. There attempted that Resident ed to a wound care center or ealth center. ric progress notes from 5, revealed history of instability, psychosis, h care, medications and mendations was to continue olan. Monitor for changes in	F 224	is sustained. Social worker will track and tre results from the interviews and action if needs and will present the Quality Assurance and Per Improvement Committee for su and recommendations for charbi-monthly x 6 month or until cois sustained.	corrected t findings to formance uggestions nge	

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F 224	A wound documer revealed that resign movement, no colover resident 's hed control, stool saturating the drecrackers with stoof foul odor. The resident into dress to wounds appear current intervention indicating resident interventions done indicated Resident wound status, the what information of Review of wound 1/6/15 revealed, learea measures 13 x 0.5cm depth. Mi Resident #3 had remorning care or conterventions as redocumentation that other interventions the continued refured for behaviorefusal to take his treatment for his process.	ntation noted dated 12/29/14, dent was covered in bowel ostomy bag on stoma, stool all ands, blanket, radio, bed and puddle on resident's left side, ssing. The resident was eating of on his hands. The room had ident demanded that nurse only omy bag. The nurse talked the sing changes, noted no changes ance and wrote, "Continue with on. There was no documentation the system of the wound was provided. It was given an update of the wound was provided. It was no documentation of the wound was provided. It was given an update of the wound was provided. It was no documentation of the wound was provided. It was no documentation of the wound was provided. It was no documentation of the wound was provided. It was no documentation of the wound was provided. It was no documentation of the wound bed. It was no documentation the wound	F 2	224			

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	PROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIF 3830 N MAIN STREET HIGH POINT, NC 27265		700/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 224	calcium 7.4(8.4-10.0.30(0.50-1.35) low normal limits or neasodium 134, potass. The complete blood performed. Review of lab dated blood count (CBC), panel (CMP): red blood count (CBC), panel (CMP): red blow, platelet 758(15.0.32(0.50-1.35) low albumin less than 221.3(39.0-52.0) low: resident refuse. Review of wound d 1/14/15 revealed pit measured 43x33: and undermining pigranulation and nowith extremely hear odorous drainage. worse. Resident cur and refuses to be to potentially help with nothing to help him feces and urine for type of care. Often staff. Wound rapidl middle of back. Will resident would allow During an interview physician discussed 1/14/15 in reference which would make	5) low, creatinine 7. Other labs were either at ar normal including glucose 66, sium 3.5, and chloride 103. d count (CBC) test was not d 1/14/15, revealed completed comprehensive metabolic blood count= 3.50(4.22-5.81) (60-400) high, creatinine (7.0), calcium 7.3(8.4-10.5) low, declicum 7.3(8.4-10.5) low, decl	F 2	224			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI JEP/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
		345105	B. WING _			C 06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		56,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	he would become needs would be tal Review of pressure Right Calf 12/02/14 02/02/15 Left Calf 12/02/14 01/14/15 BILATERAL BUTT 12/02/14 02/02/15 During an interview social worker (SW the family on 1/16/ refusals for activitic medications. She i psychiatric service determine Resident had the could not make the medication. She have resident was not as commitment due to aggressive wound attempted to obtain family member who guardianship pape first step was to obto determine the was not one could medication or treat else to do since the was a danger to se declared incompet poor healthcare designed in the state of the second incompet poor healthcare designed in the second in t	ent #3 would deteriorate so that unresponsive and then his care ken care of the proper way. e wound conditions: 11.5x2.1x0 cm 42 x7x 0.5 cm 4.5x2x0.1 cm 19x7x0.5 cm OCKS 42x27x0 cm 50x53x0 cm V on 2/4/15 at 9:55AM, the O indicated she had met with 15 to discuss Resident #3's es of daily care and endicated that she contacted the sofor an evaluation to ent #3's mental status and since eright to refuse, the facility eresident accept care or and no response of why the essessed for involuntary of behaviors and the need for care. She indicated that she in guardianship status from a continuous indicated that she had in the psychiatric evaluation that next approach would be get the resident to accept the ment. She did not know what a magistrate told her unless he elf or others he would not be ent and had the right to make	F 22	24		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		` '	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
IINILLEAI	TH POST-ACUTE CA	ARE HIGH DOINT		3830 N MAIN STREET			
UNITEAL	IN POST-ACUTE CA	ARE-HIGH FOINT		HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		CTION SHOULD BE THE APPROPRIATE		(X5) COMPLETION DATE
F 224	The family indicate poor care of the rescleanliness of Resi facility not provided was unable to mak care. The SW note guardianship paper Review of the psycthe assessment did another antidepresindication that the rany other mental hany documentation provided education impact of refusal of During an interview psychiatric nurse pshe had been followhealth care for the felt Resident #3 was others and was ale answer questions ranked that psychotic events the indicated that psychotic events the inpatient treatment Resident #3 would psychiatric unit due noncompliance and condition of the wo attempts to medicate psychotropic medicate recent 1/21/15 were did not meet the critical due to his ability to questions correctly to himself. The PN	d with the resident's family. d their main concerns were the sident's wound and the dent #3 and why had the dent #3 and why had the dent #3 and why had the deriver a person who e informed decisions about his also specified that the rwork was filed on 2/5/15. Thiatric consultant on 1/21/15 denot include any attempt to try sant drug. There was also no resident had been referred for ealth services nor were there in that showed the resident was nor information for the negative of medications or treatment. To 0 2/5/15 at 10:59AM, ractitioner (PNP) indicated that wing Resident #3's mental past year. She stated that she as not a danger to himself or and oriented enough to regarding his basic care needs. The PNP further stated that not have been accepted on a set to his history of direfusal of medication and und. In addition, several atte Resident #3 on cations from June 2014 to most e unsuccessful. Resident #3 iteria for inpatient treatment answer basic health care and was not actively a danger P stated Resident #3 had the	F 2	,			
		/treatment and medications. In nt #3 was in no danger to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION		E SURVEY PLETED
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		345105	B. WING			02/	06/2015
	PROVIDER OR SUPPLIER LTH POST-ACUTE CA	ARE-HIGH POINT		38	REET ADDRESS, CITY, STATE, ZIP CODE 30 N MAIN STREET GH POINT, NC 27265		
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F 224	himself. Resident #3's evalue were confirmed by impaired cognition, concentration, poor poor insight and judindicated the physimake the final decicare/treatment need the need for involutifurther stated she finedication attempt #3 and since Resident #3 and since Resident #6 alert/oriented enough whether Resident #6 making skills to unextensive care and ulcer, the response to make the decisite evaluated his ability or medications at wwas to start Zyprex During an initial took Resident #3 was ly his head. There was in room. The colos indicated that he did him and he was not get stay in room all day. During an observation surveyor was in the with resident who herson and in the reson and in the reson and in the reson and in the reson and contact who herson and in the reson and in t	uations on 12/2/14 and 1/21/15 the PNP that Resident #3 had anxious mood, poor r short and long term memory, dgment. In addition, the PNP cian would be the person to sion regarding the extent of edded for the pressure ulcer and intary commitment. The PNP felt the extent of services and its had been made for Resident ident #3 had not met the criteria ed on her evaluation he was gh to refuse care. When asked #3 had cognition and decision derstand the need for I treatment for his pressure e was the physician would have on on healthcare. She only by to refuse care and treatment which time the recommendation is an 1/21/15. It on 2/2/15 at 9:30AM, ing in bed with the covers over as strong urine/fecal/body odor tomy bag was full. Resident #3 id not want anyone to bother it going to take any se he didn't want to. He added atting out of bed and wanted to	F	224			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	CON	E SURVEY MPLETED C
		345105	B. WING _			/06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	the sacrum area th bedroom door was tissue around the esurrounding the bawas very strong an was asked to enter #3. She attempted needed. She exited nursing assistant or refused care from indicated he refuse per nursing to refuse be offered care aga. The wound documeresident allowed dratime on 1/25/15 no measurement. Stabuttocks measured wound bed. Mixed 10% slough 10% pgranulation 60% gr serosanguineous of meds double meat healing resident cocare, turn and report Re-educated on imrelation to wound hacknowledge this rinterventions as resupdated on decline unstageable due to 50% non-granulatimeasurements 21 Resident updated or continued to be not dressing changes.	stomy. A large decubitus on at was exposed once the opened. The area had black edges and raw tissue se of the buttocks. The odor d foul. The director of nursing the room to assist Resident to ask Resident #3 what he d the room and asked for are from NA#2. Resident #3 NA#2. The nursing assistant ed care and he had the right se care and Resident #3 would ain later. The entation note dated 2/2/15, ressing to be changed for first ted decline with increase in ge IV pressure ulcer to bilateral 150x53x0 due to slough in tissues noted in wound bed. urple ischemic tissue 0% non-	F 22	4		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345105	B. WING			C 02/06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 3830 N MAIN STREET HIGH POINT, NC 27265	•	02/06/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 224	Nurse#1 indicated to days ago when his sacral area was cle resident was verbal and medications. Nother esident would be refused he was not treatment until he at the refuse care and who checked or change indicated that the refuse care and who checked or change indicated that Resident and care medications. She at care when Residen measurements and She added that Resident was added that Resident and she added that Resident was added to the refused supplement healing. Nurse #9 in center would not aconocompliance. She and nurse practition condition of the woon new or aggressive to treatment was for more resident #3 refused therefore nothing elements allower therefore nothing elements was for more resident #3 allower Nurse#9 confirmed	on 2/4/15 at 8:42AM, the resident had a bath two dressing for pressure ulcer to aned. He indicated that the ly abusive and refused all care urse#1 indicated that when refuse care and treatment, made to reoffer but if he provided the care or ccepted. on 2/4/15 at 8:58AM, Nurse e resident had the right to en he did not want his wounds d she did not force him. She dent #3 was combative with all in addition to refusals of dded that she provided wound t #3 would allow. She did her basic treatment as ordered. Sident #3 would have bowel wound site and she would best she could. Resident #3 to that would promote wound ndicated the wound care added that the physicians her were aware of the und and had not ordered any treatment. The current wound naintenance of the wound. It also to refuse the would be done until do staff to provide care. The wounds continued to get as a strong odor present in the	F 2	24		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING _		02	C 2/06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 224	DON, indicated Reall medications, later reported the conceattempt to get guarand the social world local magistrate or declare incompeter reported a conversion with the family menhad guardianship and guardianshi	on 2/4/15 at 9:05AM, the esident #3 continued to refuse os, treatment and care, so she ern to the social worker in an ordianship. She added that she ker had a discussion with the en 1/16/15 in an attempt to ency or guardianship. The DON eation on 1/16/15 was also held enber who indicated that she exapers. The relative refused to guardianship and hung up. It involuntary commitment, the enagistrate stated unless the red incompetent and was a others he had a right to refuse the even though he was making earding his overall care. The resident would only allow to be met. The DON stated that even by psychiatric services on commendation was to start the end of the primary physicians early commitment for further gressive wound care treatment, #3 was able to answer the eately through the psychiatric eas nothing more that could be end not be declared incompetent int mental status and ability to appropriately about his care.	F 23	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED C		
		345105	B. WING			/06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 3830 N MAIN STREET HIGH POINT, NC 27265	•	
(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 X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 224	decline and Reside the inside/out. In a and care there was done unless Resid to be performed. T seen the wound a physicians was ove treatments with the	t the wounds continued to ent #3 was literally rotting from ddition, with the refusal of labs is nothing much more could be ent #3 allowed for proper care he NP added that she had few times but the primary erseeing the orders and enursing staff.	F 2	224		
	12:09PM, the fami felt Resident #3 was his own about his or She indicated the frequency felt it was the facility resident did have president did have president did have president was the facility resident's wounds cared for and not or member indicated was taken care of care. She believed not assess Reside thoroughly. The far didn't have any me care of his mental mentally stable to regeneral health care facility staff continuous refusing all care medications. Part of problems and until wound would not be healed. The family	of the problem was his mental that was taken care of the e taken care of properly or indicated Resident #3 had real se staff had not been bathing				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 3830 N MAIN STREET HIGH POINT, NC 27265		00/2010
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F 224	indicated that Resi physically aggress attempted to be procurse and tell staff would refuse to habaths etc. He tells things done. The laindicated that on o oozing from the wow would have a very nursing if the resid and try later." NA#, several days befor or do any kind of coto do for him our hasident #3 ate we the behaviors have wanted to stay in rehead and the odors worst. She added to occasion to bathe The wound on the worse. "We do what by the resident." During a follow-up Nurse#6 indicated make regular roun wound care. She and wounds, refusal of treatment. Resider wound care center refused to treat resident stated.	on 2/4/15 at 2:15PM, NA #2 dent #3 had been verbally and ive toward staff when care was ovided. Resident #3 would to get the hell out of the room, we colostomy bag changed, staff when he wants these ast bath was on 2/2/15. NA#2 ccasion there would be fluid bund to the buttocks and they bad odor. "We were by told by ent refused just to come back 2 indicated that he may go e he would let staff bathe him are. "We don't know what else ands are tied." NA#3 indicated ell and in the past few months a gotten worse and the resident from more with covers over his is from the wounds have been that he would allow her on him but it was on his terms. buttocks/calf area had gotten at we can when we are allowed interview on 2/4/15 at 2:30PM, that the wound doctor did not do with her when she did dded that she had made the s aware of the resident's the increased size of the supplements, care and in #3 had been referred to and the wound care center sident due to noncompliance.	F 22	24		

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	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, ST 3830 N MAIN STREET HIGH POINT, NC 27265		, V2/	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD ED TO THE APPROPNICIENCY)	BE	(X5) COMPLETION DATE
F 224	wound size, but the different changes to received santyl, an maintenance of the on any medications discussed with the conditions of the wolegs and no final deadded that she was physician directly lo indicated Nurse#9 to treatments. During an interview physician indicated alert and oriented eabout his care eventhe decisions were the care he really nanemia. The physic wounds had worser decaying/rotting and intensive medical treontinued refusals thospitalizations implementations would receive. The discussed all the risk resident #3 and Resident #3 indicated didn't bother him here	ge 20 re had been no real or of the treatment. Resident #3 absorbent dressing for wound. Resident #3 was not. She reported that she had team last week about the bunds on the buttocks and recision had been made. She a uncertain of when the oked at the wound. She would look and check after her would look and check after her on 2/4/15 at 3:30PM, the that he felt Resident #3 was nough to make decisions a though in his medical opinion poor and contraindicated to reded for the wound and rian indicated that the pressure and and essentially were do the resident needed reatment. Resident #3 for all treatment, care, labs, reacted on the quality of care her physician indicated that he seed that the sesident #3 demonstrated as decisions not to have proper also stated that since red that the pressure ulcer a could not force treatment on the head the right to refuse.					
	The physician also two weeks staff had mental status chan	indicated that during the past I made him aware of the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	COM	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP C 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 224	accepted that Residecision after he had factors associated physician indicated the condition of the but he had not dire himself in about 3 recommendations. Resident #3 would blood transfusion was refused treatment. The physician indicated treatment is the physician indicated for a month medications all togwound care then the about if resident cophysician indicated involuntary commit but the magistrate alert and oriented had commented because and make back and after return to the behave was asked his experimental to previous for staff to provimmediately, but if continue to refuse	vsician indicated that he dent #3 made poor/bad ad explained all the risks with poor and lack of care. The that nursing staff had reported pressure ulcer had worsened, ctly looked at the wound	F 22	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345105	B. WING _		02	C / 06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP OF 3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 224	long the stool would stated he had no recare treatment. The 1/14/15 were disculow hemoglobin of person unresponsition today (2/4/15) during this was his normal answered all the question of pain, with anger, if you to would hit staff. The resident reported his lept and smoked felt the resident would change the would change the would change the was leaving the be evaluation to the space All he can do was a During an observated "I do not know a sked the resident help him to clean his head, and prior stated "I do not know asked the resident help him to clean his answers on all Resident #3 was a a bed bath was anyou have any wour do not "Do you ne bathroom? The resumble when did you eat the state of the	d remain in wound. He further ecommendation for the wound e most recent labs dated assed and in reference to the 5.4 which would make a ve. Based on what he saw ing the visit with Resident #3 I behavior. Resident in an aggressive manner, or by to do things he refused and a physician indicated the le was fine as long as he ate, being as the proposition of the proposition. He added that he havioral and mental status because the resident. In Nurse#6 noted a strong urine pulled down the blanket from to hearing any questions, now anything." The nurse if she can check his wounds, as body or reposition in bed. I do not know." Do noted some help to go to the sponse was "No, I go myself" ast time? The response was "I ou receive any medications?	F 22	24		

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		345105	B. WING			C / 06/2015
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F 224	Resident #3 resporyou feel comfortable not know." Would yn Resident #3 resporthis point Nurse#6 awould like to have a answer was "I do not During an interview indicated that sever Resident #3 on differesident would refunursing assistants to document becautefuse. NA#6 indicated that sever ally abusive an would get agitated alone. Care was not refused. During an interview administrative staff present. Administrative staff present. Administrative staff present and document and documen	se was "I do not know" Do e in bed? Response was "I do you like to get out of bed? use was "I do not know." At asked Resident #6 when he a next wound check, the	F 2	24		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 224	included the wound treatment nurse su physician of the de pressure ulcer. The pressure ulcer and recommendations no change or impro	outside services. f #3 indicated the expectation d care nurse informing the pervisor, administrator and the cline in condition of the e physician would observe the	F 22	2.4			
	the immediate jeop credible allegation what corrective ac those residents had the same deficient Resident # 3 was in to Medical Center. the psych services report and history of sent to the resident copies of the attent wound care notes, records and psych Upon return the gu pursued. Guardian magistrate office of How will you identifi potential to be affect	pardy. The facility provided a on 2/6/15 as follows: The documented the following: tion will be accomplished for ving potential to be affected by practice? Involuntary committed and sent The attending physician and was calling the hospital to give of the resident. The facility to the hospital with EMS and ding physician progress notes, medication administration notes. ardianship will continued to be aship paper was filed at the					
	Residents are Residents with (per the RAI manus were interviewed b Nurses on 2/5/15 in	re at risk a BIMS score higher then 9 al) on the last completed MDS y the Social Services/Licensed n regards to neglect issues ported to the Director of Health					

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	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•		
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F 224	interventions. For resident with E compliance round assigned staff, incompliance in Department heads week-end manage staff, compliance in Administrator and Items on the compreviewed are the find Resident care items dried and toileted, potential to identify. What measures we systemic changes deficient practice in Completed by the Coordinator. Any sin-service, due PF be removed from educated prior to in Compliance round assigned team mediate department manage department. Educing a completed by Administration. On 2/6/14 at 3:306 the expectation of documentation an work, physician ar	e Administrator for further BIMs scores 9 and below is are completed daily by luding by not limited to is, week-end nursing supervisor, ier on duty, and administrative rounds are reviewed by the the Administrator in Training. Diliance rounds that are collowing items but mot limited ins (nails, dressing, and clean odors, hydration) that have the y possible neglect. Fill be put in place or what will be made to ensure that the will not reoccur? Incation for all staff began on the t including dignity education Clinical Competency staff member not receiving the text status and out on FMLA will the schedule and will be	F 2	224			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	COMPLETED
		345105	B. WING _		C 02/06/2015
	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION
F 224 F 241 SS=J	skin assessments f were able to descri resident refusal of of medications as the on 2/5/15 and 2/6/1 were able to descri implementing care that had 2 consecu and medications. T expectation for refe additional services. 483.15(a) DIGNITY INDIVIDUALITY The facility must pr manner and in an e enhances each res	aily rounds and 24 hour report, forms were reviewed. Staff the the expectations for care, treatment and y had received an in-service 5. The administrative staff the the expectation for and treatment for residents tive refusals of care, treatment he social worker indicated the errals to outside agencies for	F 24		3/11/15
	by: Based on observation interviews and recording provide personal hya mental health dia cognitively impaired 3 sampled resident personal hygiene (Flummediate Jeopard foul odors. The fact at a scope and seventhat constitutes no more than minimal in-service training of	ly (IJ) began on 2/2/15 due to lity remains out of compliance erity of D; isolated deficiency actual harm with potential for harm; due to on-going of staff and allowing time for ment the changes through the		What Corrective action will be accomplished for the residents four have been affected by the deficient practice? Resident # 3 was involuntary command sent to Novant Health Forsyth Medical Center. The attending phy and the psych services was calling hospital to give report and history or resident. The facility sent to the howith EMS copies of the attending physician progress notes, wound canotes, medication administration reand psych notes.	nitted sician the f the spital are

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		345105	B. WING			06/2015
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UNIHEAL	TH POST-ACUTE C	ARE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265		
(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 CORRECT (CEACH CORRECTIVE ACTION SHOUTH CORREST TO THE APPROVED TO THE APPR	ULD BE	(X5) COMPLETION DATE
F 241	12/17/12. The diag depressive disord diabetes, psychos adult failure to thri ulcers stage III (le bilateral buttocks. (MDS) dated 11/6, not participate in t MDS dated 8/7/14 status interview w cognitively impaire assistance with al feeding. During an initial to Resident #3 was I head. There was sroom. The colosto indicated that he chim and he was n medications becaudded that he was wanted to stay in the common of the sacrum area was a door was opened. The sacrum area was a door was opened. The buttoo diabete base of the buttoo	admitted to the facility on gnoses included schizophrenia, er, esophageal reflux, anemia, is, mood instability, colostomy, ve, paraplegia and pressures ft and right calf) and stage IV on The annual Minimum Data Set /14, indicated resident would he assessment. The quarterly indicated the basic mental as coded as moderately ed. Resident #3 required total activities of living except ur on 2/2/15 at 9:30AM, ying in bed with covers over his strong urine/fecal/body odor in my bag was full. Resident #3 did not want anyone to bother ot going to take any use he didn't want to. He is not getting out of bed and	F 24	Upon return the guardianship we continued to be pursued. Guard paper was filed at the magistrate Feb 4, 2015. How will you identify other reside having the potential to be affect same deficient practice and what corrective action will be taken? All residents have the potential affected Residents with a BIMS score hims of the Social Services/licensed nuter 2/5/15 in regards to Dignity any with dignity issues identified will reported to the Director of Healt and/or the Administrator for furt interventions. For resident with BIMs scores substituted to Department heads, we mursing supervisor, week-end muter duty, and administrative staff, or counds are reviewed by the Admand the Administrator in Training on the compliance rounds that a reviewed are the following items limited Resident care items (naid dressing, and clean dried and to odor, hydration) that have the pidentify possible neglect. What measures will be put in pl	dianship e office on ents ed by the at to be gher than d on the riewed by rses on resident be h Services ner and ompleted g by not eek-end nanager on ompliance ninistrator g. Items are s but not ls, oileted, otential to	

Facility ID: 923250

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		345105	B. WING			C 06/2015
NAME OF I	PROVIDER OR SUPPLIER	\ \		STREET ADDRESS, CITY, STATE, ZIP CO	•	00/2010
UNIHEAI	TH POST-ACUTE C	ARE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F 241	enter the room to attempted to ask F. She exited the roo assistant care from Care from NA#2. The refused care and care again later. During an interview Nurse#1 indicated days ago when his sacral area was claresident was verband medications. It the resident would attempts would be refused he was not treatment until he During an interview 12:09PM, the family felt Resident #3 whis own about his She indicated the ensuring that he reproper care to his resident did have put the family felt it was ensure the resider cleaned and cared family member indicates was taken of the same control of the same cleaned and cared family member indicates was taken of the same control of the same cleaned and cared family member indicates was taken of the same control of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates when the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates when the same cleaned and cared family member indicates was taken of the same cleaned and cared family member indicates when the same cleaned and cared family member indicates when the same cleaned and cared family member indicates when the same cleaned and cared family member indicates when the same cleaned and cared family member indicates whe	Resident #3. She Resident #3 what he needed. In and asked for nursing in NA#2. Resident #3 refused the nursing assistant indicated ind he had the right per nursing Resident #3 would be offered in a bath two states in the resident had a bath two is dressing for pressure ulcer to eaned. He indicated that the fally abusive and refused all care nurse #1 indicated that when refuse care and treatment, a made to reoffer but if he into provided the care or accepted. If you have a make decisions on care and medical condition. If a unable to make decisions on care and medical condition. If a unable to make decisions on care and medical condition. If a unable to make decisions on the case of confusion at time and the provided the the property of the facility is responsibility to into the sum of the sum	F 2	what systemic changes will be ensure that the deficient practice reoccur? On 2/5/15 education for all state Abuse and neglect include education was completed by Competency Coordinator. An member not receiving the into PRN status and out on FM removed from the schedule at educated prior to return to we hire staff will be trained in abuneglect including dignity prior assigned shifts orientation with completed by the Clinical Corcoordinator. Education on compliance routincluding signs of neglect and completed on 2/6/15 for assigned responsibilities, items to reviet that need to be reported to the Health Services and/or the Afor immediate corrective actice Education was completed by Administrator in Training and Administrator. Compliance rounds will be contained by assigned team members and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department. Administrator will be contained to demanagers and staff from each department.	aff began on ing dignity, the Clinical y staff service, due LA will be and will be ork. Upon use and to working Il be impetency and staff on ew and items e Director of diministrator on.	
	services did not as needs thoroughly. Rresident#3 didn '	pelieved that psychiatric ssess Resident#3 's mental The family indicated if t have any medication in his re of his mental issues, he		trend the results from the cor will present findings to the Qu Assurance and Performance Improvement Committee for and recommendations for ch	uality suggestions	

Facility ID: 923250

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
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		345105	B. WING			02/06/2015	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	02/0	70,2010
				38	830 N MAIN STREET		
UNIHEA	TH POST-ACUTE C	ARE-HIGH POINT		Н	IIGH POINT, NC 27265		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE RIATE	COMPLETION DATE
F 241	Continued From page	age 29	F 2	<u>'</u> 41			
	would not be ment	ally stable to make decisions			bi-monthly x 6 month or until compl	iance	
		nealth care. The family stated			is sustained.		
		ntinued to call and say					
		efusing all care and treatments			Social Worker/Week-end Licensed		
		The family indicated part of the			Week-end Manager on Duty will int		
		nental problems and until that			7 residents per week in regards to		
		the wound would not be taken			any identified issues with be handle		
		healed. The family stated eal body odors because staff			immediately by the person complet interview. The interviews will be	ing the	
		ing Resident#3 regularly.			completed weekly x 4 weeks, then	twice a	
	Tidd flot been battl	ing residentile regularly.			month x 1, and then monthly x 3 me		
	During an observa	tion on 2/4/15 at 12:50 PM,			or until compliance is sustained.	511010	
		ician attempted to see the			μ		
	wound of Resident	t #3 in his room. There was a			Social worker will track and trend the	ne	
		eces odor in the room. The			results from the interviews and corr		
		red by blanket over his head			action if needs and will present find		
		he questions as "I do not want			the Quality Assurance and Perform		
		for now. " The nurse and			Improvement Committee for sugge	stions	
		e resident several times to			and recommendations for change		
		d, provide care and treatment edication. The resident 's voice			bi-monthly x 6 month or until compl	iance	
		n tone as he refused. At this			is sustained.		
		d physician left the resident 's			How will the corrective action be		
	room.	d physician left the resident 's			monitored to assure that the deficie	nt	
		w on 2/4/15 at 2:15PM, NA #2			practice will not reoccur, i.e., what	-	
		ident#3 had been verbally and			assurance program will be put in pl		
		ive toward staff when care was			monitoring to assure continued		
		ovided. Resident#3 would			compliance.		
		to get the hell out of the room,			·		
		ve colostomy bag changed,			Quality Assurance Performance		
		staff when he wants these			Improvement Committee met on Fe		
		ast bath was on 2/2/15. NA#2			2015 to discuss F 241 citation at th	e IJ	
		ccasion there would be fluid			level during current survey. Team	- 144 - 1	
		ound to the buttocks and they			discussed Credible Allegation subm		
		bad odor. "We were by told			to progress of audit tools and educa	สเเดท.	
		sident refused just to come			Compliance rounds will be consider	od	
		" NA#2 indicated that he may efore he would let staff bathe			Compliance rounds will be complet daily by assigned team members	eu	
		of care. "We don't know			including but not limited to departm	ent	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING			02/0)6/2015
	PROVIDER OR SUPPLIER			38	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265		0.20.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241	NA#3 indicated Repast few months the and the resident with covers over howounds had been would allow her or was on his terms. area had gotten when we are allow the modern and the modern area had gotten when we are allow the modern area had gotten when we are allow the modern area had gotten when we are allow the modern area had gotten when we are allow the modern area had gotten when head, and stated "I do not k asked the resident help him to clean help him	age 30 In him our hands are tied. " Resident#3 ate well and in the ne behaviors have gotten worse anted to stay in room more is head and the odors from the worst. She added that he noccasion to bathe him but it. The wound on the buttocks/calforse. "We do what we can red by the resident." Ition on 2/5/15 at 7:25 AM, om Nurse#6 noted a strong ant#3 pulled down the blanket if prior to hearing any questions, now anything. "The nurse if she can check his wounds, his body or reposition in bed. questions were "No." Insked when was the last time and he said "I do not know." wounds? The response was "you need some help to go to be response was "No, I go do you eat last time? The do not know." Would you like Resident#3 response was "I you feel comfortable in bed? do not know. "Would you like Resident #3 response was "I this point Nurse#6 asked he would like to have a next answer was "I do not know." won 2/5/15 at 11:30AM, NA#6 aral attempts to care for erent shifts were made but use care. Nursing told the when Resident#3 refused just use it was his right to refuse	F 2	241	managers and staff from each department. Administrator will track trend the results from the compliant will present findings to the Quality Assurance and Performance Improvement Committee for sugge and recommendations for change bi-monthly x 6 month or until complis sustained. Social worker will track and trend the results from the interviews and corruction if needs and will present find the Quality Assurance and Perform Improvement Committee for sugge and recommendations for change bi-monthly x 6 month or until complis sustained	stions iance ne rected ings to ance stions	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C / 06/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 241	abusive and not all agitated and would was not provided on During an interview indicated that sever Resident#3 on diff resident would refinursing assistants to document becan NA#6 indicated the abusive and not all agitated and would was not provided on During an interview administrative staff had not been assecare and treated in overall care/treatm pressure ulcer care. The facility was not the immediate jeon credible allegation what corrective at those residents had the same deficient. Resident # 1 of the same deficient of	at Resident#3 was verbally lways pleasant and would get d say leave him alone. Care when Resident#3 refused. W on 2/5/15 at 11:30AM, NA#6 eral attempts to care for erent shifts were made but the use care. Nursing told the when Resident#3 refused just use it was his right to refuse. at Resident#3 was verbally lways pleasant and would get d say leave him alone. Care when Resident#3 refused. W on 2/6/15 at 8:15AM, if #3 acknowledged Resident #3 essed or referred to alternative in a dignified manner with his ent, mental status and e. Otified on 2/5/15 at 8:25AM of pardy. The facility provided a on 2/6/15 as follows: The documented the following: lection will be accomplished for exing potential to be affected by a practice? Was involuntary committed and Center. The attending psych services was calling the cort and history of the resident. The resident to the hospital with of the attending physician ound care notes, medication ords and psych notes. Lardianship will continued to be inship paper was filed at the		241			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG		TE SURVEY MPLETED
		345105	B. WING _		02	C :/06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 241	potential to be affer practice and what place: All residents has residents with (per the RAI manu completed MDS was resident with End of the RAI manu completed MDS was resident will be reported to and/or the Administ For resident with End of the RAI manu compliance rounds assigned staff, included assigned staff, included assigned staff, included assigned staff, compliance rounds assigned staff, compliance rounds assigned staff, rounds week-end manage staff, compliance rounds as the compliance rounds are the form the compliance rounds	fy other residents having the cted by the same deficient corrective action will take ave the potential to be affected a BIMS score higher than 9 al) recorded on the last ere interviewed by the Social nurses on 2/5/15 in regards to it with dignity issues identified the Director of Health Services strator for further interventions. BIMs scores 9 and below are completed daily by uding by not limited to week-end nursing supervisor, or on duty, and administrative ounds are reviewed by the the Administrator in Training. Iliance rounds that are collowing items but mot limited as (nails, dressing, and clean odor, hydration) that have the possible neglect.	F 24	,		
	deficient practice v On 2/5/15 edu Abuse and neglect completed by the C Coordinator. Any s in-service, due PR be removed from t educated prior to r On 2/6/14 at 3:30F the expectation of documentation and	cation for all staff began on the including dignity education Clinical Competency taff member not receiving the N status and out on FMLA will he schedule and will be				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED	
		345105		B. WING		C 02/06/2015	
	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	1 02/	00/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 241 F 250 SS=J	medications. The d skin assessments f were able to descripte resident refusal of a medications as they on 2/5/15 and 2/6/1 were able to descriptimplementing care that had 2 consecut and medications. Texpectation for refeagencies. 483.15(g)(1) PROV RELATED SOCIAL	e care, treatment and aily rounds and 24 hour report, orms were reviewed. Staff be the expectations for care, treatment and y had received an in-service 5. The administrative staff be the expectation for and treatment for residents tive refusals of care, treatment he social worker indicated the rrals to other outside ISION OF MEDICALLY SERVICE Ovide medically-related social maintain the highest I, mental, and psychosocial	F 2			3/11/15	
	by: Based on observation and family interview facility failed to ider resident continued other mental health time that impacted decisions about his of a pressure ulcer (Resident #3). Immediate Jeopard Resident #3 's med The IJ was remove	ions, resident interview, staff is and record review the stify and recognize when a to refuse medications and interventions over a period of on his ability to make informed personal care and treatment for 1 of 4 sampled residents (IJ) began on 6/24/14 when dications were discontinued. d on 2/6/15 at 6:00PM when an acceptable allegation of		What Corrective action will be accomplished for the residents fo have been affected by the deficie practice? Resident # 3 was involuntary com and sent to Novant Health Forsyth Medical Center. The attending pland the psych services was callin hospital to give report and history resident. The facility sent to the hwith EMS copies of the attending physician progress notes, wound	mitted nysician g the of the lospital		

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	PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COM		SURVEY PLETED			
		345105	B. WING		02/0)6/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET	1 02/0	70/2010
UNIHEAL	TH POST-ACUTE C	ARE-HIGH POINT		HIGH POINT, NC 27265		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 250	compliance at a sordeficiency that compotential for more on-going in-service time for the facility through the Quality. The findings included Resident #3 was a 12/17/12. The diag depressive disorded diabetes, psychosis adult failure to thrivulcers stage III and Set (MDS) dated 1 would not participate quarterly MDS date mental status intercognitively impaire assistance with all feeding. Review of the residual feeding. The approarmonitor labs as ordensequences of rinvolve family with	decility remained out of cope and severity of D; isolated estitutes no actual harm with than minimal harm; due to the training of staff and allowing to implement the changes of Assurance program. Ided: Idmitted to the facility on gnoses included schizophrenia, er, esophageal reflux, anemia, s, mood instability, colostomy, or, paraplegia and pressures of IV. The annual Minimum Data 1/6/14, indicated resident the in the assessment. The ed 8/7/14 indicated the basic view was coded as moderately d. Resident #3 required total activities of living except Ident's care plan dated problem as 1.the refusal of blood transfusions, treatments s. The goal included Resident blood levels in acceptable ches included obtain and dered, explain the refusals of treatment and care,	F 250	,	anship office on hts hts hy the heing downward delivered as were huary ments, als of 2 s were bors and here tration ry to ations.	
	refusals of care an (refusal of medical daily living care, we repositioning and a	d treatment. 2. Noncompliance tions, lab work, activities of eights, wound care, turn and adherence to diet). The goal ce with nursing staff at least		consecutive doses of a vital medi- including but not limited to cardiac medications, anticoagulants, psyc medications, anti-seizure medicat and anti-diabetic medication, are	cation, c ch ions,	

Facility ID: 923250

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
		345105	B. WING			C 06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 250	once a day. The a Resident #3 in pla resident set goals referral as needed of care, verbally at and refusal of med resident would cauthrough next revie psychiatric service procedures before resident alternative provide reassuran Review of pressur the resident 's wo to 02/02/15: Right Calf 12/2/14 1/14/15 4 Left Calf 12/02/14 1/14/15 BILATERAL BUTT 12/2/14 2/2/15 During an initial to Resident #3 was ly head. There was saroom. The colosto indicated that he do him and he was not medications becaut added that he was wanted to stay in rouning an observative surveyor was in rounding and surveyor was in rounding an observative surveyor was in rounding and surveyor was in ro	pproaches included involve nning ways to comply, help for compliance, psychiatric 1. 3. Behaviors included refusal and physically abusive at times dications. The goal included use no harm to self or others w. The approaches included as as needed, explain attempting them, give the esto express feelings and ce. The wound conditions revealed unds worsened from 12/02/14 1.5x2.1x0cm 2 x7x 0.5 cm 1.5x2.2x0.1 cm 19x7x0.5 cm 19xxx0.5	F 2	or refused the physician we Care plan will be reviewed for behavior and mental he as needed. Activity of Daily Living (AD were reviewed by the Dire Services for any refusal of refusal of care for more the consecutive instances will with a care plan review an education of resident, respontification, physician notification, physician notification, physician notification, physician notification, current 24 hours reports to identify responsive serviewed the last hours reports to identify responsive sehaviors. Current 24 hours address behaviors. What measures will be pusuffered to the deficient performance of the preoccur? Residents that are current and services will be review Interdisciplinary Team, inclimited to the attending physory worker, Director of Health responsible party and resist to determine the plan of canot limited to treatment altengaging the ombudsman protective services, psych referrals and applying for cognition status will be rethis meeting to determine will proceed with referral and proceed with referra	and updated ealth services PL) documents ctor of Health for care. Noted an 2 be addressed dupdate, consible party fication and indicated. Pector of Health and indi	

Facility ID: 923250

* *		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING				06/2015
NAME OF F	PROVIDER OR SUPPLIER	1		ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
	TH DOOT AGUTE O	ADE INOU DON'T		38	30 N MAIN STREET		
UNIHEAI	TH POST-ACUTE C	ARE-HIGH POINT		HI	IGH POINT, NC 27265		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		BE	(X5) COMPLETION DATE
F 250	Continued From p person and in the (swearing, cursing anyone who enter an urosotmy and clarge decubitus on had black tissue a surrounding the bawas very strong ar was asked to enter #3. She attempted needed. She exite nursing assistant frefused care from indicated he refuse per nursing to refuse offered care agon Review of the Med (MAR) January 20 Resident #3 had not medications. On 6/24/14, the continued refuse medications of the following means to continued refusations aused for seizures; minerals; senna, continued refusation pharmacist recomparisment for charmacist	age 36 room. He was verbally abusive and refusing care) toward ed the room. Resident#3 had colostomy. The resident had a the sacrum area. The area round the edges and raw tissue ase of the buttocks. The odor and foul. The director of nursing rethe room to assist Resident to ask Resident #3 what he defined the room and asked for from NA#2. Resident #3 NA#2. The nursing assistant and care and he had the right are care and Resident #3 would ain later. Silication Administration Record 14 through February 2015, of taken any psychiatric ansultant pharmacist informed Resident #3 continued to a from January 2014-February acist suggested discontinuation edications due to the resident 'all of medications. Depakote aspirin; multivitamins with chlorophyll, Arginaid orange (a ronic wound healing), calcium s and routine labs. The mended changing: Effexor to	i	250	alternatives. The Social Worker with track and the residents with refusal of care a treatments there were discussed with the residents with refusal of care a treatments there were discussed with the residents with refusal of care a treatments there were discussed with the residents of the Quality Assurance a Performance Improvement Commissing to the Quality Assurance and Performance Improvement Commissing states of the provident of the complete of the complete of the complete of the complete of the charge nurse, unit manager, Died the charge nurse implemented, education was completed by the Competency Coordinator/Unit Manager/Director of Health Services staff member not receiving the inside to PRN status and out on FML be removed from the schedule and	rend nd rith the the nd ttee for til aff, d staff, dent ding but ri-care, atside ading to d on staff care to rector r linical es. Any ervice, A will	DATE
	spasticity. The phy on the recommend no documentation been educated ab	sion; baclofen to valium for valican agreed and signed off dations on 7/7/14. There was that showed the resident had out the negative consequences ion of the medications and			educated prior to return to work. Education began on 2/5/15 with lice nurses on the use of the 24 hour rewith recording of behaviors including not limited refusal of care and treat	eport ng but	

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345105	B. WING			C 02/06/2015	
NAME OF I	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP	·	06/2015	
IVAIVIL OI I	NOVIDEN ON OUT LIEF	•		3830 N MAIN STREET	OODL		
UNIHEA	LTH POST-ACUTE C	ARE-HIGH POINT		HIGH POINT, NC 27265			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG		N SHOULD BE E APPROPRIATE	COMPLETION DATE	
F 250	Continued From p	age 37	F 2	50			
	treatment.			Education was completed	by the Clinical		
				Competency coordinator/L			
		tein supplement was ordered		Manager/Director of Healtl			
		s not given due to resident		member not receiving the			
	refusal.			to PRN status and out on I			
				removed from the schedul			
	Deview of nevehia	tric progress notes from		educated prior to return to	WOIK.		
		15, revealed history of		The 24 hour reports will be	reviewed daily		
	depression, mood instability, psychosis,			by the Director of Health S			
		th care/medications/treatment.		Licensed Nurse Manager f			
	On 12/2/14 evalua	ation Resident #3 thoughts were		including but not limited to			
		however no grossly abnormal		and treatment. The Direct			
		orian, mood anxious, no		Service will track and trend			
		ations, cognition impaired, poor		behaviors and present find			
		ort and long term memory poor, poor. On 1/21/15 evaluation		Quality Assurance and Per Improvement Committee f			
		nange recommendation to		and recommendations for			
		exa. There was no indication		bi-monthly x 6 month or ur			
		ad been referred to any other		is sustained.			
	mental health serv	•					
				How will the corrective act			
		w on 24/15 at 9:55AM, the		monitored to assure that the			
		(1) indicated she had met with		practice will not reoccur, i.e			
		/15 to discuss Resident#3 ' s ies of daily care and		assurance program will be			
		indicated that she contacted the		monitoring to assure contil compliance.	lueu		
		es for an evaluation to		compilarioe.			
		nt#3 's mental status and since		Quality Assurance Perform	nance		
		ne right to refuse, the facility		Improvement Committee r			
	could not make th	e resident accept care or		2015 to discuss F 250 cita			
		ad no response of why the		level during current survey			
		assessed for involuntary		discussed Credible Allegat			
		to behaviors and the need for		to progress of audit tools a	and education.		
		care. She indicated that she		The Social Worker will tra-	ok and trand tha		
		n guardianship status from a no indicated that she had		The Social Worker will trace residents with refusal of ca			
		ers. The SW further stat stated		treatments there were disc			
		to obtain the psychiatric		Interdisciplinary Team and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345105	B. WING			C 02/06/2015		
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE) UZI	00/2013	
TO THE OF THE VIDENCE OF TELETON				30 N MAIN STREET			
UNIHEALTH POST-ACUTE CARE-HIGH POINT				GH POINT, NC 27265			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
be since no one coumedication or treatmelse to do since the was a danger to self declared incompete poor healthcare decorated The SW noted dated discussion with the concerns were the part the cleanliness of Resolution for the SW noted was unable to make care. The SW noted guardianship papers During an interview 12:09PM, the family felt Resident #3 was his own about his cased she indicated the fact ensuring that he recorated the fact of the sw resident did have perfelt it was the facility the resident 's would and cared for and numember indicated if was taken care of his mental is mentally stable to me general health care. Sacility staff continued was refusing all care medications. Part of	nine the next approach would ald get the resident to accept nent. She did not know what magistrate told her unless he for others he would not be nt and had the right to make	F 2		findings to the Quality Assurance at Performance Improvement Commsuggestions and recommendation change bi-monthly x 6 month or uncompliance is sustained. The 24 hour reports will be review by the Director of Health Services, Licensed Nurse Manager for behaviorly and treatment. The Director of Heservice will track and trend any not behaviors and present findings to Quality Assurance and Performant Improvement Committee for suggrand recommendations for change bi-monthly x 6 month or until compile sustained.	ittee for s for ntil ed daily and/or viors of care alth ted the ce estions		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345105	B. WING	<u>-</u>		C / 06/2015	
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-HIGH POINT				STREET ADDRESS, CITY, STATE, ZIP O 3830 N MAIN STREET HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 250	healed. Resident # staff had not been During an interview physician indicated alert and oriented about his care eventhe decisions were the care he really ranemia. The physic's pressure wound essentially were deneeded intensive nacontinued refusals hospitalizations improved would receive. The discussed all the right Resident #3 and health of his decision not physician also indicated weeks staff had be status changes in Intensive the revaluation. The physician also indicated that Resident #3 was refund that Resident #3 was refund that Resident #3 was refund that Resident #4 was refundation. The physician also indicated that Resident #4 was refundation. The physician also indicated that Resident #4 was refundation.	e taken care of properly or 3 had real body odors because bathing Resident#3 regularly. I on 2/4/15 at 3:30PM, the 1 that he felt Resident #3 was enough to make decisions in though in his medical opinion poor and contraindicated to needed for the wound and cian indicated that the resident is had worsened and caying/rotting and the resident redical treatment. Resident #3 of all treatment, care, labs, pact on the quality of care he is physician indicated that he isk and health factors with the demonstrated understanding to have proper care. The cated that during the past two en made aware of mental Resident #3. I ferred for psychiatric sysician indicated that he dent #3 made poor/bad	F 2	·			
	factors associated Resident#3 refuse sense to keep aski month it made sen together. If Reside nothing he could do continued to refuse team talked about Resident #3 a while stated that if reside	nad explained all the risks with poor/lack of care. " If d medication doesn ' t make ng, if Resident #3 refused for a se to stop medications all nt#3 refused wound care o about if the resident e. " The physician indicated the involuntary committing to back, but the magistrate ent was alert and oriented he ntarily commented because					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345105	B. WING		02	C / 06/2015
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-HIGH POINT				STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 250	decisions about his stated that if the re involuntarily they w (wounds) and they a month. Resident behaviors of refusat today (2/4/15) during this was his normal answered all the questions of pain, which will anger, if you to would hit staff. The resident reported he slept and smoked of stated he felt the resident reported he was leaving the beevaluation and assubject and smoked of the would change the was leaving the beevaluation and assubject and smoked of the would change the was leaving the beevaluation and assubject in the resident. During an interview psychiatric services the resident. During an interview psychiatric nurse pshe had been follow health care for the felt Resident#3 was others and alert and questions regarding indicated that he he events that would interestment. The PNI Resident#3 would psychiatric unit duestions regarding indicated that he he events that would interestment. The PNI Resident#3 would psychiatric unit duestions regarding indicated that he he events that would interestment. The PNI Resident#3 would psychiatric unit duestions regarding indicated that he he events that would interestment. The PNI Resident#3 would psychiatric unit duestions regarding indicated that he he events that would interestment.	use care and make bad care. The physician also sident was committed ould get him medically stable would send him back and after #3 would return to the als. Based on what he saw ag the visit with Resident #3 behavior. Resident #3 uestions appropriately to basic here he was hurting. Resident an an aggressive manner, or by to do things he refused and a physician indicated the le was fine as long as he ate, begigarettes. The physician esident would not change his his histry was attempting to restart at would happen. The left that the Zyprexa medication condition. He added that he havioral and mental status essment to the specialty of second and the cando was encourage of an another than the second and the	F 2	50		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		345105	B. WING		02	C / 06/2015	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		100/2013	
UNIHEA	LTH POST-ACUTE CA	ARE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 250	attempts to medical medications from \$1/21/15\$ had been in not meet the criterial his ability to answer correctly and was in Resident#3 had the and medications. I in no danger to him Resident#3 had immood, poor conceit term memory, poor addition, the PNP stoke the person to make the extent of care/opressure ulcer and commitment. The extent of services abeen made for Resident met the criterial evaluation he was care. When asked cognition and decision on healther ability to refuse carmedications at whi was to Zyprexa on During an interview administrative staff worker should be in the criterial evaluation and the necessary of the physician of the	ate Resident#3 on psychotropic dune 2014 to most recent unsuccessful. Resident#3 did a for inpatient treatment due to be basic health care questions not actively a danger to himself. It is right to refuse care/treatment in her opinion Resident #3 was nself. It is read to remain the paired cognition, anxious not actively a danger to himself. It is read to provide the policy of the policy of the provide the physician would be the final decision regarding treatment needed for the the need for involuntary PNP further stated she felt the and medication attempts had sident #3 and Resident#3 had for placement based on her alert/oriented enough to refuse whether Resident#3 had sion making skills to the for extensive care and ressure ulcer, the response would have to make the care she only evaluated his re and treatment or thime the recommendation 1/21/15. If won 2/6/15 at 8:15AM, for #3 indicated the SW social involved in working with family king referrals when necessary	F 2	250			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD	TIPLE CC	COMPLETED			
		345105	B. WING	B. WING		C 02/06/2015	
	PROVIDER OR SUPPLIER	RE-HIGH POINT		3830	ET ADDRESS, CITY, STATE, ZIP CODE N MAIN STREET I POINT, NC 27265	02.	00,2010
(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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 250	the immediate jeop credible allegation of the testident found the resident found the ficient practice? Resident # 3 was into a Medical Center the psych services report and history of sent to the resident copies of the attent wound care notes, records and psych Upon return the guapursued. Guardian the magistrate office. How will you identify potential to be affect practice and what of place: All resident have the Skin Integrity Nurse residents with wour staged and docume is being delivered.	tified on 2/5/15 at 8:25AM of ardy. The facility provided a on 2/6/15 as follows: The documented the following: tion will be accomplished for to have been affected by the avoluntary committed and senter. The attending physician and was calling the hospital to give if the resident. The facility to the hospital with EMS and ding physician progress notes, medication administration notes. ardianship will continued to be ship paperwork was filed at e on Feb 4, 2015. by other residents having the extend by the same deficient corrective action will take the potential to being affected as has reviewed 100% of ands to ensure wounds are ented appropriately, treatment is ordered, and care plans are		250	DEFICIENCY		
	reviewed for the mo for refusals of treat with refusals of 2 co plans were reviewe and need for menta Residents that are services will be revi	atment records were also onth of January and February ments. Any residents identified onsecutive treatments care d and updated for behaviors all health services. currently refusing care and ewed by the Interdisciplinary a not limited to the attending					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING		02	C / 06/2015	
	NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-HIGH POINT			STREET ADDRESS, CITY, STATE, ZIP C 3830 N MAIN STREET HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 250	physician, social w Services, responsi question, to determ but not limited to treat the ombudsman, A services referrals a Cognition status with referral and treat Education began of on the use of the 2 behaviors including and treatments. Education began of the 2 behaviors including and treatments. Education Competent Manager/Director of the 2 member not receive status and out on a schedule and will be work. Resident council modern 2/6/15 by the Sociator review resident services. On 2/5/15 education licensed and non-limited to do of a restreatments, including dressing, peri-care medications, woun appointments and x-rays, staff are to record and report reducation was comedication was comedication was comedication was comedication was comedication to the services of the services receiving the in-services receiving t	orker, Director of Health ble party and resident in nine the plan of care including eatment alternatives, engaging dult protective services, psych and applying for guardianship. Ill be reviewed during this ne how the facility will proceed eatment alternatives. In 2/5/15 with licensed nurses 4 hour report with recording of g but not limited refusal of care ducation was completed by the	F 25				

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION G	COM	(X3) DATE SURVEY COMPLETED C	
		345105	B. WING _		02/06/2015		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 250	will be educated processed Nurse, Undedication Administrations. Any than 2 consecutive including but not linanticoagulants, paymedications, and awithheld or refused Care plan will be rebehavior and ment Activity of Daily Livreviewed by the Diany refusal of care more than 2 instancare plan review are resident, responsibnotification and meindicated. The Social worker Services reviewed reports to identify rourrent 24 hours in What measures with changes will be mapractice will not recream, including but physician, social with Services, responsing question, to determine the ombudsman, Aservices referrals a Cognition status with meeting to determine the construction of the combudsman, as services referrals a Cognition status with meeting to determine the combudsman of the combudsma	rior to return to work. nit Managers are reviewing the stration Records, for the to current date, for refusal of residents identified with more doses of a vital medication, mited to cardiac medications, ych medications, anti-seizure anti-diabetic medication, are diffused the physician will be notified. Eviewed and updated for real health services as needed. In ing (ADL) documents were rector of Health Services for and update, education of the party notification, physician ental health services as and Director of Health the last 30 days of 24 hours resident with behaviors. But the last systemic and the in place or what systemic and to ensure the deficient	F 25				

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C		
		345105	345105 B. WING		02/06/2015		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 250	Education began of the use of the 2 behaviors including care and treatment was completed by coordinator/Unit M Service. Staff memin-service, due to Fwill be removed from educated prior to resident council m 2/6/15 by the Sociator eview resident services. On 2/5/15 educated licensed and unlice what to do if a resist treatments, including dressing, peri-care medications, wound appointments and x-rays, staff are to record and report in urse, unit manage to ensure proper in education was concompetency Coord of Health Services receiving the in-second on FMLA will be and will be educated On 2/6/14 at 3:30F the expectation of documentation and work, physician an residents that refus medications. The oskin assessments	on 2/5/15 with licensed nurses 4 hour report with recording of g but not limited to refusal of ts and medications. Education the Clinical Competency anager/Director of Health obers not receiving the PRN status and out on FMLA om the schedule and will be	F 25				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	3) DATE SURVEY COMPLETED		
	345105		B. WING		C 02/06/2015
	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	V 2 V 0.2 V
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 252 SS=E	on 2/5/15 and 2/6/1 were able to descri implementing care that had 2 consecu and medications. T expectation for refe additional services. 483.15(h)(1) SAFE/CLEAN/CONENVIRONMENT The facility must pr comfortable and hot the resident to use to the extent possible. This REQUIREMED by: Based on observatinterviews, the facility must pr comfortable.	care, treatment and y had received an in-service 5. The administrative staff be the expectation for and treatment for residents tive refusals of care, treatment he social worker indicated the errals to outside agencies for MFORTABLE/HOMELIKE ovide a safe, clean, amelike environment, allowing his or her personal belongings	F 25		3/11/15
	for 3 of 3 sampled of with odors in the far Resident #10). The During the initial too 100 and 200 halls, urine was noticed in hallways and the di On 2/4/15 at 5:00 A there was a strong faces, which was no hallways and the di	residents that had concerns cility (Resident #103, #15, e findings included: ur on 2/2/15 at 9:20 AM, on a strong lingering smell of the entire 100 and 200 ning area. MM, during the observation, lingering odor of urine and oticed in entire 100 and 200		Resident s # 103 and #15 were interviewed by assigned team memb including but not limited to department managers and staff from each depart on compliance rounds to report odors have any issues reported to the Administrator. The room across from Resident #15 was deep cleaned on 2/5/15. Resident #10 not addressed in the 25 and not identified on the Sample Resident	nt tment s and

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE	(X3) DATE SURVEY COMPLETED		
	345105	B. WING			C	
NAME OF PROVIDED OR OURDUIED	345105	D. WINO		DEET ADDRESS OITY STATE ZID SODE	02/0	06/2015
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
UNIHEALTH POST-ACUTE CARE-H	HIGH POINT			30 N MAIN STREET		
			HI	GH POINT, NC 27265		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ET BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
the end of 100 hall. This bothering her a lot becare smelled it. The resident talked about it with activinurses. She did not know planning to do to fix it. On 2/4/15 at 5:05 AM, doesident #15, who reside urine and feces were smoregardless of time of day keep the door to their rounpleasant odor that can the hall. Resident #15 are refused to visit him becare the facility. On 2/4/15 at 5:00 AM, doesident #10, who worked on 200 the facility implemented rooms of the residents, sodor on 100 and 200 has being improved. However, was a constantly notice affeces on 100 and 200 has on 2/4/15 at 5:10 AM, does who was a constantly notice affeces on 100 and 200 has on 2/4/15 at 5:10 AM, does was from the carpet, he aware of the new cleaning rooms, which decreased indicated that the smell of urine and feexisted and was still unpuring an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indicated the new cleaning an interview on 2 worked on 200 hall, indica	ded on 100 hall, stated ticed a "bad urine smell" suppleasant odor was aluse she constantly could recall that she vity manager and other ow what facility was during the interview, ed on 100 hall, stated that melled consistent, by. The resident had to soom closed because of the ame from the room across added that his friends aluse of the bad smell in during an interview, nurse to hall, stated that since a new system to clean the situation with bad alls was in the process of the resident of urine and halls. Suring an interview, nurse hall, indicated that the able smell of urine and halls. Suring an interview, nurse hall, indicated that the all on 100 and 200 hallways a was not sure. He was and system for resident's determined the smell of urine. He still persisted. 2/4/15 at 5:30 AM, aide #4 ing system helped, and exces was less but still pleasant. 2/4/15 at 5:40 AM, aide #9	F 2	252	List. How will you identify other residents having the potential to be affected to same deficient practice and what corrective action will be taken? All Residents have the potential to laffected by odors in the facility. All interview able Residents have been interviewed for their perception of the odors in the facility by use of the compliance rounds. What measures will be put in place what systemic changes will be madensure that the deficient practice we reoccur? Clinical Competency Coordinator (Cand Environmental Director, began in-service on March 3, 2015, in-ser 100% nursing and environmental department that all linen and trash will be located in soiled utility room, linen or trash barrels will be located hallways. Compliance rounds will be completed daily by assigned team members including but not limited department managers and staff from each department. Education with staff we completed on 2/6/15 on responsibilitiems to review and items that need reported to the Director of health Scand/or the Administrator for immedicorrective action. Education was completed by Administrator in Train	or the or le to ill not or le to le le le to le le to le le to le le to le to le le to le le to le to le le to le to le le to le to le to le to le to le le to le	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY IPLETED
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		345105	B. WING		02/	06/2015
	PROVIDER OR SUPPLIER LTH POST-ACUTE CA			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 252	aware of new reside that facility implem attempt to eliminate and 200 halls. During an interview maintenance direct of the smell of fect the last month, fact floors in order to elsmell. The facility utilize residents 'to the utility room, in a hall. The mainten some improvement unpleasant odor in During an interview administrator indicators of urine and administrator indicators.	lents ' rooms cleaning system ented during the last month in e an unpleasant odor on 100 of on 2/4/15 at 6:10 AM, the tor, stated that he was aware as and urine in the building. In illity stripped and redone the iminate the source of this implemented new system to rash into big trash can inside of attempt to remove it from the ance director indicated he saw t in regards to the situation of the building. In on 2/05/15 at 2:20PM, the ated that he was not aware of ys. He had not smelled strong	F 2	and Administrator. On March 5, 2015 Lennox will seventilation system on the 200 annual. On Feb 13, 2015 Architect Kurm Associates visited the facility to rexisting environmental conditions 100 hall, specific to the HVAC syaresult, a mechanical design will proposed that will introduce concoutside "Fresh Air' ventilation and exhausted at a similar rate of except How will the corrective action be monitored to assure that the definition of the effectiveness of education and changes of monitoring to assure continued compliance. Monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of monitoring of the effectiveness of education and changes of education and	askie eview the stem. As be itioned will be change. cient at quality place for sand e of daily tment wonday on duty ill do the and ot to be anager or ale for mpliance	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	RE-HIGH POINT		3	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265	02/	00/2010
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F 252 F 253 SS=D	Continued From pa	EKEEPING &	F 2		weeks, then weekly for four (4) wee then monthly for three (3) months of compliance is continuous. Results of the monitoring for tracking trending will be done by the Administ and reported to the monthly Quality Assurance and Performance Improvement (QAPI) Committee for recommendations and suggestions changes for continued improvement. The results of the monitoring, of the compliance rounds, with tracking artending will be reported to the Qual Assurance and Performance Improvement Committee by the Administrator for suggestion and recommendations for change.	or until ng and strator r for ot. e nd lity	3/11/15
	maintenance service sanitary, orderly, and This REQUIREMENT by: Based on record resinterview, the facility wheelchairs for 3 (Fisampled residents of the control of the con	es necessary to maintain a d comfortable interior. AT is not met as evidenced eview, observation and staff y failed to clean the Resident # 15, #12 & # 38) of 3 observed. Findings including: a admitted to the facility on erly Minimum Data Set (MDS) 1/16/15 indicated that			What Corrective action will be accomplished for the residents four have been affected by the deficient practice? Residents # 15, #12 and #38 wheel were cleaned on 2/6/15 How will you identify other residents	chairs	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	COMI	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	02/	30,2010
IINIHEAI	TH POST-ACUTE CA	DE-HIGH DOINT		38	830 N MAIN STREET		
UNINEAL	IN POST-ACUTE CA	KKE-HIGH FOINT		Н	IIGH POINT, NC 27265		
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F 253	Continued From pa	ge 50	F 2	253			
	Resident #15 was o	cognitively intact.			having the potential to be affected	by the	
					same deficient practice and what		
		PM, 2/4/15 at 10:30 AM and			corrective action will be taken?		
		, the electric wheelchair of observed. The wheelchair was			All residents in transportation device	-65	
		with dust and debris all over			have the potential to be affected		
	it.	•			·		
	0. 0/5/45 - 1.44.05	AM Decident # 45			100% audit was completed by the	··	
		AM, Resident # 15 was ated that since he was			Maintenance Director of transporta devices to determine if any were in		
		lity his wheelchair had never			repairs and was completed on 2/18		
	been cleaned.	,					
			Housekeeping Supervisor and				
		PM, Nurse # 1 was #1 stated that the night shift			housekeeping staff cleaned 100% transportation devices starting on 2		
		were responsible for cleaning			and completed on the 2/19/15.	./9/13	
		night. Nurse #1 acknowledged					
		airs needed to be cleaned			What measures will be put in place		
	including the wheel	chair of Resident #15.			what systemic changes will be made		
	On 2/5/15 at 12:10	PM, administrative staff #1			ensure that the deficient practice w reoccur?	III NOL	
		the stated that the nursing			rededdi :		
	assistants at night	were responsible for cleaning			Transportation devices will be deep		
		he added that the schedule for			cleaned weekly on assigned units to		
	(nurse aide) assign	chair was on the daily NA			housekeeping department. A sche will be developed by the Administra		
	(nurse alue) assign	ment sneet.			followed by the Housekeeping Sup		
	The daily NA (nursi	ng assistant) assignment			length of the treatment of the		
		red. The sheets included the			Transportation devices will be obse	erved	
		eaning schedule. The sheets			daily by assigned team members,		
	the wheelchair had	had no initials to indicate that			including but not limited to departm managers and staff from each department		
	Whoolondii Had	Dec. Godfied.			on compliance rounds for any	a. a. 1011t	
					maintenance issues and cleanlines	s and	
		M, NA (nursing assistant) #1			report to the Housekeeping and		
		the stated that she worked d that wheelchairs were			Maintenance supervisor for cleaning	g and	
		aned by the third shift NA but it			repairs as needed.		
	was not always dor				The Administrator will educated the	.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	` COMPLE	
		345105	B. WING				C 06/2015
	PROVIDER OR SUPPLIEF			38	REET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265	, , ,	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE
F 253	2. Resident #12 w 4/27/14. The qual 11/11/14 indicated cognitively impaired On 2/3/15 at 2:30 2/5/15 at 11:35 AN #12 was observed frames were observed frames were observed from 2/5/15 at 12:05 interviewed. Nursing assistants the wheelchairs at that some wheelch including the wheel on 2/5/15 at 12:10 was interviewed. assistants at night the wheelchairs. So cleaning the wheel assignment sheet. The daily NA (nursing sheets were reviewed and the wheelchair compared were reviewed and the wheelchair had on 2/6/15 at 6:45 was interviewed. The daily shift and states were reviewed and the wheelchair had on 2/6/15 at 6:45 was interviewed. The daily shift and states were reviewed.	as admitted to the facility on reerly MDS assessment dated that Resident #12 was ed. PM, 2/4/15 at 10:30 AM and M, the wheelchair of Resident to be dirty. The seat and the rved with thick layers of dried dust. PM, Nurse # 1 was e #1 stated that the night shift were responsible for cleaning night. Nurse #1 acknowledged hairs needed to be cleaned elchair of Resident #12. PM, administrative staff #1 She stated that the nursing were responsible for cleaning She added that the schedule for Ichair was on the daily NA sing assistant) assignment wed. The sheets included the eaning schedule. The sheets d had no initials to indicate that	F 2	253	maintenance and housekeeping supervisors on responsibly for clea and making needed reports of transportation devices. How will the corrective action be monitored to assure that the defici practice will not reoccur, i.e., what assurance program will be put in pmonitoring to assure continued compliance. The Administrator will monitor the clean schedule and maintenance weekly x 6 months. The results of monitoring with tracking and trend the Administrator will be reported to Quality Assurance and Performan Improvement Committee by the Administrator for suggestions and recommendations for change.	deep issues the ing by to the ce	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	Continued From pa was not always do	_	F 25	53		
	7/17/13. The quart	as admitted to the facility on terly MDS assessment dated hat Resident #38 was d.				
	2/5/15 at 11:35 AM #38 was observed	PM, 2/4/15 at 10:30 AM and the wheelchair of Resident to be dirty. The seat and the ved to have debris and dust.				
	interviewed. Nurse nursing assistants the wheelchairs at	PM, Nurse # 5 was e #5 stated that the night shift were responsible for cleaning night. Nurse #5 acknowledged of Resident #38 needed to be				
	was interviewed. Sassistants at night the wheelchairs.	PM, administrative staff #1 She stated that the nursing were responsible for cleaning she added that the schedule for chair was on the daily NA				
	sheets were review daily wheelchair cle	ing assistant) assignment wed. The sheets included the eaning schedule. The sheets I had no initials to indicate that I been cleaned.				
	was interviewed. S	AM, NA (nursing assistant) #1 She stated that she worked ted that wheelchairs were				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIER	RE-HIGH POINT	;	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	02:00:20:10
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION
F 253 F 274 SS=D	was not always dor	aned by the third shift NA but it ne. MPREHENSIVE ASSESS	F 253		3/11/15
	assessment of a re facility determines, that there has been resident's physical purpose of this sec means a major ded resident's status that itself without further implementing stand interventions, that hone area of the res	uct a comprehensive sident within 14 days after the or should have determined, a significant change in the or mental condition. (For tion, a significant change dine or improvement in the at will not normally resolve intervention by staff or by dard disease-related clinical has an impact on more than ident's health status, and linary review or revision of the			
	by: Based on record refacility failed to comstatus assessment sampled residents activity of daily livin Resident #82 was con 10/23/13 with malzheimer's disease The Minimum Data reviewed. The ann 10/8/14 indicated the limited assistance was recorded.	eview and staff interview, the applete a significant change in for 1 (Resident #82) of 3 reviewed with a decline in g (ADL). Finding included: originally admitted to the facility altiple diagnoses including and hypertension. Set assessments were ual MDS assessment dated at Resident # 82 needed with bed mobility and transfer, dmission/prior assessment,		Corrective action will be accomplish the resident found to have been affected by the deficient practice: Resident # 82 no longer resides in the facility. Corrective action will be accomplish those residents having potential to be affected by the same deficient praction. On March 2, 2015 Interdisciplinary began to validate accuracy of assessments by utilizing Reimburse Utilization Group Analysis, quick principles.	ected he ed for he ice: Feam

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED C	
		345105	B. WING) 06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT	;	STREET ADDRESS, CITY, STATE, ZIP CO 3830 N MAIN STREET HIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 274	weight 169 pounds had no pressure ul assessment dated #82 needed extens and transfer, had a assessment, weigh loss. On 2/2/15 at 2:48 F She stated that Re pressure ulcer on to the stage II pressure usaline and apply hy On 2/5/15 at 3:35 F Nurse #8 stated that coordinator. She at the decline in bed in significant weight ledevelopment of pressure using the development of	(lbs), had no weight loss and cer. The quarterly MDS 1/8/15 indicated that Resident sive assist with bed mobility a fall since admission/prior at 142 lbs. and had a weight PM, Nurse #5 was interviewed. sident #82 had a stage II	F 274	time Data Integrity Analysis fr Right and review of chart in meeting to discuss MDS prio submission. On February 27, 2015 a Seni Consultant educated the Inte Team,: Case Mix Director, S Dietary Manager, Activities D Integrity Coordinator, Clinical Coordinator, Nurse Manager, conducting MDS accuracy re utilizing the utilizing Reimburs Utilization Group Analysis, quatime Data Integrity Analysis fr Right and review of chart. Measures put into place or sy changes made to ensure that practice will not occur: The Case Mix Director has con Automated Information System course "OBRA assessments Significant change" in status The Interdisciplinary Team to Social Worker, Dietary Mana Director, Skin Integrity Coord Clinical Competency Coordin Managers and Director of He to complete monthly schedulatraining. The Interdisciplinary team that Case Mix Director, Social Wo Manager, Activities Director, Coordinator, Clinical Compete Coordinator, Nurse Managers	ior Nurse rdisciplinary ocial Worker, birector, Skin Competency s on views sement bick print, real rom Point ompleted em (AIS) 3.4, assessment binclude ger, Activities linator, bealth Services ed AIS at includes: brker, Dietary Skin Integrity gency	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	COMPLI	
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	PROVIDER OR SUPPLIER	RE-HIGH POINT		38	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265		30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 274	to develop, review a comprehensive plate The facility must deplan for each reside objectives and time medical, nursing, a needs that are identificated assessment. The care plan must to be furnished to a highest practicable psychosocial well-b §483.25; and any significant to the furnished to a highest practicable psychosocial well-b §483.25; and any significant for the following statement of the	k)(1) DEVELOP E CARE PLANS the results of the assessment and revise the resident's	F 2		MDS accuracy audit tool for each assessment weekly x 4 weeks and monthly x 4 months. Facility plans to monitor its perform to make sure that solutions are sus The facility must develop a plan for ensuring that correction is achieved sustained: The Case Mix Director / Director of Services will present the trending of MDS accuracy audit tool to the Qua Assurance Performance Improvem Committee, for review and revision, monthly for three months or until a of compliance is obtained.	Health f the ent , pattern	3/11/15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG	COM	E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	2		STREET ADDRESS, CITY, STATE, ZIP	•	30,2010
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 279	Continued From p §483.10, including under §483.10(b)(This REQUIREME by: Based on staff int facility failed to revene when they realized approaches to car Resident #3 whose affected his ability about his care for Immediate Jeopar was removed on 2 facility provided a complaince. The ficompliance at a second included in the facility through the Quality The findings included Resident #3 was a 12/17/12. The diagram of the second in the facility through the Quality The findings included in the findings in the findings included in the findings included in the findings in the fi	age 56 the right to refuse treatment 4). ENT is not met as evidenced erview and record review, the riew and revise the care plant goals were not being met and e needed to be changed for e mental health condition to make informed decisions 1 of 3 sampled residents. dy (IJ) began on 11/6/14. The IJ 2/6/15 at 6:00 PM when the acceptable allegation of accility remaines out of cope and severity of D, and that constitutes no actual harm more than minimal harm due to be training of staff and allowing to implement the changes y Assurance program.	F 2'	,	Il be ents found to deficient ery committed Forsyth y sent to the of the attending wound care tration records hip will Guardianship istrate office on residents affected by the	
	diabetes, psychos	is, mood instability, colostomy, ve, paraplegia and pressure		Skin Integrity Nurses has re	ken? eviewed 100%	
	11/6/14, indicated in the assessment #3 's moderately imaking skills that for care and treatmot assessed and	um Data Set (MDS) dated resident would not participate at MDS indicated that Resident impaired with poor decision required cues and supervision nent. Resident #3's mood was the behaviors included when he required extensive and		wounds are staged and do appropriately, treatment is as ordered and care plans individualizes. The Director Services has validated the completed by the Skin Inte	cumented being delivered are r of Health audit grity Nurses.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			Ul	MR NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		PLETED
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NAME OF I	PROVIDER OR SUPPLIER	<u>I</u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	Continued From pa	ge 57	F 2	279			
	•	age III and Stage IV pressure		-10	audit on 2/5/15 for all residents, the	,	
		re not assessed for			Director of Health Services is revie		
		e wound at the time of			the body audits as they are comple		
		bw they would be treated. The			ensure that all skin areas have bee		
		medications for his mental			identified and are being treated, inc		
	health condition wa				care plan updates, responsible par		
	Noncompliance of				physician notification.	.,	
		s was not assessed or how to			p., y		
	address the concer				Licensed Nurse, Unit Managers are	3	
	Review of care plar	n dated 11/6/14, identified			reviewing the Medication Administra	ation	
	problem as 1. The anemia and refusal of				Records for refusal of medications.	Any	
	medications, labs, blood transfusions, treatments				residents identified with more than	2	
		s. The goal included Resident			consecutive doses of a vital medica	ation,	
		blood levels in acceptable			including but not limited to cardiac		
		ches included obtain and			medications, anticoagulants, anti-s		
		ered, monitor for adequate			medications, psych medications an		
		explain the consequences of			anti-diabetic medication, are withhe		
		nt and care, involve family with			refused the physician will be notifie		
		nent/medications/labs,			Care plan will be reviewed and upd		
		efusals of care and treatment.			for behavior and mental health serv	/ices	
		(refusal of medications, lab			as needed.		
		aily living care, weights,			Activity of Daily Living (ADL) docum	aonto	
		nd repositioning and The goal included compliance			Activity of Daily Living (ADL) documere reviewed by the Director of He		
		t least once a day. The			Services for any refusal of care. N		
		ed involve Resident #3 in			refusal of care for more than 2 insta		
		omply, help resident set goals			will be addressed with a care plan i		
		chiatric referral as needed. 3.			and update, education of resident,	2	
		lcers, impaired cognition and			responsible party notification, physi	cian	
		with activities of daily living.			notification and mental health servi		
		esident would have no			indicated.		
		ounds would decrease in size			What measures will be put in place	or	
		ext review. The approaches			what systemic changes will be mad		
		r incontinence episodes, keep			ensure that the deficient practice w		
		uch as possible, provide			reoccur?		
	ostomy care every	shift, weekly skin					
		and reposition, pressure			On 2/5/15 the interdisciplinary team		
		s and cushion. 4. Behaviors			including but not limited to the Case		
	included refusal of	care, verbally and physically			Director, Director of Nursing, Activi	ties,	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY PLETED
			, a Boilean		,	С
		345105	B. WING _			06/2015
NAME OF I	PROVIDER OR SUPPLIE	२		STREET ADDRESS, CITY, STATE, ZIP COD	-	
IINIHEAI	TH POST-ACUTE O	ADE-HIGH BOINT		3830 N MAIN STREET		
UNITEAL	III FOST-ACOIL C	ARE-HIGH FOINT		HIGH POINT, NC 27265		
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F 279	goal included resi self or others thro approaches include needed, explain p them, give the res feelings and provi	and refusal of medications. The dent would cause no harm to ugh next review. The ded psychiatric services as rocedures before attempting sident alternatives to express de reassurance.	F 27	Social Worker, and the Skin In Coordinator, were educated or being individualized for each reeducation was completed by consulting staff. Any staff mem receiving the in-service, due to status, out on Family Medical I (FMLA) and/or currently on vac	a care plan esident, prporate ber not PRN eave eation or	
	#8 indicated that I address what was refusals of care, t Nurse #8 confirms care plan had not During an interviee Director of Nurses include measurabinterventions that Staff were expect so that changes of made to the care. The facility was not the immediate jet credible allegation credible allegation. What corrective at those residents hat the same deficients.	otified on 2/5/15 at 8:25AM of opardy. The facility provided a on 2/6/15 as follows: The odocumented the following: action will be accomplished for aving potential to be affected by t practice?		sick time will be removed from schedule and will be educated return to work. Interdisciplinary team including limited to Director of Health Se Activities, Social worker, dietar nurse and Case Mix Director with the care plans from the previous ensure care plans are individually updated. The Case Mix Director and trend identified issues included in the Quality Assurance and Performance Improvement Cosuggestions and recommendate change bi-monthly x 6 month of compliance is sustained.	the prior to but not rvices, y, wound will review us week to alized and or will track uding but ul requests, he findings mmittee for tions for or until	
	sent to a Medical resident to the ho the attending physicare notes, medicand psych notes. Upon return the gpursued. Guardia magistrate office of How will you identification.	vas involuntarily committed and Center. The facility sent to the spital with EMS and copies of sician progress notes, wound eation administration records uardianship will continued to be anship paper was filed at the on Feb 4, 2015. Lify other residents having the ected by the same deficient		Residents that are currently re and services will be reviewed I Interdisciplinary Team, includir limited to the attending physici worker, Director of Health Services ponsible party and resident to determine the plan of care in not limited to treatment alternatengaging the ombudsman, Ad protective services, psych services and applying for guaranteed in the services of the services	by the g but not an, social vices, in question, acluding but tives, alt	

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-	HIGH POINT		38	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
is being delivered as or individualizes. The Dire has validated the audit Integrity Nurses. Licensed nurses ar audit on all residents 2/ Services is reviewing the completed to ensure the identified and are being plan updates, responsitionation. Licensed Nurse, Unathe Medication Administion of medications. Any remore than 2 consecutive medications, including be medications, anticoague medications, are withhele will be notified. Care plan updated for behavior are as needed. Activity of Daily Living (reviewed by the Director any refusal of care. Not more than 2 instances of care plan review and uppersident, responsible participation and mental indicated. What measures will be systemic changes will be systemic changes will be deficient practice will not incomplete and indicated.	ective action will take as reviewed 100% of to ensure wounds are d appropriately, treatment redered and care plans are ector of Health Services completed by the Skin re completing 100% body /5/15 the Director of Health ne body audits as they are at all skin areas have been g treated, including care ble party and physician with Managers are reviewing extration Records for refusal sidents identified with re doses of a vital ut not limited to cardiac cliants, anti-seizure dications and anti-diabetic d or refused the physician lan will be reviewed and and mental health services ADL) documents were or of Health Services for oted refusal of care for will be addressed with a podate, education of arty notification, physician health services as put in place or what be made to ensure that the	F 2	279	Cognition status will be reviewed do this meeting to determine how the will proceed with referral and treatmalternatives. The Social Worker will track and tracesidents with refusal of care and treatments there were discussed winterdisciplinary Team and present findings to the Quality Assurance a Performance Improvement Commisuggestions and recommendations change bi-monthly x 6 month or uncompliance is sustained. On 2/5/15 education for nursing staincluding licensed and non-licensed and therapy on what to do of a resi refuses care and treatments, including limited to bathing, dressing, peturning and reposition, eating, medications, wound treatments, ou appointments and procedures includabs and x-rays. Licensed staff are document in the medical record and the 24 hour report. Non-Licensed and therapy are to report refusal of the charge nurse, unit manager, Di of Health Services to ensure prope interventions were implemented, education was completed by the Cl Competency Coordinator/Unit Manager/Director of Health Services staff member not receiving the insulation of the charge nurse, unit manager, Director of Health Services staff member not receiving the insulation of the charge runsulation of the charge runsulation was completed by the Cl Competency Coordinator/Unit Manager/Director of Health Services staff member not receiving the insulation of the charge runsulation of the charge runsulation of the charge runsulation of the charge runsulation was completed by the Cl Competency Coordinator/Unit Manager/Director of Health Services staff member not receiving the insulation of the charge runsulation was completed by the Cl Competency Coordinator/Unit Manager/Director of Health Services staff member not receiving the insulation of the charge runsulation of th	facility nent end the ith the the nd ttee for till off, dent ding but ri-care, et side ending et o don estaff care to rector r inical es. Any ervice, A will will be	

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UNIHEAL	TH POST-ACUTE C	ARE-HIGH POINT		Н	IIGH POINT, NC 27265		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	١	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		COMPLETION DATE
F 279	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F 2	79			
	but not limited to t	he Case Mix Director, Director			by the Director of Health Services,	and/or	
	of Nursing, Activities, Social Worker, and the Skir				Licensed Nurse Manager for behave		
	Integrity Coordina	tor, were educated on care plan			including but not limited to refusal of	of care	
		ed for each resident, education			and treatment to ensure care plan		
		corporate consulting staff. Any			been updated and individualized.		
		receiving the in-service, due to			Director of Health Service will track		
	•	ut on Family Medical Leave			trend any noted behaviors and pres		
		ly on vacation or sick time will			findings to the Quality Assurance a Performance Improvement Commi		
be removed from the schedule and will be educated prior to return to work. On 2/5/15 education for nursing staff,				suggestions and recommendations			
				change bi-monthly x 6 month or un			
		and non-licensed staff, and			compliance is sustained.		
		do of a resident refuses care					
		cluding but not limited to					
		peri-care, turning and			How will the corrective action be		
		medications, wound			monitored to assure that the deficie	nt	
		e appoints and procedures			practice will not reoccur, i.e., what		
		x-rays, staff are to document in			assurance program will be put in pl	ace for	
		d and report refusal of care to			monitoring to assure continued		
		unit manager, Director of			compliance.		
		ensure proper interventions			Overlite Assumes as Deuferman		
		d, education was completed by			Quality Assurance Performance	- L- C	
		etency Coordinator/Unit			Improvement Committee met on Formation 2015 to discuss F 279 citation at the		
		of Health Services. Any staff ving the in-service, due PRN			level during current survey. Team	E 13	
		FMLA will be removed from the			discussed Credible Allegation subn	nitted	
		be educated prior to return to			to progress of audit tools and educ		
	work.	be educated prior to retain to			to progress or addit tools and odds	20011.	
		t are currently refusing care and			The Case Mix Director will track an	d trend	
		viewed by the Interdisciplinary			reviewed care plan for identified iss		
	Team, including be	ut not limited to the attending			including but not limited to refusals		
		vorker, Director of Health			personal requests, and/or behavior	s and	
		ible party and resident in			present the findings to the Quality		
		nine the plan of care plan			Assurance and Performance		
		mited to treatment alternatives,			Improvement Committee for sugge	stions	
		udsman, Adult protective			and recommendations for change		
		ervices referrals and applying			bi-monthly x 6 month or until compl	iance	
		Cognition status will be nis meeting to determine how			is sustained.		
	reviewed during ti	no meeting to determine now					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING		02/0	6/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT	3	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 N MAIN STREET HIGH POINT, NC 27265	1 02/0	.6,2010
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F 309 SS=J	alternatives. On 2/6/14 at 3:30P the expectation of the documentation and work, physician and residents that refuse medications. The diskin assessments were able to descripesident refusal of medications as the on 2/5/15 and 2/6/16 were able to descripinglementing care that had 2 consecutand medications. The expectation for reference additional services. 483.25 PROVIDE CHIGHEST WELL Beach resident must provide the necession maintain the highmental, and psychological processions.	eed with referral and treatment M, staff were interviewed on the reporting process, I notification to nursing, social d administrative staff of se care, treatment and laily rounds and 24 hour report, forms were reviewed. Staff the expectations for care, treatment and y had received an in-service I.S. The administrative staff the the expectation for and treatment for residents attive refusals of care, treatment the social worker indicated the errals to outside agencies for CARE/SERVICES FOR	F 279	The 24 hour reports will be review by the Director of Health Services. Licensed Nurse Manager for beha including but not limited to refusal and treatment to ensure care plan been updated and individualized. Director of Health Service will tractrend any noted behaviors and prefindings to the Quality Assurance a Performance Improvement Comm suggestions and recommendation change bi-monthly x 6 month or uncompliance is sustained.	, and/or aviors of care have The k and esent and hittee for s for ntil	3/11/15
	by: Based on observa practitioners and pl failed to assess an treatment which re-	NT is not met as evidenced tions, staff, family nurse hysician interviews, the facility d implement mental health sulted in failure to provide ersonal care for 1 of 3 sampled		What Corrective action will be accomplished for the residents for have been affected by the deficient practice?		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		30/2010	
UNIHEA	LTH POST-ACUTE CA	ARE-HIGH POINT		HIGH POINT, NC 27265			
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F 309	residents (Resident to administer argin pro-stat (a protein failed to provide cu wound healing (Resident # 3 when calves declined. The 6:00PM when the fallegation of compliance at a isolated deficiency with potential for mexample # 2, Residin-service training the facility to imple Quality Assurance. The findings included 1. Resident #3 was 12/17/12. The diagonal depressive disorded diabetes, psychosi adult failure to thrivulcers stage III and Set (MDS) dated 1 would not participal staff was assessm MDS dated 8/7/14 status interview was impaired. Resident with all activities of Review of previous the consultant phaphysician documer	aid (a protein supplement) and aid (a protein supplement) and supplement) as ordered and ashion in wheelchair to promote sident #24). It was removed on 2/6/15 for the wounds to the bilateral ne IJ was removed on 2/6/15 at facility provided an acceptable liance. The facility remains out scope and severity of D, that constitutes no actual harm for than minimal harm, for dent # 24, and due to on-going of staff and allowing time for ment the changes through the program.	F3	Resident # 3 was involuntary and sent to Novant Health F Medical Center. The facility hospital with EMS copies of physician progress notes, we notes, medication administration and psych notes. Upon return the guardianshit continued to be pursued. Grapaper was filed at the magis Feb 4, 2015. Resident # 24 Prostat 30 and were placed on the medication administration record and groordered. Resident # 24 wheel chair conditions the potential to be afficient practice and corrective action will be take. Skin Integrity Nurses has resoft residents with wounds to wounds are staged and door appropriately, treatment is be as ordered and care plans a individualizes. The Director of Services has validated the acompleted by the Skin Integrity Licensed nurses completed audit on 2/5/15 for all resided Director of Health Services is the body audits as they are of the stage of th	orsyth sent to the the attending ound care ation records p will uardianship trate office on darginaid on wen as ushion was ushion was ushion was ushion was ushion was ushion was or darginaid on wen as ushion was ushion was ushion was ushion was ushion was or darginaid on wen as ushion was ushion was		

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	PROVIDER OR SUPPLIER TH POST-ACUTE CA	RE-HIGH POINT		3	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	by pharmacy and the resident, yet was be received a couple of refused. Consider of medications at this (milligrams) every resident, the levels we day and change to for depression, aspemultivitamins with remilligrams-start valineeded for spasticic chlorophyll 3mg twi supplement 1 pack day, calcium D, iron (refuse transfusion labs). Physician agreement 1 and last of the supplement of the s	perefore being charged to being wasted. Resident #3 also of floor stock items that he discontinuing the following time. Depakote 500mg morning and 625mg every re <1.0, Effexor 150mg every Prozac 90 milligrams weekly irin 325 mg every day, minerals, baclofen 10mg ium 2mg every 12 hours as ty, senna every day, ce a day, arginaid orange et mixed with water twice a m 325 milligram twice a day and medication and routine reed and signed off on 7/7/14. Iso on Risperdal injection as the bedtime for diabetes and signed off on 30milliters three 20/14 not given due to resident applement 30milliters three 20/14 not given due to for skin. There was no he MAR to address the areas. Review of the tration Record(TAR) for ealed to clean stage III to left formal saline apply hydrogel ry dressing change two times as no documentation on the	F	309	ensure that all skin areas have bee identified and are being treated, income care plan updates, responsible parphysician notification. Licensed Nurse, Unit Managers are reviewing the Medication Administr Records for refusal of medications residents identified with more than consecutive doses of a vital medical including but not limited to cardiac medications, anticoagulants, antismedications, psych medications are anti-diabetic medication, are withher efused the physician will be notified Care plan will be reviewed and upder for behavior and mental health services for any refusal of care. Note that it is not including the addressed with a care plan and update, education of resident, responsible party notification, physiciation and mental health services indicated. Skin integrity nurse audited 100% of wheel chairs to ensure cushions are wheel chair. Wheel Chair cushions ordered on Feb 9, 2015. Skin integrity coordinator complete audit of all residents with wounds to ensure medications ordered for woo healing are current on the medications.	cluding ty and eation Any 2 eation, seizure ed eld or d. eated vices eatth oted ences review ecian ces as of e in e were ed an o und	
	per week. There wa						

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		345105	B. WING			02/0) 06/2015
NAME OF I	PROVIDER OR SUPPLIER			91	TREET ADDRESS, CITY, STATE, ZIP CODE	02/0	70/2013
	TH POST-ACUTE C		3830 N MAIN STREET		, , ,		
	OLUMBA DV OT	ATEMENT OF REFIGIENCIES			·		
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F 309 Continued From page 64		age 64	F3	809	What many will be not in all a		
		ssure wound conditions ent 's wounds worsened from			What measures will be put in place what systemic changes will be madensure that the deficient practice w reoccur?	le to	
		1.5x2.1x0cm 2 x7x 0.5 cm			On 2/5/15 education for nursing statincluding licensed and non-licensed and therapy on what to do if a resident formula and therapy on and treatments included	d staff, lent	
	Left Calf				refuses care and treatments, include		
					not limited to bathing, dressing, per	i-care,	
		19x7x0.5 cm			turning and reposition, eating, medications, wound treatments, ou appointments and procedures inclu		
	Review of wound documentation note dated 12/3/14, revealed the right calf/left calf stage III				labs and x-rays. Licensed staff are document in the medical record an	to d on	
	no change to mea	are plan goals as evidenced by surements. Resident #3 it status. On 12/9/14, right calf			the 24 hour report. Non-Licensed s and therapy are to report refusal of the charge nurse, unit manager, Di	care to	
	Stage III meeting	current care plan goals resident and continue current			of Health Services to ensure prope interventions were implemented,		
		13/14 and 12/30/14			education was completed by the Cl Competency Coordinator/Unit		
		documentation note dated			Manager/Director of Health Service staff member not receiving the in-s	ervice,	
	covered in BM (bo	6 documented "resident wel movement) no colostomy			due to PRN status and/or out on FI will be removed from the schedule	and	
	blankets radio, be	ol all over resident hands, d and bed control. Stool puddle			will be educated prior to return to w		
	eating crackers wi	le. Saturating dressing, resident th stool on hands room with then demands only colostomy			The 24 hour reports will be reviewed by the Director of Health Services,	and/or	
	bag be replaced T	his nurse talks resident into			Licensed Nurse Manager for behavincluding but not limited to refusal cand treatment. The Director of Hea	of care	
		also no changes to wounds nue with current interventions. "			Service will track and trend any not behaviors and present findings to the	ed	
		documentation note dated on cline due to refusals area			Quality Assurance and Performanc Improvement Committee for sugge	е	
	measures 13cml x	x 5cmw (centimeter wide) x ed tissues to wound bed.			and recommendations for change bi-monthly x 6 month or until compl		

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NAME OF F	PROVIDER OR SUPPLIER	<u> </u>	l s	STREET ADDRESS, CITY, STATE, ZIP CODE	UZI	30/2010
			3	830 N MAIN STREET		
UNIHEAL	TH POST-ACUTE C	ARE-HIGH POINT		HIGH POINT, NC 27265		
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F 309	F 309 Continued From page 65 Resident #3 had no interest in wound care, morning care or colostomy care. Continue with interventions as resident allows.		F 309			
				is sustained.		
	The 1/9/15 comprincluding a complet documented the fornormal limits: albucalcium 7.4(8.4-100.30(0.50-1.35) lonormal limits or nesodium 134, potas The complete blooperformed.	ehensive metabolic panel CMP) ete blood count (CBC) ollowing lab results were below min less than 2.0(3.5-5.2) low,		On 2/5/15 educated for Licensed staff began on Policy and Proced medication general guidelines ref notification of physician of 2 cons doses of a vital medication include not limited to cardiac medications anticoagulants, anti-seizure medications, psych medications, psych medication, are or refused the physician will be needucation was completed by the Competency Coordinator. Any stamember not receiving the in-serv	ure ferring to ecutive ing but s, cations, ations, withheld otified, Clinical aff	
	blood count (CBC panel (CMP): red low, platelet 758(1 0.32(0.50-1.35) lo albumin less than 21.3(39.0-52.0) lo	blood count= 3.50(4.22-5.81) 50-400) high, creatinine w, calcium 7.3(8.4-10.5) low, 2.0(3.5-5.2) low, hematocrit w, hemoglobin 5.4(13.0-17) ed blood transfusion.		to PRN status and out on FMLA vertices from the schedule and vertices of the educated prior to return to work. On 2/5/15 education began with the Integrity Nurses and the license reporting to the Director of Health Services and/or Administrator if a	vill be will be he Skin nurses on	
	Review of the wound documentation on 2/2/15, left calf was unstageable due to 50% slough coverage 50% non-granulation area has declined and measures 21cm x 7cm x 0 in depth. Resident #3 was updated on the decline to wound. Resident #3 continued to be noncompliant and refused to allow dressing change. Nurse wrote to continue interventions as resident would allow. The right calf stage III shows no change to measurements; the area measures 42 cm x 7cm x0.5 cm and Resident #3 refused dressing changes since 1/25/15. The resident was updated on current wound status. There was no documentation of what information was provided to Resident #3 on the status of the wound.			has refused wound care for more consecutive treatments. The Phy will also be notified of refusal of 2 consecutive treatments. Education completed by the Clinical Compercoordinator. Any staff member is receiving the in-service, due PRN and/or out on FMLA will be remove the schedule and will be educated return to work. The Director of Health Services we the weekly wound report for refusal attending physician notification as interventions to ensure appropria	than 2 vsician on was tency not I status ved from d prior to vill review sal, nd new	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345105	B. WING		02/0)6/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/0	70/2010
UNIHEA	LTH POST-ACUTE CA	ARE-HIGH POINT	3830 N MAIN STREET HIGH POINT, NC 27265			
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F 309	During an interview #6 indicated that the refuse care and whe checked or change indicated that Resist treatments and care mediations. She accare when Resider measurements and The resident refuse promote wound he wound care center due to noncomplia physician and nurse aware of the condicated any new ocurrent wound treat of the wound. Resiright to refuse care, therefuse care, therefuse care, therefuse care, until Resider care. During a follow-up Nurse#6 indicated make regular roun wound care. She and wounds, refusal of treatment. Resider wound care center refused to treat reside to treat resident the treat resident t	or on 2/4/15 at 8:58AM, Nurse he resident had the right to hen he did not want his wounds ed, she did not force him. She dent #3 was combative with all re in addition to refusals of dided that she provided wound hat #3 would allow. She did her did basic treatment as ordered, ed supplements that would railing. Nurse #9 indicated that it would not accept the resident ince. She added that the repractitioner were made the repractitioner were made the refused and he had not raggressive treatments. The atments were for maintenance dent refused and he had the ore nothing else would be not #3 allowed staff to provide interview on 2/4/15 at 2:30PM, that the wound doctor did not didded that she had made the saware of the resident's the increased size of the supplements, care and int#3 had been referred to and the wound care center sident due to noncompliance.	F 309	up completed weekly x 6 months compliance is sustained. The res the monitoring with tracking and twill be reported to the Quality Assand Performance Improvement Committee by the Director of Heast Services for suggestion and recommendations for change bir 6 month or until compliance is su Residents that are currently refuse and services will be reviewed by Interdisciplinary Team, including I limited to the attending physician, worker, Director of Health Service responsible party and resident in to determine the plan of care inclusionate limited to treatment alternative engaging the ombudsman, Adult protective services, psych services referrals and applying for guardia Cognition status will be reviewed this meeting to determine how the will proceed with referral and treatments there were distributed the residents with refuse care and treatments there were distributed to the findings to the Quality Assurance and Performance Improvement Committee for suggestiment of the provement	ults of rending surance alth monthly x stained. ing care the out not social es, question, uding but es, es inship. during e facility tment with track al of iscussed d // gestions e pliance	

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TH POST-ACUTE CA	RE-HIGH POINT		H	HIGH POINT, NC 27265		
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Continued From pa	ge 67	F 3	309			
maintenance of the wound. Resident#3 was not on any medications. She reported that she had discussed with the team last week about the conditions of the wounds on the buttocks and legs and no final decision had been made. She added that she was uncertain of when the physician directly looked at the wound. She indicated Nurse#9 would look and check after her treatments. During an interview on 2/4/15 at 3:30PM, the physician indicated that he felt Resident #3 was alert and oriented enough to make decisions about his care even though in his medical opinion the decisions were poor and contraindicated to the care he really needed for the wound and anemia. The physician indicated that the resident 's pressure wounds had worsened and		er n		member not receiving the in-servic PRN status and out on FMLA will b removed from the schedule and wi educated prior to return to work. All new medication orders will be discussed in morning clinical meeti the Director of Health Services (DF Clinical Competency Coordinator (Monday thru Friday and by License Nursing Management on Saturday Sunday to ensure proper transcript daily for four weeks. The monitoring continue weekly for four weeks and monthly for two months or until compliance is sustained.	e, due e Il be ng by IS) or CCC) ed and ion g will I then	
essentially were decaying/rotting and the resident needed intensive medical treatment. Resident #3 's continued refusals of all treatment, care, labs, hospitalizations, impacted the quality of care he would receive. The physician indicated that he discussed all the risk and health factors with Resident #3 and he demonstrated understanding of his decisions not to have proper care. The physician also indicated that during the past two weeks staff had made him aware of mental status changes in Resident #3. Resident#3 was referred for psychiatric evaluation. The physician indicated that he accepted that Resident #3 made poor/bad decisions after he had explained all the risks factors associated with poor/lack of care. " If Resident#3 refused medications it doesn 't make sense to keep asking, if Resident #3 refused for a month it made sense to stop medications all				and trend results of the monitoring medications orders and will report of findings to the Quality Assurance and Performance Improvement Commit bi-monthly x 6 months or until complication was begun on 2/28/15 big clinical competency coordinator for licensed and non-licensed nursing what to do if cushion is not in whee and where to obtain a cushion from staff member not receiving the insequence PRN status and out on FMLA or removed from the schedule and will educated prior to return to work. Education on compliance rounds, including but not limited to signs of	of the nd ttee pliance y the staff of l chair, n. Any ervice, will be Il be	
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa maintenance of the on any medications discussed with the conditions of the wo legs and no final de added that she was physician directly lo indicated Nurse#9 treatments. During an interview physician indicated alert and oriented e about his care ever the decisions were the care he really n anemia. The physic 's pressure wound essentially were de needed intensive m 's continued refusa hospitalizations, im would receive. The discussed all the ris Resident #3 and he of his decisions not physician also indic weeks staff had ma changes in Resider Resident#3 was ref evaluation. The phy accepted that Resid decisions after he h factors associated of Resident#3 refused sense to keep askin month it made sense	Astion Services and the point of the wound. She indicated hat she was uncertain of when the physician indicated that he felt Resident #3 was alert and oriented enough to make decisions about his care even though in his medical opinion the decisions were poor and contraindicated that the resident #3 's continued refused for the wound and anemia. The physician indicated that the resident #3 's continued refused for the wound workended that the resident #3 's continued refused for the wound. She indicated Nurse#9 would look and check after her treatments. During an interview on 2/4/15 at 3:30PM, the physician indicated that he felt Resident #3 was alert and oriented enough to make decisions about his care even though in his medical opinion the decisions were poor and contraindicated to the care he really needed for the wound and anemia. The physician indicated that the resident 's pressure wounds had worsened and essentially were decaying/rotting and the resident meded intensive medical treatment. 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She reported that she had discussed with the team last week about the conditions of the wounds on the buttocks and legs and no final decision had been made. She added that she was uncertain of when the physician indicated with the first reatments. During an interview on 2/4/15 at 3:30 PM, the physician indicated with the first Resident #3 was alert and oriented enough to make decisions about his care even though in his medical opinion the decisions were poor and contraindicated to the care he really needed for the wound and anemia. The physician indicated that the resident resident evaluations, impacted the quality of care he would receive. The physician indicated that he discussed all the risk and health factors with Resident #3 and health factors with Resident #3 and be poor/bad decisions after he had explained all the risks accepted that Resident #3. Resident#3 was referred for psychiatric evaluation. The physician indicated that he accepted that Resident #3. Resident#3 was referred for psychiatric evaluation. The physician indicated that he accepted that Resident #3. Resident#3 was referred for psychiatric evaluation. The physician indicated that he accepted that Resident #3 made poor/bad decisions after he had explained all the risks accepted that Resident #3 made poor/bad decisions after he had explained all the risks eace to keep asking, if Resident #3 refused medications il doesn't make sense to stop medications all where to obtain a cushion from staff member not receiving the in-servic PRN status and out on FMLA will be discussed in morning clinical meetit the Director of Health Services (Dr. Clinical Competency Coordinator (Or. Clinical Competency Coordinator (Or. Clinical Competency	A BUILDING 345105 B. WING 345105 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3330 M MAIN STREET HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEPICIENCIES (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 67 maintenance of the wound. Resident#3 was not on any medications. She reported that she had discussed with the team last week about the conditions of the wounds on the buttocks and legs and no final decision had been made. She added that she was uncertain of when the physician indicated that he felt Resident #3 was alert and oriented enough to make decisions about his care even though in his medical opinion the decisions were poor and contraindicated to the care he really needed for the wound and anemia. The physician indicated that the resident sessentially were decaying/rotting and the resident #3 continue weekly for four weeks. The monitoring will compliance is sustained. The Director of Health Services (DHS) or indicated was proper care. The physician indicated that the mistory of the decisions not to have proper care. The physician indicated that the decisions not to have proper care. The physician indicated that the decisions not to have proper care. The physician indicated that the decisions not to have proper care. The physician indicated that the decisions not to have proper care. The physician indicated that the esident #3. Resident#3 was referred for psychiatric evaluation. The physician indicated that the cacepted that Resident #3 made poor/bad decisions after he had explained all the risk and where to obtain a cushion from. Any staff member not receiving the in-service, due PRN status and out on FMLA will be removed from the schedule and will be removed from the schedul

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F 309	Continued From pa	ige 68	F:	309			
	•	about if the resident			cushions, was completed on 2/6/1	5 for	
		e. " The physician indicated the			assigned staff on responsibilities, i		
		nvoluntarily committing			review and items that need to be re		
	Resident #3 a while	e back, but the magistrate			to the Director of Health Services a	nd/or	
	stated that if the res	sident was alert and oriented			the Administrator for immediate co	rrective	
		oluntarily commented because			action. Education was completed	by	
		use care and make bad			Administrator in Training and		
		care. The physician also			Administrator		
		sident was committed			Compliance rounds will be comple	had	
		ould get him medically stable would send him back and after			Compliance rounds will be comple daily by assigned team members	leu	
		#3 would return to the			including but not limited to departm	ent	
		chaviors of refusals. Based on what he saw			managers and staff from each	10110	
		ng the visit with Resident #3			department. Administrator will trac	k and	
		behavior. Resident #3			trend the results from the compliar		
	answered all the qu	uestions appropriately to basic			will present findings to the Quality		
		nere he was hurting. Resident			Assurance and Performance		
		n an aggressive manner, or			Improvement Committee for sugge	estions	
		y to do things he refused and			and recommendations for change	l:	
		physician indicated the			bi-monthly x 6 month or until comp	liance	
		e was fine as long as he ate, cigarettes. The physician			is sustained.		
		esident would not change his					
		Psychiatry was attempting to			How will the corrective action be		
		see what would happen. The			monitored to assure that the deficie	ent	
		el that the Zyprexa medication			practice will not reoccur, i.e., what		
		condition. He added that he			assurance program will be put in p		
	was leaving the bel	navioral and mental status			monitoring to assure continued		
		essment to the specialty of			compliance.		
		s. All he can do was encourage					
	the resident.				Quality Assurance Performance	- l c	
	Decident #2e.	ant to the beenite! as the			Improvement Committee met on F		
		ent to the hospital on the			2015 to discuss F 2309 citation at	ine iJ	
		2/5/15. The hospital records ed 2 units of red blood cells,			level during current survey. Team discussed Credible Allegation subr	nitted	
					to progress of audit tools and educ		
		I saline 1500 milliliters, 1 gram of mycin, pro-stat protein supplement 60ml			to progress of addit tools and educ	auom.	
		.5mg orally at bedtime in the			The 24 hour reports will be reviewed	ed dailv	
		Review of hospital labs done			by the Director of Health Services,		

F 309 Continued From page 69 on 2/5/15 revealed the CMP results albumin 1.8(3.5-5.5) low, calcium 7.4(8.7-10.2) low, creatinine 0.30(0.76-1.27) low, sodium 1.35(136-146) low, potassium 3.6(3.7-5.4) low, hemoglobin 5.2((13.0-17.0) low. The lab values revealed a decline in health general condition. Review of the hospital records under the skin assessment documented Resident #3 had multiple unstageable wounds to bilateral calves. Foul purulent drainage noted from all wounds, odorous and copious drainage. The hospital records did not stage the calf wounds. The facility was notified on 2/5/15 at 8:25AM of the immediate jeopardy. The facility provided an acceptable credible allegation on 2/6/15 as follows: The credible allegation documented the following: What corrective action will be accomplished for those residents having potential to be affected by the same deficient practice and what corrective action will take place: Skin Integrity Nurses has reviewed 100% of residents with wounds to ensure wounds are	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED		
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staged and documented appropriately, treatment is being delivered as ordered and care plans are individualizes. The Director of Health Services has validated the audit completed by the Skin Integrity Nurses. Licensed nurses are completing 100% body audit on all residents 2/5/15 the Director of Health Services is reviewing the body audits as they are completed to ensure that all skin areas have been identified and are being treated, including care plan updates, responsible party and physician the residents with refusal of care and treatments there were discussed with the Interdisciplinary Team and present the findings to the Quality Assurance and Performance Improvement Committee for suggestions and recommendations for change bi-monthly x 6 month or until compliance is sustained	F 309	on 2/5/15 revealed 1.8(3.5-5.5) low, ca creatinine 0.30(0.7 135(136-146) low, hemoglobin 5.2((13 revealed a decline Review of the hosp assessment docum multiple unstageab Foul purulent drain odorous and copio records did not sta The facility was not the immediate jeop acceptable credible follows: The credible following: What corrective as those residents has the same deficient How will you identifipotential to be affer practice and what oplace: Skin Integrity Nurser residents with wou staged and docum is being delivered a individualizes. The has validated the all Integrity Nurses. Licensed nurses as on all residents 2/5 Services is reviewi completed to ensuidentified and are being delivered and are being delivere	the CMP results albumin alcium 7.4(8.7-10.2) low, 6-1.27) low, sodium potassium 3.6(3.7-5.4) low, 3.0-17.0) low. The lab values in health general condition. Dital records under the skin nented Resident #3 had alle wounds to bilateral calves. age noted from all wounds, us drainage. The hospital ge the calf wounds. Itified on 2/5/15 at 8:25AM of Dardy. The facility provided an exallegation on 2/6/15 as allegation documented the action will be accomplished for wing potential to be affected by practice? Fy other residents having the contractive action will take shas reviewed 100% of ands to ensure wounds are ented appropriately, treatment as ordered and care plans are Director of Health Services audit completed by the Skin are completing 100% body audit and the body audits as they are that all skin areas have been being treated, including care		Licensed Nurse Manager for including but not limited to rand treatment. The Director Service will track and trend behaviors and present finding Quality Assurance and Performent Committee for and recommendations for obi-monthly x 6 month or until is sustained. Administrator will track and results from the compliance present findings to the Quality and Performance Improvem Committee for suggestions recommendations for change 6 month or until compliance. The Director of Health Servand trend results of the month or until findings to the Quality Assu Performance Improvement bi-monthly x 6 months or units sustained. The Social Worker with trace the residents with refusal of treatments there were discurded in the Committee of the Quality Assu Performance Improvement suggestions and recomment suggestions and recommence change bi-monthly x 6 monthly x	refusal of care or of Health any noted ings to the formance or suggestions change fill compliance trend the eand will lity Assurance nent and ge bi-monthly x is sustained. Fices will track nitoring of report the rance and Committee intil compliance ock and trend is care and ussed with the oresent the rance and Committee for notations for		

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F 309	Medication Adminimedications. Any than 2 consecutive including but not linanticoagulants, armedications and a withheld or refused Care plan will be rebehavior and ment Activity of Daily Livreviewed by the Diany refusal of care more than 2 instancare plan review a resident, responsit notification and meindicated. What measure systemic changes deficient practice veducation for nurside of a resident refusal of care to, of the Clinical Compementer not receivistatus and out on I schedule and will be work. On 2/5/15 edu began on Policy argeneral guidelines physician of 2 consmedications, anticemedications, anticemedications, anticemedications, and as a series of the construction of the consmedications, and as a series of the construction of	nit Managers are reviewing the stration Records for refusal of residents identified with more doses of a vital medication, mited to cardiac medications, psychemic-diabetic medication, are defined the physician will be notified. Eviewed and updated for real health services as needed. In the physician will be notified. Eviewed and updated for real health services for and update, education of the party notification, physician rental health services as set will be put in place or what will be made to ensure that the will not reoccur? On 2/5/15 and staff and therapy on what to fuses care, and who to report reducation was completed by the performance. Any staff ring the in-service, due PRN FMLA will be removed from the reducated prior to return to referring to notification of secutive doses of a vital and put not limited to cardiac pagulants, anti-seizure in medications, psychemical induction will be notified, at the physician will be notified, and the physician will be notified,	F 30	9			

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F 309	Competency Coord receiving the in-set on FMLA will be rewill be educated property Nurses and reporting to the Dir Administrator if a recare for more than The Physician will consecutive treatments ompleted by the Coordinator. Any in-service, due PR be removed from the educated prior to reconstitution on the more than treatments, including licensed at the trapy on what to and treatments, including dressing, reposition, eating, reposition, eating, reposition, eating, reposition, eating, refusal of care to the Director of Health sinterventions were completed by the Coordinator/Unit M Services. Any staff in-service, due PR be removed from the educated prior to reconsider to the consideration of the services of the	dinator. Any staff member not vice, due PRN status and out moved from the schedule and ior to return to work. Cation was begun with the Skin d the license nurses on ector of Health Services and/or esident has refused wound 2 consecutive treatments. also be notified of refusal of 2 tents. Education was Clinical Competency staff member not receiving the N status and out on FMLA will he schedule and will be eturn to work. Cation for nursing staff, and do of a resident refuses care cluding but not limited to peri-care, turning and medications, wound appointments and ng labs and x-rays, staff are to edical record and report ne charge nurse, unit manager, Services to ensure proper implemented, education was Clinical Competency anager/Director of Health member not receiving the N status and out on FMLA will he schedule and will be		09		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED			
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F 309	services will be revi Team, including but physician, social wo Services, responsite question, to determ but not limited to tre the ombudsman, A services referrals a Cognition status will meeting to determin with referral and tre Completion date 2/0 On 2/6/14 at 3:30Pl the expectation of t documentation and work, physician and residents that refus medications. The d skin assessments f were able to descril resident refusal of of medications as the on 2/5/15 and 2/6/1 were able to descril implementing care that had 2 consecu- and medications. T	are currently refusing care and ewed by the Interdisciplinary and limited to the attending orker, Director of Health ole party and resident in ine the plan of care including eatment alternatives, engaging dult protective services, psych applying for guardianship. I be reviewed during this he how the facility will proceed eatment alternatives. 6/15. My staff were interviewed on the reporting process, notification to nursing, social of administrative staff of the care, treatment and eaily rounds and 24 hour report, forms were reviewed. Staff to the expectations for care, treatment and y had received an in-service 5. The administrative staff of the expectation for and treatment for residents tive refusals of care, treatment the social worker indicated the rrals to outside agencies for	F3	09		
	1/15/14 with multipl congestive heart fa The annual Minimu assessment dated	as admitted to the facility on e diagnoses including ilure and diabetes mellitus. m Data Set (MDS) 1/9/15 indicated that Resident intact and had a burn.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		345105	B. WING				C 06/2015	
	PROVIDER OR SUPPLIER	RE-HIGH POINT		383	REET ADDRESS, CITY, STATE, ZIP CODE 0 N MAIN STREET 6H POINT, NC 27265	1 02/	00/2013	
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F 309	One of the care plathigh. The goal wa "The approaches mattress in chair arto promote wound I The doctor's orders there was an order twice a day. On 1/2 arginaid orange one to promote wound I Review of the labor prealbumin level fo 12 (low) and on 2/4 10.7 (low). The ref 17-34. The documentation assessment form wassessment dated #24 had a full thick status post skin gracentimeter (cm). The February, 2018 Records (MARs) warginaid were not to the contraction on 2/4/15 at 9:30 A She acknowledged not transcribed to the contraction of the care in the care	d 12/18/14 was reviewed. In problem was burns to right is " will heal wound in 90 days. Included pressure reduction ind provide dietary supplement healing. It were reviewed. On 12/18/14, for prostat 30 milliliter (ml) 9/15, there was an order for expacket mix with water daily healing. It atory reports revealed that their Resident #24 on 1/14/15 was 1/15, the prealbumin level was herence/normal range was herence/normal range was herence/normal range was herence/normal range was herence/normal factor that Resident hess burn on the right thigh, with, measuring 45 by 15 If Medication Administration here reviewed. Prostat and anscribed to the MARs and administered to Resident #24. If Medication Administration here reviewed. Prostat and anscribed to the MARs and administered to Resident #24. If Medication Administration here reviewed. Prostat and arginaid were the February, 2015 MARs and	F3	09				
	arginaid were not tr therefore were not On 2/4/15 at 9:30 A She acknowledged not transcribed to the	anscribed to the MARs and administered to Resident #24. M, Nurse # 5 was interviewed. that prostat and arginaid were						

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG	СОМІ	PLETED
		345105	B. WING _		02/0)6/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 309	On 2/4/15 at 3:05 I members #1 & #2 acknowledged that transcribed to the I therefore were not On 2/5/15 at 10:30 observed during tharea was on the ri ankle to the upper a skin graft. Nurse normal saline and	PM, administrative staff were interviewed. They t prostat and arginaid were not February, 2015 MARs and		09		
	1/15/14 with multip congestive heart far The annual Minimulassessment dated #24 was cognitive! The care plan date the care plan problem. The goal was " will some the care plan will be congested."	vas admitted to the facility on ole diagnoses including ailure and diabetes mellitus. um Data Set (MDS) 1/9/15 indicated that Resident y intact and had a burn. ed 12/18 was reviewed. One of lem was burns to right thigh. Il heal wound in 90 days. "				
	mattress in chair a to promote wound The doctor's order there was a doctor wheelchair for pres The documentation assessment form vassessment dated	nd provide dietary supplement healing. s were reviewed. On 1/27/15, 's order for a cushion to				

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		345105	B. WING _			C 06/2015
	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	1 02/	00/2013
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F 309	Resident #24 was of The wheelchair was cushion. On 2//515 at 10:30	AM and 2/5/15 at 10:05 AM, observed up in wheelchair. s observed to have no	F 30	09		
	area was on the rig ankle to the upper paskin graft. Nurse normal saline and x covered with an AB On 2/5/15 at 10:50 interviewed. Nurse should have a cush #5 had observed th and acknowledged She added that she for Resident #24. 483.25(c) TREATM PREVENT/HEAL P Based on the compresident, the facility	#5 stated that Resident #24 ion in her wheelchair. Nurse e wheelchair of Resident #24 that there was no cushion. would order a new cushion ENT/SVCS TO	F 3 ⁻	14		3/11/15
	does not develop prindividual's clinical of they were unavoidad pressure sores recesservices to promote prevent new sores	ressure sores unless the condition demonstrates that ble; and a resident having eives necessary treatment and e healing, prevent infection and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,		E CONSTRUCTION		SURVEY PLETED
		345105	B. WING			02/0	C 06/2015
	PROVIDER OR SUPPLIER			38	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265		
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F 314	Based on observal interviews and recover reassess and provulcers that had incisince December 2 had stop taking his mental health of the facility did not it decisions about his sampled residents. Immediate Jeopard the wound observal in measurements of buttocks and the compliance. The IJ was remove the facility provided compliance. The facompliance at a soft deficiency that compotential for more on-going in-service time for the facility through the Quality. The findings included Resident #3 was a 12/17/12. The diag depressive disorded diabetes, psychosis adult failure to thrivulcers stage III and Set (MDS) dated 1 would not participal staff was assessm MDS dated 8/7/14 status interview was impaired. Resident	ord reviews, the facility failed to ide treatment for pressures reased in size and severity 014 for Resident #3. Resident psychotropic medication for liagnoses since June 2014 and dentify his inability to make swound care for 1 of 4 with pressure ulcers. By (IJ) began on 12/9/14 when ation note indicated no change of the pressure ulcers to the are plan goals were being met. By do no 2/6/15 at 6:00PM when an acceptable allegation of acility remained out of sope and severity of D; isolated stitutes no actual harm with than minimal harm; due to the training of staff and allowing to implement the changes of Assurance program.	F3	314	What Corrective action will be accomplished for the residents four have been affected by the deficient practice? Resident # 3 was involuntary command sent to Novant Health Forsyth Medical Center. The attending phy and the psych services was calling hospital to give report and history or resident. The facility sent to the howith EMS copies of the attending physician progress notes, wound canotes, medication administration reand psych notes. Upon return the guardianship will continued to be pursued. Guardian paper was filed at the magistrate of Feb 4, 2015. How will you identify other residents having the potential to be affected to same deficient practice and what corrective action will be taken? Skin Integrity Nurses has reviewed of residents with wounds to ensure wounds are staged and documente appropriately and treatment is being delivered as ordered. Any resident document refusal of skin treatments physician will be immediately notified. The resident services has validated the audit completed by the Skin Integrity Nurses has reviewed by the Skin Integrity Nurses has validated the audit completed by the Skin Integrity Nurses has validated the successions. The Director of Health Services has validated the successions are successive to the skin Integrity Nurses has reviewed of the skin Integrity Nurses has validated the successions are successions.	sician the f the spital are cords ship fice on spy the 100% and g s with s the ed. will also ses.	

Facility ID: 923250

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
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	PROVIDER OR SUPPLIER LTH POST-ACUTE CA	RE-HIGH POINT		38	TREET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265		
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F 314	Review of the physi 9/29/14, revealed s agitated, orientation with care and treatr treatment. There we condition of the word assessed for treatment and any changes pressure ulcers or the medication. The 11 the evaluation of the wound condition or indication that the palternative treatment diagnoses or the problem as 1. noncomedications, lab we care, weights, wour and adherence to decompliance with nutre approaches incompliance, psy Chronic pressure ulcers, word and heal through neincluded monitor for clean and dry as mostomy care every secondition or included monitor for clean and dry as mostomy care every seconditions.	ician 's progress note dated tage IV pressure ulcer, mood a confused and noncompliance ment. There was no change in as no indication that the und had been observed or nent by the physician. There tion that the physician had to the treatment of the co changes to the resident 's /3/14 physician notes repeated to 9/29/14, with no inclusion of treatment. There was no obysician had explored any not for the mental health ressure ulcers. In dated 11/6/14, identified compliance (refusal of ork, activities of daily living and care, turn and repositioning liet). The goal included rsing staff at least once a day. Cluded involve Resident #3 in comply, help resident set goals with activities of daily living. The goal included resident would have no counds would decrease in size extreview. The approaches in incontinence episodes, keep uch as possible, provide shift, weekly skin and reposition, pressure	F3	314	revealed two (2) residents had refused care. The Physician was notified and dressing orders were changed Documentation is current for all Residents receiving skin care. Licensed nurses completed 100% laudit on 2/5/15 for all residents, the Director of Health Services is review the body audits as they are comple ensure that all skin areas have beei identified and are being treated, incare plan updates, responsible part physician notification. What measures will be put in place what systemic changes will be made ensure that the deficient practice we reoccur? On 2/5/15 education was begun with Skin Integrity Nurses and the licens nurses on reporting to the Director Health Services and/or Administrator resident has refused wound care for than 2 consecutive treatments. The Physician will also be notified of refused to 2 consecutive treatments. Education completed by the Clinical Competed Coordinator. Any staff member not receiving the in-service, due to PRI status and/or out on FMLA will be removed from the schedule and will educated prior to return to work. The Director of Health Services will the weekly wound report for refusal	d. I.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	LTH POST-ACUTE O			3830 N MAIN STREET HIGH POINT, NC 27265	,,,,	
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F 314	Review of the mo record (MAR) for 2015 revealed an after bathing, pat and legs once daidocumentation or pressure ulcers to the Treatment Adrebruary, 2015 rebilateral buttocks ointment to wound change once daily on the TAR to indicompleted. Review of the prerevealed the residual 12/2/14-2/2/15. BILATERAL BUT 12/2/14 2/2/15 Review of the word 12/3/14, revealed buttocks. The car was evidenced by The resident was current interventic documentations of was provided about the stage IV bichange in measure	nthly medication administration December 2014 to February order for hydrocerin cream skin dry, apply to face, torso ly for skin. There was no the MAR to address the othe buttocks area. Review of ministration Record(TAR) for evealed to clean stage IV to with normal saline apply d, cover with dry dressing and of the treatment was ssure wound conditions lent's wounds worsened from TOCKS 42x27x 0 cm 50x53x 0 cm und observation note dated stage IV pressure to bilateral e plan goals was meeting goals of no change in measurements. updated and continue with ons. There was no of the information the resident	F3	attending physician notifical interventions to ensure appup completed weekly x 6 m compliance is sustained. The monitoring with tracking will be reported to the Qual and Performance Improver Committee by the Director Services for suggestion and recommendations for chand 6 month or until compliance. On 2/5/15 Skin Integrity Co Skin Integrity Nurse were exporting to medical staff and pressure ulcers resulting in declines, and refusal of treat cases where the wound has nurse will request an out was specialist as indicated. If the does not offer and intervent wound declines the nurses the Director of Health Care and/or Administrator for furninterventions. Education with the Clinical Corporate staff. How will the corrective actimonitored to assure that the practice will not reoccur, i.e. assurance program will be monitoring to assure continuously compliance. Quality Assurance Perform. Improvement Committee medical current survey, discussed Credible Allegatical compositions.	propriate follow nonths or until he results of g and trending ity Assurance ment of Health d ge bi-monthly x is sustained. Propriate follow nonthly x is sustained. Producated on any changes in wound atments. In seclined ound care medical staff tions with will report to Services ther as provided by sion be ge deficient in the control of the control	

Facility ID: 923250

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF			D. WING_			06/2015
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F 314	Nursing note date stage IV sacral wo in wound bed. Rescontinued. NP not A wound documer that there was heaurostomy and colowith dressing char A wound documer revealed that resign movement, no colover resident 's his bed control, stool saturating the drescrackers with stool foul odor. The resireplace the colostinesident into dress to wounds appear with current interved cumentation incompliance or facility. The nurse given an update or documentation of was provided. Review of wound of pressure to bilater wound has tunneling the wound bed has slough tissue presserious serosanguldrainage wound coften refused to hacurrently is not take	d 12/16/14 decline noted to bund bone visible and palpable sidents none compliance ified with no new orders. Intation on 12/23/14 revealed buy drainage due to leakage of instomy. Resident noncompliant	F 3-	The Director of Health Service the weekly wound report for reattending physician notification interventions to ensure appropup completed weekly x 6 mont compliance is sustained. The the monitoring with tracking arwill be reported to the Quality and Performance Improvemer Committee by the Director of Services for suggestion and recommendations for change 6 month or until compliance is	s will review fusal, and new oriate follow this or until results of ad trending Assurance at Health	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	PLE CONSTRUCTION IG	` ´coı	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER LTH POST-ACUTE CA	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•		
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F 314	himself he continued days at a time refuse cussing and being declining and spread to treatment as resembles. Review of the wound 2/2/15, resident alla for first time on 1/2 increase in measurulcer to bilateral but to slough in wound wound bed. 10% stissue 0% non- grand heavy serosanguin refuses meds doubt wound healing residents ostomy care, turn a care reeducated or relation to wound hacknowledge this minterventions as resupdated on decline to indicate what informed in the resident. During an observation surveyor was in roow with resident who herson and in the resident who herson and in the resident who entered urostomy and color the sacrum area with door was opened. The sacrum area with the edges around the	elf: resident does nothing help es to lie in feces and urine for sing any type of care. Often mean to staff, wound rapidly ading to mid back, will continue	F 31	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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F 314	attempted to ask F She exited the roo assistant care from care from NA#2. T he refused care ar to refuse care and care again later. During an interview Nurse#1indicated days ago when his sacral area was cl resident was verba and medications. I the resident would attempts would be refused he was no treatment until he During an interview #6 indicated that th refuse care and w checked or change indicated that Res treatments and ca mediations. She a care when Reside measurements an The resident refus promote wound he wound care cented due to noncomplia physician and nurs aware of the condi ordered any new o current wound treat	Resident #3. She Resident #3 what he needed. Im and asked for nursing In NA#2. Resident #3 refused The nursing assistant indicated Ind he had the right per nursing In Resident #3 would be offered In on 2/4/15 at 8:42AM, Ithe resident had a bath two Its dressing for pressure ulcer to Its eaned. He indicated that the Its ally abusive and refused all care In ore light per nursing It would be offered It wou	F3	14			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CAI			STREET ADDRESS, CITY, STATE, ZIP CO 3830 N MAIN STREET HIGH POINT, NC 27265		700/2013
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
done, until Resident care. During an interview indicated that Resid physically aggressiv attempted to be procurse and tell staff to would refuse to have baths etc. He tells so things done. The last indicated that on occording from the work would have a very be by nursing if the resident way and the resident way with covers over his wounds have been would allow her on of was on his terms. The area had gotten work when we are allowed by and physician is refusal of care and to wounds, refusal of safety and that Resident way with covers over his wound care. She ad NP and physician is refusal of care and the wounds, refusal of safety at the care and t	on 2/4/15 at 2:15PM, NA #2 ent#3 had been verbally and re toward staff when care was vided. Resident#3 would o get the hell out of the room, e colostomy bag changed, taff when he wants these at bath was on 2/2/15. NA#2 casions there would be fluid and to the buttocks and they had odor. "We were by told ident refused just to come NA#2 indicated that he may ore he would let staff bathe of care. "We don't know him our hands are tied." sident#3 ate well and in the e behaviors have gotten worse nted to stay in room more head and the odors from the worst. She added that he occasion to bathe him but it he wound on the buttocks/calf rse. "We do what we can		14		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C / 06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265		706/2015
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F 314	refused to treat resishe further stated to documenting the chound size, but the different changes to received santyl, an maintenance of the on any medications discussed with the conditions of the wolegs and no final deadded that she was physician directly loindicated Nurse#9 to treatments. During an interview physician indicated alert and oriented eabout his care eventhe decisions were the care he really nanemia. The physic wounds have worse decaying/rotting and intensive medical treontinued refusals with Resident #3 and understanding of hicare. The physician Resident #3 indicated didn't bother him as treatment on the regifit to refuse. The accepted that Resident #3 indicated that Resident #3 indicated didn't refuse. The accepted that Resident #3 indicated that Resident #4 indicated that Resi	ident due to noncompliance.	F3	14		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING				C 06/2015
	PROVIDER OR SUPPLIER	RE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIF 3830 N MAIN STREET HIGH POINT, NC 27265	, CODE		
(X4) ID PREFIX TAG			ID PREFIX TAG		ON SHOULD HE APPROPF	N SHOULD BE E APPROPRIATE	
F 314	physician indicated the condition of the but he had not direct himself in about 3 rdepended on the number of the wound condition recommendations of Resident#3 would resident#3 would resident to stop medication doesn if Resident #3 refus to stop medications refused wound care resident continued indicated that he was treatment and felt to wound measurement and felt to wound measurement wound care observed in the woresponse was for sto the area immediagoing to continue to until resident became of wound care treatment wound care treatment. Resident #3 was secritical care unit on revealed he received normal saline 1500 vancomycin, pro-st per day, Zyprexa 2.	with poor and lack of care. The that nursing staff had reported pressure ulcers had worsen ctly looked at the wound months. The physician ursing staff to inform him of an and changes. "I can give for care and treatment and refuse. I had been discussing with Resident #3 and refused dications were stop because of sal. If Resident#3 refused to make sense to keep asking, sed for a month it made sense all together. If Resident#3 enothing he could do about if to refuse. "Physician as certified in wound care that Nurse#6 was trained in ents and he felt confident that of measuring wound. The ed his expectation of the time re treatment when stool was und to prevent infections. The taff to provide care/treatment ately, but if Resident#3 was orefuse care, staff would wait me compliant as to when an would remain in wound. He	F3				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345105	B. WING			06/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	, , ,	
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F 314	hospital labs done results albumin 1.8 7.4(8.7-10.2) low, of sodium 135(136-14) low, hemoglobin 5. Values revealed a condition. Review of the skin assessment had multiple unstay wounds to coccycle purulent drainage in and copious draina. The hospital recording resonance image (far advanced acute infection. The facility was not the immediate jeogoredible allegation. What corrective and those residents had the same deficient. Resident # 3 with sent to a Medical Cophysician and the phospital to give report and copies of progress notes, word administration recording pursued. Guardian magistrate office of How will you identification to be affective and the phospital to be affective of the facility sent to the same deficient of the facility sent to the facilit	on 2/5/15 revealed the CMP 8(3.5-5.5) low, calcium creatinine 0.30(0.76-1.27) low, 46) low, potassium 3.6(3.7-5.4) 2((13.0-17.0) low. The lab decline in health general of the hospital records under int documented Resident #3 geable wounds including in the potential wounds, odorous age. If revealed a magnetic magneti	F 31	4		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C / 06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, 3830 N MAIN STREET HIGH POINT, NC 27265		100/2010
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F 314	place? Skin Integrity Nurse residents with wour staged and docum treatment is being residents with docutreatments the phy notified. The residualso be notified of a The Director of Heaudit completed by o Results from c two (2) residents have notified and dro Documentation receiving skin care Licensed nurses and on all residents 2/5 Services is reviewing completed to ensuring the stage of the skin stage of the stage of the skin skin skin skin skin skin skin skin	es has reviewed 100% of onds to ensure wounds are ented appropriately and delivered as ordered. Any ument refusal of skin sician will be immediately ent 's responsible party will any refusal of skin treatments. alth Services has validated the the Skin Integrity Nurses. urrent wound review revealed ad refused care. The Physician essing orders were changed. It is current for all Residents		314		
	systemic changes deficient practice won 2/5/15 education Integrity Nurses and reporting to the Diractor Administrator if a regulation of the Diractor of the D	on was begun with the Skin d the licensed nurses on ector of Health Services and/or esident has refused more than ements. The Physician will also all of more than 2 consecutive cion was completed by the cy Coordinator/Unit				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PRO	VIDER OR SUPPLIER	343103	B: Wiite	STREET ADDRESS, CITY, STATE, ZIP CODE	021	06/2015
UNIHEALTH	POST-ACUTE CA	RE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265		
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F 329 SS=D Ear which as redressed to be seen as the se	ork, physician and sidents that refusedications. The distinct assessments for each edications as they are able to describe at had 2 consecuted medications. The pectation for reference able to describe able to d	notification to nursing, social administrative staff of e care, treatment and aily rounds and 24 hour report, orms were reviewed. Staff be the expectations for eare, treatment and a had received and in-service for the expectation for and treatment for residents tive refusals of care, treatment the social worker indicated the reals to outside agencies for editional editions. State of the expectation for and treatment for residents to early the social worker indicated the reals to outside agencies for editional editions. An unnecessary drug is any excessive dose (including or for excessive duration; or conitoring; or without adequate se; or in the presence of inces which indicate the dose or discontinued; or any	F 3			3/11/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345105	B. WING		C 02/06/2015	
	PROVIDER OR SUPPLIER	ARE-HIGH POINT	;	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265	32.33.23.13	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 329	Continued From padrugs.	age 88	F 329			
	by: Based on record r facility failed to obt to measure the am Depakote), failed to (antihypertensive of (Residents # 82 & dose of phentermin (Resident #105) ar oxycodone (a pain Resident #15) of for unnecessary m 1. Resident #82 wa facility on 10/23/13 including psychosis Set (MDS) assess that Resident #82 va Review of the phys 2015 revealed that depakote 125 millig times a day for mo On 11/24/14, there valproic acid level records revealed the level report for Dec	was a doctor's order to repeat in one month. Review of the nat there was no valproic acid cember, 2014.		What Corrective action will be accomplished for the residents found have been affected by the deficient practice? Resident #82 had a valporic acid leve done immediately on 2/4/15 and the results were within normal limits. Resident #85 Medication Administratic Record (MAR) was reviewed and chamade to have the days of Monday, Wednesday, Friday and Saturday opesignatures of administration and all of days crossed off to acknowledge that medication is not to be given on Tuest Thursday and Sunday. The medical swas notified on 2/6/15 of the errors in documentation on the MAR and no norders were received. Resident #103 (identified in example Not 105 as identified in the practice statement) medical staff was immediantified of the duplicate medication administration on 1/7/15 and no new orders were received.	ion anges en for ther t the sday, staff ew #3,	
	interviewed and sta	PM, administrative staff #1 was ated that the valproic acid level tember and will do it stat today		Resident #15 s medical staff was no on 2/5/15 related to pain medication a use of break thru medications and no	and	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			PLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/0	70/2010
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		F 329	DEFICIENCY)	y mouth tained. ach ents ed by the tof all 15. on Record censed ne if any ot been ary and		
	(Monday) and 3 (Tramlodipine was not on 2/4/15 at 10:45 interviewed. He state boxes on the days given but he acknow have read the MAF medication. He fur 2 and 3, he did not because it was not on 2/5/15 at 11:45	AM, Nurse # 1 was ated that the MAR should have the amlodipine should be wledged that nurses should before administering the ther indicated that on February administer the amlodipine		A 100% medical record audit wa the Director of Nursing and the C Competency Coordinator to iden other Residents that could have lab from December, 2014 to Feb 2015. Any labs noted as not don been drawn, and returned. What measures will be put in pla what systemic changes will be mensure that the deficient practice reoccur? Education began on 2/5/15 by the of Nursing and Clinical competer.	clinical tify any a missing bruary 28, e have ace or lade to e will not e Director	
		were expected to read the nistering the medication.		coordinator for all licensed nursing on lab ordering and follow up con	ng staff	

Facility ID: 923250

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/06/2015	
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F 329	3. Resident #103 was admitted on 10/11/14, with the diagnoses of low back pain. The quarterly Minimum Data Set (MDS) dated 1/2/15 indicated Resident #103 was cognitively intact. Review of the physician order for January 2015 revealed that Resident #103 was on Phentermine (for weight loss) capsule 37.5mg (milligram) 1 capsule by mouth daily. Review of the medication administration record (MAR) for the month of January 2015 revealed on 1/7/15 the medication was administered at 6:30 AM and at 9:00AM. During interview on 2/4/15 at 8:02 AM, Nurse #1 indicted he had given the medication at 9:00AM he was not aware the medication was administered at 6:30 AM. During an interview on 2/6/15 at 6:30 AM, Nurse #4 indicated he had given the dose of diet medication at 6:00 AM and was not aware of the 9:00AM administration time. During an interview on 2/6/15 at 2:27 PM administrative staff #1 had no comment. 4.Resident #15 was admitted on 11/7/14 with the diagnoses of chronic pain, pressure ulcers, seizures and anemia. The most recent minimum data set (MDS) dated 11/19/14, revealed Resident #15 was cognitively intact. During an interview on 2/3/15 at 10:08 AM, Resident #15 indicated the facility frequently was out of the PRN (as needed) medication that was ordered for pain. He indicated he received 2 tablets. Review of the physician prescription dated 1/22/15 revealed Oxycodone 15mg (milligrams) 1 po (by mouth) q (every) 4 hrs (hours) prn (as needed) for pain. Review of the physician ordered dated 2/1/15. Oxycodone tablet 15 mg. 1 tablet by		F 329	by 3/11/15. Any staff member not receiving the in-service, due to PR status and/or out on FMLA will be removed from the schedule and weducated prior to return to work. Labs will be monitored daily by the licensed nurses who will report and discrepancies directly to the Direct Health Services or week end superfor immediate correction for four work. The Director of Health Services will monitor weekly for four weeks and monthly for two months or until compliance is sustained. The Directle Health Services will track and tren results of the monitoring of labs ar report the findings to the Quality Assurance and Performance Improvement Committee bi-month months or until compliance is sustained.	ill be y tor of ervisor veeks. ill I then ctor of d and will	
				On 2/5/15 educated for Licensed Nataff began on Policy and Procedumedication general guidelines referontification of physician of 2 conservations of a vital medication including not limited to cardiac medications, anticoagulants, anti-seizure medications, psych medications, psych medications, and anti-diabetic medication, are wor refused the physician will be no education was completed by the Competency Coordinator. Any stamember not receiving the in-service to PRN status and/or out on FMLA removed from the schedule and weducated prior to return to work.	erring to ecutive ng but ations, vithheld tified, clinical aff ce, due	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILDII		С		
		345105	B. WING _		02/	06/2015	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
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OMMILA	EIIII OOI-AOOIE O	AKE-INGITI ONT		HIGH POINT, NC 27265			
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F 329	mouth every 4 hou of the previous the he had received 30 hours for pain. Review of the med (MAR) revealed Oby mouth every 4 he Review of the contrevealed, Oxycode every 4 hours as a dated: Each entry 2/2/15 11:00 PM 2/3/15 6:30 AM 2/3/15 9:00 AM 2/3/15 7:00 PM 2/4/15 12:00 AM 2/4/15 10:00 AM 2/4/15 10:00 AM 2/4/15 6:00 PM 2/5/15 12:30 AM 2/5/15 6:30 AM During an interview #1 indicated reside frequently. He indicated reside frequently. He indicated the MAR and order was changed indicated he had a administering the revious order for During interview or indicated the order order was "messigive 2 tablets. She	irs as needed for pain. Review order dated 1/7/14 revealed may on a dication administration record exycodone tablet 15 mg, 1 tablet nours as needed for pain. Tolled drug record dated 2/2/15 one 15mg 1 tablet oral intake eeded for pain. Entries were had two tablets administered. It on 2/3/15 at 12:58 PM Nurse ent #15 ran out of Oxycodone cated he spent a lot of time on pharmacy trying to get his an 2/5/15 at 11:24 AM, Nurse #1 then he realized the physician of from 2 tablets to 1 tablet. He of read the MAR, and was medication based on the	F 3:	All new medication orders will to discussed in morning clinical methodiscussed in morning and by Lice Nursing Management on Satur Sunday to ensure proper transcussed in four weeks. The monitic continue weekly for four weeks monthly for two months or until compliance is sustained. The Eleath Services will track and tresults of the monitoring of meorders and will report the findin Quality Assurance and Perform Improvement Committee bi-momonths or until compliance is sustained. A daily narcotic audit will occur Director of Health Services or Competency Coordinator or by Nursing Management daily for The monitoring will continue we four weeks and then monthly formonths or until compliance is sustained trend results of the monitonarcotics and will report the find Quality Assurance and Perform Improvement Committee bi-momonths or until compliance is subjected to assure that the depractice will not reoccur, i.e., we assurance program will be put monitoring to assure continued compliance.	eeting by (DHS) or or (CCC) nsed day and cription oring will and then irector of rend dications gs to the ance nthly x 6 ustained. by the clinical licensed four weeks. ekly for r two ustained. will track ing of lings to the ance nthly x 6 ustained.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED		
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INAIVIL OI I	FINOVIDEN ON SUFFEIEN			3830 N MAIN STREET	F CODE		
UNIHEAI	LTH POST-ACUTE CA	ARE-HIGH POINT		HIGH POINT, NC 27265			
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F 329	was a pharmacy m During interview on indicated the order been for 2 tablets for indicated the pharm no one caught it. Observation of the 10:00 AM, revealed Oxycodone 15mg of hours as needed for During interview on Director of Nursing nurses to call and of	istake. i 2/6/15 at 6:30 AM, Nurse #3 for the Oxycodone had always or break through pain. He hacy had made a mistake and medication card on 2/6/15 at d there was one card of I tablet oral intake every 4	F 3	A daily narcotic audit will Director of Health Service Competency Coordinator Nursing Management da The monitoring will contir four weeks and then mor months or until compliant The Director of Health Se and trend results of the narcotics and will report to Quality Assurance and Pollimprovement Committee months or until compliant All new medication order discussed in morning clirithe Director of Health Se Clinical Competency Cool Monday thru Friday and the Nursing Management on Sunday to ensure proper daily for four weeks. The continue weekly for four monthly for two months of compliance is sustained. Health Services will track results of the monitoring orders and will report the Quality Assurance and Pollimprovement Committee months or until compliant Labs will be monitored dalicensed nurses who will discrepancies directly to Health Services or week for immediate correction The Director of Health Services or health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate correction The Director of Health Services or week for immediate Correction The Director of Health Services or	es or Clinical r or by licensed illy for four weeks. nue weekly for nthly for two ce is sustained. ervices will track nonitoring of the findings to the erformance bi-monthly x 6 ce is sustained. es will be nical meeting by rvices (DHS) or ordinator(CCC) by Licensed Saturday and transcription monitoring will weeks and then or until The Director of and trend of medications findings to the erformance bi-monthly x 6 ce is sustained. aily by the report any the Director of end supervisor for four weeks.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X	(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C 02/06/2015	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	TE, ZIP CODE	02/00/2013	
UNIHEAL	TH POST-ACUTE CA	RE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265			
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F 329	Continued From pa	ge 93	F 3	monitor weekly for for monthly for two mon compliance is sustai Health Services will results of the monito report the findings to Assurance and Perfo Improvement Comm months or until comp	ths or until ned. The Directo track and trend ring of labs and v the Quality ormance uittee bi-monthly o	or of will x 6	
SS=D	medication error ra	MORE sure that it is free of tes of five percent or greater. NT is not met as evidenced					
	Based on record re and nurse practition to maintain the med by not administering. There were two erreror resulting in a #12). Findings incl 1 a. Resident #12 hmgs ½ tablet per tu supper for gastropa physician's order in medications by modern of the mass observed during the was observed to primilligrams (mgs), compared to mainly and the mass observed to primilligrams (mgs), compared to mainly and the mass observed to primilligrams (mgs), compared to mainly and the ma	had doctor's orders for reglan 5 be daily with breakfast and aresis. The February, 2015 dicated " may give		What Corrective act accomplished for the have been affected by practice? Resident #12 s men by the licensed nurse PM. A new order was re-administer the 4 F and Norco and to giv PM medications. How will you identify having the potential same deficient pract corrective action will the facility that takes	e residents found by the deficient dical staff was ca e on 2/3/15 at 6:0 s received to not PM dose of Regla ve the other routin other residents to be affected by ice and what be taken?	alled 00 an ne 6	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345105	B. WING		C 02/06/2015	
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F 332	#12 to swallow. A Resident #12 was her mouth. Nurse spit out the medical On 2/3/15 at 4:10 was interviewed. Sadminister the regitime. Review of the MAR not administered to nurse initial on the indicating that regit the reason was result on 2/5/15 at 10:45 but was not availal On 2/5/15 at 11:02 was interviewed. Was when the resident mouth, the nurse sident mouth, the nurse sident mouth, the nurse sident #12 5/325 mgs 1 tables.	Nurse #7 encouraged Resident fter more than 5 minutes, still holding the medications in #7 requested the resident to ations. PM and 5:05 PM, Nurse #7 She stated that she would an later on, didn't specify what PR revealed that the reglan was a Resident #12 on 2/3/15. The MAR for 2/3/15 was encircled an was not administered and sident spitted out. AM, tried to contact Nurse #7 ole. AM, administrative staff # 1 She stated that her expectation dent refused to swallow the urse should have called the w his/her orders. PM, the Nurse Practitioner was stated that her expectation was spitted out the medications by should administer the be. had doctor's orders for norco to by mouth every 6 hours as	F 3	mouth and/or tube. What measures will be put what systemic changes will ensure that the deficient prareoccur? The Pharmacy Consultant of Clinical Competency Coord 12, 2015 on medication Adrand competencies. The Director of Health Serv licensed nurses were educated Clinical Competency Coord medication administration a competencies (,medication pass) completed by the comparmacist and Clinical Cordinator completed on Licensed nurse identified with medication pass error rate of 5% will be removed from the and reeducation including madministration observations returning to the schedule. All new hired licensed nurse educated on medication administration of less that 5% by the Clinical Coordinator (CCC) and Directors.	educated the inator on Feb ministration ices/ RN ated by the inator on administration administration in the schedule nedication is before es will be ministration in rved for compliance of Competency ector of Health	
	needed for pain. orders indicated "mouth or by tube.	The February, 2015 physician's may give medications by		Services prior to working the unsupervised and licensed to have a medication passed greater than 5% will be not work the floor until reeducar	e floor nurse found error rate of be allowed to	

Facility ID: 923250

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345105	B. WING			C 02/06/2015	
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP 3830 N MAIN STREET HIGH POINT, NC 27265	•		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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 332	observed during the was observed to as the pain level (1-10 that her pain level of to prepare 1 tablet it, mixed it with pure mouth including the Resident #12 to swiminutes, Resident medications in her the resident to spit. On 2/3/15 at 4:10 F was interviewed. Sadminister the regladidn't specify what record revealed the administered to Renurse initial on the indicating that the rand the reason was swallow. On 2/5/15 at 10:45 but was not available on 2/5/15 at 11:02 was interviewed. Swas when the resident she when the resident seven the r	e medication pass. Nurse # 7 sk the resident if any pain and) and the resident responded was 9. Nurse #7 was observed of norco 5/325 mgs., crushed dding and administered it by e reglan. Nurse #7 encouraged rallow. After more than 5 #12 was still holding the mouth. Nurse #7 requested out the medications. PM and 5:05 PM, Nurse #7 she stated that she would an and the Norco later on, time. Its and the controlled drug at the norco was not sident #12 on 2/3/15. The MAR for 2/3/15 was encircled forco was not administered as resident spitted out and didn't was a she would have called the whis/her orders. PM, administrative staff # 1 she stated that her expectation lent refused to swallow the larse should have called the whis/her orders. PM, the Nurse Practitioner was tated that her expectation was spitted out the medications by hould administer the	F 33.	medication administration and achieving a medicatio less than 5% during obser pass. How will the corrective act monitored to assure that the practice will not reoccur, i.e. assurance program will be monitoring to assure contincompliance. Results of observed medic will be tracked and trended weeks by the Clinical complication (CCC then ever for two months and then months. These results will the Quality Assurance and Improvement Committee recommendations and chamonths or until continued cachieved.	n error rate of ved medication ion be ne deficient e., what quality put in place for nued cation passes d daily for four petency ery other week nonthly for three I be reported to Performance monthly for anges for six		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION (X	(3) DATE SURVEY COMPLETED
		345105	B. WING		C 02/06/2015
	PROVIDER OR SUPPLIER LTH POST-ACUTE CA	ARE-HIGH POINT	3	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET HIGH POINT, NC 27265	32.33.23.3
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 333 SS=D	SIGNIFICÂNT MEI	D ERRORS Issure that residents are free of	F 333		3/11/15
	by: Based on record refacility failed to adn hypertensive drug) medication) as order	NT is not met as evidenced eview and staff interview, the ninister the amlodipine (anti and oxycodone (pain ered for 2 of 5 sampled (Resident #85 & #). Findings		What Corrective action will be accomplished for the residents found have been affected by the deficient practice? Resident #85 Medication Administrat Record (MAR) was reviewed and chamade to have the days of Monday,	ion
	12/24/14 with multi hypertension. The dated 1/5/15 indica cognitively impaired Review of the admi physician's orders to that Resident #85 v	ssion orders and the for February, 2015 revealed was on amlodipine 5 mgs. 1 times a week on Monday,		Wednesday, Friday and Saturday opsignatures of administration and all of days crossed off to acknowledge that medication is not to be given on Tuest Thursday and Sunday. The medical swas notified on 2/6/15 of the errors in documentation on the MAR and no norders were received. There were no other Residents ident in the 2567 nor was Resident #85 identified as having a problem with Oxycodone administration.	ther t the sday, staff i ew
	were reviewed. The revealed that amlood everyday. The Feb amlodipine was additionally and were	ministration Records (MARs) e January, 2015 MAR dipine was administered bruary MAR revealed that ministered on February 1 encircled on February 2 uesday), indicating that the t administered.		How will you identify other residents having the potential to be affected by same deficient practice and what corrective action will be taken? A 100% Medication Administration Reaudit was done by DHS and or licens nursing management to determine if other off day medications had not be	ecord ed any

Facility ID: 923250

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		345105	B. WING				C 06/2015
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	UZ/	00/2010
					830 N MAIN STREET		
UNIHEAL	_TH POST-ACUTE CA	RE-HIGH POINT			HIGH POINT, NC 27265		
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F 333	On 2/4/15 at 10:45 interviewed. He state boxes on the days given but he acknown have read the MAR medication. He fur 2 and 3, he did not because it was not On 2/5/15 at 11:45 was interviewed. Stated that nurses were stated to the state of	AM, Nurse # 1 was atted that the MAR should have the amlodipine should be wledged that nurses should before administering the ther indicated that on February administer the amlodipine	F 3	3333	documented correctly for February March with change over the month orders. 3/1/15 What measures will be put in place what systemic changes will be made ensure that the deficient practice we reoccur? The Director of Health Services/Cli Competency Coordinator/ RN licentures were educated on medication observation and competencies comby the Pharmacy Consultant complion March 3, 2015. Licensed nurse were observed on medication administration, Pharmat Consultant/Clinical Competency Coordinated/Director of Health Sertand/or RN licensed nurses, any nuidentified with a medication pass errate of greater than 5% will be remisfrom the schedule and re-education including medication administration observations before returning to the schedule. All new hired licensed nurses will be educated on medication administration observations by Clinical Competency Coordinator and will be observed for medication administration compliar less than 5% by the Clinical Competency Coordinator and/or RN licensed nu prior to working the floor unsuperviant licensed nurse found to have medication pass error rate of great 5% will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule will be not be allowed to work the schedule.	ly e or de to de te de to de te de to de te de to de te de t	

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		345105	b. WING		02/	06/2015
	PROVIDER OR SUPPLIER TH POST-ACUTE CA	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265		
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F 333	INFORMATION The facility must post a daily basis: o Facility name. o The current date. o The total number by the following cat unlicensed nursing resident care per sl - Registered nu - Licensed prace	O NURSE STAFFING ost the following information on and the actual hours worked egories of licensed and staff directly responsible for hift: rses. ctical nurses or licensed as defined under State law). e aides.	F 3	until reeducation of medication administration has occurred and a a medication error rate of less that How will the corrective action be monitored to assure that the defic practice will not reoccur, i.e., what assurance program will be put in monitoring to assure continued compliance. Results of observed medication p will be tracked and trended daily f weeks by the Clinical competency coordinator (CCC then every othe for two months and then monthly months. These results will be rep the Quality Assurance and Perford Improvement Committee monthly recommendations and changes for months or until continued compliant achieved.	ient quality place for four for three orted to mance for six	3/11/15

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION (X	(3) DATE SURVEY COMPLETED C	
		345105	B. WING		02/06/2015	
	PROVIDER OR SUPPLIER	ARE-HIGH POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265			
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F 356	specified above on of each shift. Data o Clear and readal o In a prominent pl residents and visite. The facility must, u make nurse staffin for review at a cost standard. The facility must m staffing data for a resident and	ost the nurse staffing data a daily basis at the beginning must be posted as follows: ole format. ace readily accessible to	F 35	6		
	by: Based on observa facility failed to pro information for the basis on 2 of 3 hall Findings included: During the observa at 9:20 AM, the sta observed near the which was located was not a promine residents and visite 100 hall reflected 1 There was no staff 300 halls. The continued obs halls during the five	tion and staff interview, the minently post the nurse staffing entire nursing home on a daily s (halls number 2 and 3). Ition on the initial tour on 2/2/15 ff posting information was nurses ' station on 100 hall, at the back of the facility. It not place readily accessible to ones. The information posted on 00 hall staffing for the day. posting available on 200 and ervation of 100, 200 and 300 adays of the survey revealed staff posting information		What Corrective action will be accomplished for the residents found have been affected by the deficient practice? There were no named Residents identified in the 2567. The posting of nurse staffing information was remove from the 100 hall on 2/6/15 and place the 200 hall immediately inside the freentrance to the facility. How will you identify other residents having the potential to be affected by same deficient practice and what corrective action will be taken? All Residents and visitors have the potential of being affected by the nurse.	the red ed on ont the	

Facility ID: 923250

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
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UNIHEAL	TH POST-ACUTE CA	RE-HIGH POINT			IIGH POINT, NC 27265		
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F 356	assistant of director that the staff posting 100 hall bulletin boa would know what th	_	F3	256	staffing information not readable aver for review. What measures will be put in place what systemic changes will be made ensure that the deficient practice we reoccur? The nurse staffing information is not placed on the 100 hall, 200 hall and hall on the wall in a prominent place readily available to the Residents a visitors. 2/25/15 The Director of Health Services (DI was educated by the Administrator updating the nurse staffing data with beginning of each shift. The Director Health Services (DHS) will educate week end Supervisors and License Nurses on updating the nurse staffing data at the beginning of each shit. Monitoring: The Director of Health Services (DI and Week end Supervisors will aud monitor the nurse staffing data daily four weeks, then weekly for eight we for tracking and trending. The result the tracking and trending will be do the DHS. She will take these results report them to the monthly Quality Assurance and Performance Improvement Committee for suggerand recommendations for changes three months or until compliance is achieved.	or le to ill not le to ill not le to ill not le don le don le don le don le	
F 371	483.35(i) FOOD PR	ROCURE,	F 3	71			3/11/15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		PLETED
		345105	B. WING		02/0)6/2015
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F 371 SS=D	The facility must - (1) Procure food froconsidered satisfact authorities; and	om sources approved or ctory by Federal, State or local distribute and serve food	F 371			
	by: Based on observareview, the facility is vegetables, fruits a date stored food an kitchen and the walice machine, ice or warmer. The findings included the walk-in cooler is observed three pay vegetables and fru products on the shoucumbers, pepper parsley and turkey uncovered and not On 2/2/15 at 9:25 A Food Service Direct member, who place responsible for ensigned.	tion, staff interview and record failed to discard spoiled and dented cans. Cover and not to clean the floor in the lk-in coolers and freezer, the eam machine and plate AM, during the observation of an the kitchen, there were beer boxes of spoiled and rotten its mixed in with good quality elves ready for use with a rs and lemons. A plastic bag of sausages were on the shelf dated in paper boxes. AM, during an interview, the cooler stated that the staff ed the boxes in the cooler, was suring that all produce was in a removing the bad quality		Corrective action will be accomplise the resident found to have been affind by the deficient practice: The spoiled vegetables and fruits were removed on 2/2/15. The dented jet was moved to the dented section of store room on 2/2/15. The parsley turkey sausage were covered and on 2/2/15. On 2/2/15 the Dietary Manager and dietary staff cleaned the kitchen flocooler floor, freezer floor, ice crean freezer/ machine and plate warmer. Corrective action will be accomplise those residents having potential to affected by the same deficient practice. The Dietary Manager inspected all the kitchen on 2/2/15 and found no spoiled foods in the kitchen.	vere Illy can of the and dated d for, n f. hed for be ctice:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345105	B. WING		C 02/06/2015
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PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLÉTION
bag with parsley The box of turke covered and dat On 2/2/15 at 9:3 the kitchen a me and had food de had sticky dark r machine and ice many light brown meat freezer, the food crumbs on On 2/2/15 at 9:3 Food Service Dirwarmer, reach-ir ice machine neeservice director of meat freezer shown observation jelly found on the On 2/2/15 at 9:4 Food Service Dirthe comments the removed from On 2/4/15 at 10: Food Service Dircleaning scheduweek as well as cleaning. He ind were assigned to	ruits. He stated that the plastic should be stored closed to air. y sausages needed to be kept ed. O AM, during an observation in eal plate warmer that was greasy bris. The reach-in cooler floor ed substance. The ice cream machine were observed with an and yellow spots inside. In the ere was a plastic pan that had the bottom of it. AM during the interview, the rector stated that the meal plate in cooler, ice cream machine and ded to be cleaned. The food continued that a plastic pan in the buld be kept clean. O AM, during the dry food storage in, there was one dented can of e shelf. O AM, during the interview, the rector removed a dented can with that all of the dented cans need to	F 371	The Dietary Manager inspected a products on 2/2/15 and confirmed there were no other dented cans stock shelves. The Dietary Manager inspected a the kitchen on 2/2/15 and found in foods without covers and/or labels. The Dietary Manager completed a sanitation inspection on 2/2/15 and no other areas of the kitchen in no cleaning. Measures put into place or system changes made to ensure that the practice will not occur: On March 3, 2015 education begather Certified Dietary Manager and the Registered Dietician for all dietary employees on FIFO (First in / First method of food storage and the sof refrigerated foods, where and hitems are to stored, removal of decans to appropriate areas, cleaning schedules clean as you go and as assigned and document, docume of logs for refrigerators, freezers, compartment sinks, dish machines. On March 3, 2015 checks were stand documented daily by morning Certified Dietary Manger, and PM on appropriate check list to include limited to: temperature of refrigerate freezers, checks for unwrapped a outdated or soiled food, check for cans, and assign cleaning schedules.	It that on food If food in o other is. If d found eed of inic deficient is in by is intended in the init in the

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUC	CTION		E SURVEY PLETED
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F 431 SS=D	cook-staff supervisor responsibility that the policies and proced was assigned to characteristic the fruits and veget. Her expectation was obtain vegetables a cooler, to check for Record review of the revealed the daily, we cleaning assignment for cleaning per kitor assignments were play the kitchen staff storage areas, mentat the time of observation to the facility must enalicensed pharmacteristic for the facility must enalize for	AM, during the interview, the or stated that was her ne kitchen staff followed ures, and cleaned. A person eck for spoilage and restock ables on the weekly schedule. Is for all staff members, who and fruits from the walk-in spoilage. We kitchen cleaning schedule weekly and monthly kitchen are sper shift. All of the costed and marked as done but the kitchen equipment and attioned above, were not clean vation. WAG RECORDS, UGS & BIOLOGICALS Apploy or obtain the services of cist who establishes a system t and disposition of all sufficient detail to enable and inon; and determines that drug and that an account of all maintained and periodically als used in the facility must be not complete the complete the complete the complete the complete that the complete that an account of all maintained and periodically als used in the facility must be not complete the complete the complete the complete the complete the complete that the complete that the complete the complete that	F 3	Dietary Mafter more reassign the day witems are clock out. Facility p to make The faciliensuring sustained Dietary More daily a Assurance Improver months a achieved.	plans to monitor its perform sure that solutions are sustify must develop a plan for that correction is achieved of: Manager will summarize firm and weekly audit to Quality ce and Performance ment Committee monthly suntil pattern of compliance	oser for hat all e they nance stained. r d and	3/11/15

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
		345105	B. WING			06/2015
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F 431	facility must store a locked compartme controls, and perm have access to the The facility must pr permanently affixed controlled drugs list Comprehensive Dr Control Act of 1976 abuse, except whe package drug distr	State and Federal laws, the all drugs and biologicals in ints under proper temperature it only authorized personnel to keys. Tovide separately locked, d compartments for storage of ted in Schedule II of the ug Abuse Prevention and and other drugs subject to in the facility uses single unit bution systems in which the ininimal and a missing dose can	F 43	1		
	by: Based on record rinterview, the facility medications and su (100 and 200 hall ring medication carts of the second straight of the sec	eview, observation and staff by failed to date multi dose upplements when opened on 2 nedication carts) of 3 oserved. Findings included: O PM, the medication cart on eved. There was a used advair inchodilator) observed that was a specification for advair diskus ays after opening the foil PM, Nurse #1 was interviewed. The the advair was undated thould have been dated when		What Corrective action will be accomplished for the residents f have been affected by the defici practice? There were no named Residents 2567. The Advair diskus on the 100 hamedication cart was immediately on 2/4/15 from the medication cannother Advair diskus was order the pharmacy on 2/4/15. The opened and undated UTIs (supplement) and prostat (proteins supplement) were removed from on the 100 hall on 2/4/15. They replaced with newly opened and	ent s in the all y removed art. red from tat in the cart were	

Facility ID: 923250

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		345105	B. WING		02/0)6/2015
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F 431	opened. He added advair. On 2/5/15 at 12:40 was interviewed. Sidiskus would expiradded that she expired added that she expired added that she expired added that she expired at (supplement) were opening. The instruction on prostat read "disconstant read" disconstant read "disconstant read" disconstant read and been dated when on the would discard the prostat. On 2/5/15 at 12:40 was interviewed. Sit with the consultary and the prostat wo manufacturers' expected the medications/supplements of the supplements of the suppl	PM, administrative staff #1 he stated that the advair e 30 days after opening. She bected the nurses to date the opened. O PM, the medication cart on oved. Opened bottles of UTI and prostat (protein observed with no date of the bottle of the UTI stat and ard 3 months after opening. " PM, Nurse #1 was interviewed. that the UTI stat and prostat stated that they should have opened. Nurse #1 stated that he undated UTI stat and "PM, administrative staff #1 She stated that she had verified in who stated that the UTI stat uld expire according to the piration date. She added that hurses to date the ements when opened. 5 PM, the medication cart on oved. There was a used	F 43′	UTI and prostat supplements. The Symbicort on the 200 hall me cart was immediately removed or from the medication cart and and Symbicort was ordered from the pharmacy. The opened and undated UTI sta (supplement) and prostat (protein supplement) were removed from on the 200 hall on 2/4/15. They were placed with newly opened and of UTI and prostat supplements. How will you identify other resider having the potential to be affected same deficient practice and what corrective action will be taken? All medication carts (100 hall, 200 300 hall) were audited by the compharmacist all medications, and supplements that were found to be without dates were removed from carts and replacements from phase were ordered and new supplement opened and dated. What measures will be put in place what systemic changes will be made ensure that the deficient practice reoccur? 100 % of all licensed nurses were inserviced by Clinical Competent Coordinator (CCC) on medication have an expiration date after opense.	t the cart ere dated hts d by the hall and asultant e open the rmacy hts were de or ade to will not e by is that ning and	
	200 hall was obser				ning and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		E SURVEY PLETED
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F 431	Continued From p	age 106	F 43	31		
	months after foil p On 2/4/15 at 4:20 He acknowledged	PM, Nurse #3 was interviewed. that the used symbicort was d that it should have been		A list of these medications in the front of the Medicati Administration Record for The licensed nurses were dating supplements when licensed nurse will be allow nursing unit until they have education.	easy reference. inserviced on opened. No wed to work the	
	was interviewed. Swould expire 30 d	O PM, administrative staff #1 She stated that the symbicort ays after opening. She added the nurses to date the opened.		All new hired licensed nurse this education in orientation working the floor by the Competency Coordinator. Monitoring:	on prior to Clinical	
	200 hall was obse stat (supplement) supplement) were opening. The instruction on prostat read " disc On 2/4/15 at 3:45 He acknowledged	15 PM, the medication cart on rved. Opened bottles of UTI and prostat (protein observed with no date of the bottle of the UTI stat and card 3 months after opening. " PM, Nurse #3 was interviewed. that the UTI stat and prostat stated that they should have		The medication carts will be for out of date medications that require dates when or supplements dated when Medication Administration will also be audited to ensimedications that need to be current and located in the MAR. These audits will be Director of Health Service Competency Coordinator nurse week end supervisor weeks. The audits will con	s or medications pened and opened. The Records (MAR) ure the listing of pe dated in front of the done by the (DHS), Clinical or Licensed or for four	
	On 2/5/15 at 12:40 was interviewed. it with the consulta and the prostat wo manufacturers' es she expected the			one month and then mont months. The Consultant Pharmacis monitor the dating of requ when open on all three me with each monthly visit and ensure the listing of medic MAR is current for three means and the second materials.	hly for two st will also ired medications edication carts d check to cation in the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		E SURVEY PLETED
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F 520 SS=J	COMMITTEE-MEN QUARTERLY/PLAI A facility must mair assurance committ nursing services; a facility; and at least facility's staff. The quality assess committee meets a issues with respect and assurance actidevelops and impleaction to correct ide A State or the Sec disclosure of the reexcept insofar as s compliance of such requirements of this	MBERS/MEET NS Intain a quality assessment and the consisting of the director of physician designated by the standard assurance at least quarterly to identify to which quality assessment vities are necessary; and ements appropriate plans of entified quality deficiencies. Interest may not require accords of such committee uch disclosure is related to the noommittee with the	F 4	520	report any non-compliance concern the DHS immediately. The tracking and trending of the audie done by the Director of Health Sand the licensed nurse week end supervisor who will report the result the monthly Quality Assurance and Performance Improvement Commisuggestions and recommendations changes to ensure continued compfor three months or until continued compliance is achieved.	dits will services ts to ttee for for liance	3/11/15

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345105	B. WING		02/0)6/2015	
NAME OF F	PROVIDER OR SUPPLIER	0.0.00		STREET ADDRESS, CITY, STATE, ZIP CODE	02/0	70/2013	
UNIHEAL	TH POST-ACUTE CA	RE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265			
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F 520	Continued From page 108 and correct quality deficiencies will not be used as a basis for sanctions.		F 520				
	by: Based on record reinterviews the facility Assurance Committing Implement procedut that the committee 2014. This was in rein December 2014 survey and in Januard deficiencies in the amaintenance and recurrent survey, the implement mental resulted in failure to personal care for 1 (Resident #3). The administer arginaid pro-stat (a protein stailed to provide custourned to provide to	y (IJ) began on 1/6/15 for he wounds to the bilateral e IJ was removed on 2/6/15 at acility provided an acceptable ance. The facility remains out scope and severity of D, that constitutes no actual harm ore than minimal harm, for ent #24, and due to on-going of staff and allowing time for nent the changes through the		What Corrective action will be accomplished for the residents fou have been affected by the deficient practice? Resident # 103 has had no request further overnight Leave of Absence Auditing for other residents has reven problems or issues obtaining medications for overnight Leave of Absences. Resident # 3 was involuntary command sent to Novant Health Forsyth Medical Center. The facility sent to hospital with EMS copies of the attrophysician progress notes, wound conotes, medication administration reand psych notes. Upon return the guardianship will continued to be pursued. Guardian paper was filed at the magistrate of Feb 4, 2015. Resident # 24 Prostat 30 and argin were placed on the medication administration record and given as ordered. Resident # 24 wheel chair cushion obtained.	ted any es. viewed initted or the ending are ecords		

PRINTED: 03/20/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345105	B. WING		C 02/06/2015
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	02/00/2013
				3830 N MAIN STREET	
UNIHEAL	TH POST-ACUTE CA	ARE-HIGH POINT		HIGH POINT, NC 27265	
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F 520	Continued From page 109		F 520		
	Findings included:			Resident council meeting will be	
	F 520 is cross referenced to F252 and F309.			conducted on 2/6/15 by the Social	
				and activities director to review re rights to refuse care and services	
	1. F 309. Based o	n record review, staff and			
	resident interview, the facility failed to provide 1 o 3 sampled residents (Resident #103) medications for a leave of absence during a complaint survey of 1/15/15. The facility was recited at F 309 for			Example 2 F 309 as followed	
				Example 1 F 252 as followed	
				Example 11 202 do followed	
		nd implement mental health		Example #1 How will you identify	
		sulted in failure to provide		residents having the potential to be	
		rsonal care for 1 of 3 sampled		affected by the same deficient pra	
		t #3) and to administer supplement) and pro-stat (a		and what corrective action will be	taken?
		as ordered and failed to		All Residents have the potential to	o be
		wheelchair to promote wound		affected by odors in the facility. A	
	healing (Resident #			interview able Residents have be	-
				interviewed for their perception of	the
		ified on 3/4/15 that the severity		odors in the facility by use of the	
		as increased to immediate ity provided an acceptable		compliance rounds.	
		on 3/4/15 that was based on		Example # 1 What measures will	be put in
		the survey of 2/6/15. The		place or what systemic changes v	
		documented the following:		made to ensure that the deficient will not reoccur?	
		tion will be accomplished for			(2.2.2)
		to have been affected by the		Clinical Competency Coordinator	
	deficient practice?			and Environmental Director, bega	
	· Resident #3 was i	nvoluntary committed and		in-service on March 3, 2015, in-service on March 3, 2015, in-service 100% nursing and environmental	
		of the control of the		department that all linen and tras	
	The facility sent to the hospital with EMS and copies of the attending physician progress notes, wound care notes, medication administration			will be located in soiled utility roor	
				linen or trash barrels will be locate	ed on
				hallways.	
	records and psych			Compliance rounds will be some	otod
		uardianship will continued to lianship paper was filed at the		Compliance rounds will be compl daily by assigned team members	
	magistrate office or			including but not limited department	
	. 5 : : : : : : : : : : : : : :	,		managers and staff from each	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED		
		345105	B. WING		02/0	C 06/2015		
	PROVIDER OR SUPPLIER		;	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE		
F 520	potential to be affer practice and what Skin Integrity Nur residents with wou staged and docum is being delivered individualizes. The has validated the a Integrity Nurses. Licensed nurses audit on all resider Services is review completed to ensure identified and are I plan updates, respontification. Licensed Nurse, the Medication Adrof medications. Almore than 2 consemedication, including medications, anticomedications, are wifelication, are wifelication are wifelicated for behave as needed. Activity of Daily L reviewed by the Diany refusal of care	age 110 fy other residents having the ected by the same deficient corrective action will be taken? reses has reviewed 100% of ands to ensure wounds are lented appropriately, treatment as ordered and care plans are Director of Health Services audit completed by the Skin are completing 100% body at 2/5/15 the Director of Health and the body audits as they are re that all skin areas have been being treated, including care consible party and physician. Unit Managers are reviewing ministration Records for refusal my residents identified with ecutive doses of a vital and but not limited to cardiac coagulants, anti-seizure and medications and anti-diabetic the theld or refused the physician are plan will be reviewed and it and mental health services iving (ADL) documents were rector of Health Services for the Noted refusal of care for acces will be addressed with a	F 520	,	bilities, ed to be Services ediate aining rvice the d 300 askie eview the stem. As be itioned I will be change. ive action deficient at quality place for the oring for s and			
	care plan review a resident, responsible notification and me indicated.	nd update, education of ple party notification, physician ental health services as		compliance rounds by the Depart Managers and Licensed nurses Manager and week end Manager and week end licensed nurses with the compliance rounds on Saturday and Sunday. If any areas are found not compliance to the compliance rounds on Saturday and sunday.	ment Monday on duty ill do the and			

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		345105	B. WING			-	C 06/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	TH BOOT AGUTE OF	ARE HIGH BOINT		3	830 N MAIN STREET		
UNIHEAL	TH POST-ACUTE CA	ARE-HIGH POINT		Н	IIGH POINT, NC 27265		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 520	systemic changes deficient practice was completed by Coordinator. Any sin-service, due PRI be removed from the educated prior to result of the properties of	will be made to ensure that the vill not reoccur? ion for nursing staff and do of a resident refuses care, refusal of care to, education the Clinical Competency taff member not receiving the N status and out on FMLA will he schedule and will be	F 5	520	in compliance the Department Mana-Licensed Nurse will be responsible initiating corrective action. All comprounds will be turned into the Administrator. The monitoring will occur daily for foweeks, then weekly for four (4) weethen monthly for three (3) months ocompliance is continuous. Results of the monitoring for tracking trending will be done by the Administrator and reported to the monthly Quality Assurance and Performance Improvement (QAPI) Committee for recommendations and suggestions changes for continued improvement. The results of the monitoring, of the compliance rounds, with tracking artending will be reported to the Qual Assurance and Performance Improvement Committee by the Administrator for suggestion and recommendations for change. Example #2a How will you identify or residents having the potential to be affected by the same deficient praction and what corrective action will be tas Skin Integrity Nurses has reviewed of residents with wounds to ensure wounds are staged and documente appropriately, treatment is being de	for liance our (4) ks and r until og and strator t. e and lity other tice ken?	
		ion for nursing staff, including			as ordered and care plans are individualizes. The Director of Healt Services has validated the audit	h	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345105	B. WING			C 06/2015	
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP	•	00/2010	
		•		3830 N MAIN STREET	0052		
UNIHEA	LTH POST-ACUTE C	ARE-HIGH POINT		HIGH POINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 520	treatments, including dressing, peri-care medications, wour appointments and x-rays, staff are to record and report nurse, unit manage to ensure proper in education was corn Competency Coorn of Health Services receiving the in-secon FMLA will be rewill be educated power of the Resident council 2/6/15 by the Social	sident refuses care and ing but not limited to bathing, et, turning and reposition, eating, and treatments, outside a procedures including labs and document in the medical refusal of care to the charge er, Director of Health Services anterventions were implemented, impleted by the Clinical dinator/Unit Manager/Director at Any staff member not ervice, due PRN status and out emoved from the schedule and rior to return to work. The staff member is the schedule and rior to return to work. The staff member and out emoved from the schedule and rior to return to work.	F 5	Licensed nurses completed audit on 2/5/15 for all resid Director of Health Services the body audits as they are ensure that all skin areas hidentified and are being tre care plan updates, responsibly physician notification. Licensed Nurse, Unit Manareviewing the Medication A Records for refusal of med residents identified with moconsecutive doses of a vital including but not limited to	d 100% body ents, the has reviewed completed to have been ated, including sible party and agers are dministration ications. Any ore than 2 al medication, cardiac		
	services. Residents that are services will be reviced. Team, including by physician, social with Services, responsionation, to determ but not limited to the ombudsman, as services referrals as Cognition status with referral and troughly Assurance (QAPI) Committee discuss old issues recent survey. Quality Assurance Committee met or identified citations	's rights to refuse care and re currently refusing care and viewed by the Interdisciplinary at not limited to the attending vorker, Director of Health lible party and resident in mine the plan of care including reatment alternatives, engaging Adult protective services, psych and applying for guardianship. Fill be reviewed during this ine how the facility will proceed eatment alternatives. The Performance Improvement and new issues related to the Performance Improvement of Feb 5, 2015 to discuss at the IJ level during current seed Credible Allegation		medications, anticoagulant medications, psych medica anti-diabetic medication, ar refused the physician will be Care plan will be reviewed for behavior and mental he as needed. Activity of Daily Living (ADI were reviewed by the Direct Services for any refusal of refusal of care for more that will be addressed with a cat and update, education of reresponsible party notification notification and mental heat indicated. Skin integrity nurse audited wheel chairs to ensure cus wheel chair. Wheel Chair ordered on Feb 9, 2015.	ations and re withheld or be notified. and updated ralth services and occuments retor of Health care. Noted ranged and 2 instances are plan review resident, replan review		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING) 06/2015
NAME OF F	PROVIDER OR SUPPLIEF	3		STI	REET ADDRESS, CITY, STATE, ZIP CODE	02/0	70/2013
					30 N MAIN STREET		
UNIHEAI	TH POST-ACUTE C	ARE-HIGH POINT			GH POINT, NC 27265		
(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 SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 520	Continued From p	page 113 ress of audit tools and	F 5	520			
	education.	ess of addit tools and			Skin integrity coordinator complete audit of all residents with wounds		
	Date of Compliand	ce:			ensure medications ordered for we		
		npleted as of 2/6/15			healing are current on the medical		
					administration records.		
		PM, staff were interviewed on			Example # 2a What measures wi		
		the reporting process,			in place or what systemic changes		
		d notification to nursing, social administrative staff of			made to ensure that the deficient will not reoccur?	oractice	
		ise care, treatment and			wiii not reoccui !		
		daily rounds and 24 hour report,			On 2/5/15 education for nursing st	aff.	
		forms were reviewed. Staff			including licensed and non-license		
	were able to desc	ribe the expectations for			and therapy on what to do if a resi		
		care, treatment and			refuses care and treatments, inclu		
		ey had received an in-service			not limited to bathing, dressing, pe	eri-care,	
		/15. The administrative staff			turning and reposition, eating,		
		ribe the expectation for			medications, wound treatments, o		
		e and treatment for residents utive refusals of care, treatment			appointments and procedures incl labs and x-rays. Licensed staff ar		
		The social worker indicated the			document in the medical record a		
		ferrals to outside agencies for			the 24 hour report. Non-Licensed		
	additional services				and therapy are to report refusal o		
					the charge nurse, unit manager, D		
		n observations, a resident and			of Health Services to ensure proper	er	
		facility failed to eliminate odors			interventions were implemented,		
		on the hall and keep the floor			education was completed by the C	Clinical	
		e three hallways (hallways 100			Competency Coordinator/Unit		
	and 200).				Manager/Director of Health Service staff member not receiving the in-		
	The facility was re	cited for F 252 for failing to			due to PRN status and/or out on F		
		of urine and feces on the 100			will be removed from the schedule		
		ng the 2/6/15 recertification,			will be educated prior to return to		
	follow up and com				pilot to totali to	*****	
		- -			The 24 hour reports will be review		
		2:20 PM the Administrator			by the Director of Health Services		
		not aware of odors in the			Licensed Nurse Manager for beha		
		not smelled strong odors of			including but not limited to refusal		
	urine or teces, oth	er than when an aide was			and treatment. The Director of He	ealth	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
		345105	B. WING			02/0) 06/2015
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		38	REET ADDRESS, CITY, STATE, ZIP CODE 330 N MAIN STREET IGH POINT, NC 27265	OZ/	70/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SH		BE	(X5) COMPLETION DATE
F 520	indicated she had reference to most the directors to most the odors. Then it was director to resolve and Administrator indicator and had gotten better, but the and still lingering. It quality assurance of	e Interim Administrator no ability to smell, and relied on nitor and they had identified was up to the environmental the odors. The Interim ated she had read the plan of the impression that it had ne smell was still unpleasant The Administrator indicated the committee was monitoring sidents who were going on	F 5	520	Service will track and trend any not behaviors and present findings to the Quality Assurance and Performance Improvement Committee for sugges and recommendations for change bi-monthly x 6 month or until complete sustained. On 2/5/15 educated for Licensed N staff began on Policy and Procedur medication general guidelines refer notification of physician of 2 consect doses of a vital medication includin not limited to cardiac medications, anticoagulants, anti-seizure medication deducation was completed by the Cl Competency Coordinator. Any staff member not receiving the in-service to PRN status and/or out on FMLA removed from the schedule and will educated prior to return to work. On 2/5/15 education began with the Integrity Nurses and the license nur reporting to the Director of Health Services and/or Administrator if a rehas refused wound care for more the consecutive treatments. The Physical will also be notified of refusal of 2 consecutive treatments. Education completed by the Clinical Compete Coordinator. Any staff member not receiving the in-service, due PRN stand/or out on FMLA will be remove the schedule and will be educated preturn to work.	urses e ring to cutive g but utions, ons, ithheld fied, inical fe, due will be I be e Skin reses on esident and 2 cian was ncy totatus d from	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345105	B. WING				C 06/2015		
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265			70/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE		
F 520	Continued From pa	age 115	F 5		The Director of Health Services will the weekly wound report for refusa attending physician notification and interventions to ensure appropriate up completed weekly x 6 months o compliance is sustained. The result he monitoring with tracking and tre will be reported to the Quality Assu and Performance Improvement Committee by the Director of Healt Services for suggestion and recommendations for change bi-me 6 month or until compliance is sust Residents that are currently refusing and services will be reviewed by the Interdisciplinary Team, including but limited to the attending physician, sworker, Director of Health Services responsible party and resident in quito determine the plan of care including to determine the plan of care including the ombudsman, Adult protective services, psych services referrals and applying for guardians Cognition status will be reviewed dethis meeting to determine how the will proceed with referral and treatmalternatives. The Social Worker with track and the residents with refusal of care and treatments there were discussed we Interdisciplinary Team and present findings to the Quality Assurance and Performance Improvement Commissuggestions and recommendations change bi-monthly x 6 month or un	I, I new follow r until ts of ending rance h onthly x ained. In g care le ut not social structures, ship. Uring facility nent rend and rith the the nd ttee for s for			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING			02/0) 06/2015	
	PROVIDER OR SUPPLIER	RE-HIGH POINT		38	TREET ADDRESS, CITY, STATE, ZIP CODE 830 N MAIN STREET IIGH POINT, NC 27265	02/0	70/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULI		BE	(X5) COMPLETION DATE	
F 520	Continued From pa	ge 116	F 5	520	compliance is sustained. Education was started on 2/28/15 to Clinical Competency coordinator whicensed nursing staff on physician regarding order transcription. Any member not receiving the in-service PRN status and out on FMLA will be removed from the schedule and wineducated prior to return to work. All new medication orders will be discussed in morning clinical meeting the Director of Health Services (Dhealth Competency Coordinator (Monday thru Friday and by License Nursing Management on Saturday Sunday to ensure proper transcripting daily for four weeks. The monitoring continue weekly for four weeks and monthly for two months or until compliance is sustained. The Direct Health Services will track and trenderesults of the monitoring of medical orders and will report the findings to Quality Assurance and Performance Improvement Committee bi-monthly months or until compliance is sustained. The Direct Health Competency coordinator for licensed and non-licensed nursing what to do if cushion is not in whee and where to obtain a cushion from staff member not receiving the insulation of the schedule and wine educated prior to return to work.	order staff e, due e e ll be ng by lS) or CCC) ed and ion g will d then ettor of l tions to the e y x 6 ained. y the staff of l chair, a. Any ervice, will be		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IEP/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING			02/0	C 06/2015	
	PROVIDER OR SUPPLIER	ARE-HIGH POINT		STREET ADDRESS, CITY, STATE, ZI 3830 N MAIN STREET HIGH POINT, NC 27265	P CODE	1 02/	30/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD HE APPROPE	BE	(X5) COMPLETION DATE	
F 520	Continued From pa	age 117	F 5	Education on compliance including but not limited to neglect, dignity, odors and cushions, was completed assigned staff on responsive review and items that new to the Director of Health to the Director of Health the Administrator for immaction. Education was considered administrator. Compliance rounds will be daily by assigned team managers and staff from department. Administrative trend the results from the will present findings to the Assurance and Performal Improvement Committee and recommendations for bi-monthly x 6 month or using sustained. Quality Assurance Perfor Improvement (QAPI) Considered and provement (QAPI) Consider	to signs of ad wheel clid on 2/6/15 sibilities, it ed to be reservices a nediate corompleted by and one completed by and one completed by and one completed by and one compliance of compliance of change on the complete of change of chang	ed ent k and ce and stions liance et on and /. eb 5, at the nitted ation. ve		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
		345105	B. WING				C 06/2015
NAME OF	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	l OZ/	00/2010
UNIHEA	LTH POST-ACUTE CA	RE-HIGH POINT			30 N MAIN STREET GH POINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 520	Continued From pa	ige 118	F		deficient practice will not reoccur, in what quality assurance program wing put in place for monitoring to assurance continued compliance. Quality Assurance Performance Improvement Committee met on Facus identified citations IJ level during current survey. Tean discussed Credible Allegation submoduces of audit tools and educed to progress of audit tools and educed tools and educed to progress of audit tools	eb 5, at the noitted ation. ed daily and/or viors of care alth red he restions liance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345105	B. WING	·			C 06/2015		
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	00/2013		
					830 N MAIN STREET				
UNIHEAI	_TH POST-ACUTE CA	ARE-HIGH POINT		HIGH POINT, NC 27265					
(X4) ID		TEMENT OF DEFICIENCIES	ID				(X5) COMPLETION		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		DATE		
F 520	F 520 Continued From page 119		F 5	520	discussed in morning clinical meeti	ng by			
					the Director of Health Services (DF Clinical Competency Coordinator ((CCC)			
					Monday thru Friday and by License				
					Nursing Management on Saturday Sunday to ensure proper transcript				
					daily for four weeks. The monitoring	g will			
					continue weekly for four weeks and monthly for two months or until	then			
					compliance is sustained. The Direct	tor of			
					Health Services will track and trend	i			
					results of the monitoring of medica orders and will report the findings to				
					Quality Assurance and Performance				
					Improvement Committee bi-monthl	y x 6			
					months or until compliance is susta	ained.			
					The Social Worker with track and the residents with refusal of care at				
					treatments there were discussed w				
					Interdisciplinary Team and present findings to the Quality Assurance a				
					Performance Improvement Commi	ttee for			
					suggestions and recommendations change bi-monthly x 6 month or un				
					compliance is sustained	ui			
					Example #2b How will you identify residents having the potential to be	!			
					affected by the same deficient prac and what corrective action will be to				
					A 100% audit by Director of Health				
					the last 30 days was done on Janu	ary 13,			
					2015 to determine other Residents				
					leave the facility for overnight visits could be affected by the same alleger				
					deficient practice. No other Reside				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345105	B. WING		_	C 02/06/2015			
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3830 N MAIN STREET HIGH POINT, NC 27265					
(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 APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETION DATE		
F 520	Continued From page 1	age 120	F 5	were identified to have and not have medicated use on LOA. A letter (2/3/15) to family methem of the process to nurses know 24 hour overnight LOA to ensavailable. Example # 2b What rein place or what systemade to ensure that will not reoccur? The Clinical compete (CCC) will in-service for leave of absence medication for Reside will also include revier release form for leave licensed nurses. In-secon January 29, 2015. complete in services or will not be permitted completed. At the next Resident February 3, 2015 all I reminded of the need notice to obtain media. For the Residents no meeting activities stanotification to all othe example # 2b How we action be monitored to deficient practice will what quality assurance put in place for monitice.	tions available will be mailed embers to inform to let the license in advance of the measures will be made and characteristic that the deficient proposed in the medical licensed nursely with the medical proposed in the deficient proposed in the deficie	for med an as pe put will be ractice or ressaining ervice cation or the tarted ses will 2015 ag on pe hour OA. Council re he e., I be			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345105 B. WING			C 02/06/2015				
							06/2015		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	ZIP CODE				
UNIHEA	LTH POST-ACUTE CA	RE-HIGH POINT		3830 N MAIN STREET HIGH POINT, NC 27265					
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE		
F 520	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 121		F 5	continued compliance. Monitoring of effectivener and continuum medicatileave of absence reside daily audits of 24 hour releave of absence books Healthcare Services and Competency Coordinate thru Friday. Weekend lic complete audits on Satur All audits will be turned in Administrator for verification and trending. The monitoring will occur weeks, then weekly for furthen monthly for three (3 compliance is continuous) and Director of Healthcareported to the monthly and Performance Improocommittee for recomme suggestions for changes improvement.	ion regimentents will occupent sheets by Director d Clinical or (CCC) Maccense nurse arday and Sinto the ation and training for tracking for tracking the Administration and training are Services Quality Assovement (Quendations a	on for all ur by s and or of onday es will sunday. acking our (4) eks and or until ong and strator s and surance (API) and			