PRINTED: 03/31/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		345186	B. WING			C <b>05/2015</b>
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		00/2010
FIVE OA	KS MANOR			413 WINECOFF SCHOOL ROAD CONCORD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORESTAY CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	TS .	F O	00		
F 241 SS=D	complaint investiga ID# J0JE11.	re cited as a result of the tion survey of 3/5/15. Event	F 2	41		4/2/15
00 2	The facility must promanner and in an eenhances each resi	omote care for residents in a nvironment that maintains or ident's dignity and respect in s or her individuality.				
	by: The facility failed to for a resident capat one of five sampled The findings include Resident #186 was 12/13/14 with diagn diabetes and difficu The Minimum Data indicated Resident: intact and mild impa memory with a BIM assessed this resid incontinence as "alu Review of the care problem of being at (UTI's). The care p included staff were symptoms of UTI's,	admitted to the facility on osis of a fracture femur, lty in walking.  Set (MDS) dated 12/20/14 #186 had long term memory airment with short term s score of 12. The MDS ent with bowel and bladder		1. Corrective action accomplethose residents to have been at the deficient practice;  A. Resident #186 is now being toileting assistance upon requested Additionally, Resident #186 cases being answered in a timely made at the second will be a for those residents having potential and the second affected by the same deficient and the second and the second appropriate and timely. Rounds will be completed dails of Nursing, Nursing Supervisor Coordinator and Administrator Completion of rounds will be second associates.  B. Facility will complete Qual Assurance observations of restored as the second according to the second accord	affected by ag provided est. all light is anner. ccomplished ential to be practice by; monitored bunds are delivered y by Director ars, Unit chared ement ity sponse time	
ABORATORY	 / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

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

TITLE

**Electronically Signed** 

03/25/2015

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

Facility ID: 953488

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345186	B. WING		03/0	)5/2015
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/0	70,2010
				113 WINECOFF SCHOOL ROAD		
FIVE OA	KS MANOR			CONCORD, NC 28027		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / 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 241	= 241 Continued From page 1		F 241			
	rounds and as need indicated a problem extensive assist to	or incontinence on care ded (prn). The care plan in the resident required toilet and was dependent on laily living (ADLs) secondary to re.		days (6 per day), then weekly tim weeks (6 per week), then month month) to assure compliance wit state/federal regulations. Observ be completed by Unit Coordinato Nursing SupervisorLs, Director of Nursing, Director of Social Service	ly (6 per h rations will orLs, of ces and	
	Review of a physical therapy (PT) note of 2/10/15 "patient requested to go to the bathroom. PT assisted with 1-2 contact guard to stand, use grab bar and pivot to toilet. Patient requested assistance with hygiene and clothing management. PT note dated 2/6/15 indicated the patient was requesting to use the toilet. Minimum assistance for sit to stand at the grab bar in the bathroom was provided, with 2 maximum assist to complete the pivot."			Administrator. Outcome of observations will be documented on Quality Assurance Monitoring Tool for Call Lights.  C. Facility will complete interviews with our residents regarding dignity daily (6 per day) times 60 days then weekly (6 per week) times four weeks then monthly (6 per month) to assure compliance with state/federal regulations. Interviews will be completed by Director of Social Services, Director of Nursing, Unit Coordinators, Nursing Supervisors and Administrator.		
	pivot transfer with r wheelchair with cor Patient required mo assistance for cloth dated 2/16/15 indicated R toileting with contact transfer. Resident hygiene and minimal clothing management Interview with Resid PM revealed one do the bathroom and value interview revealed s waited by the clock	dent #186 on 3/3/15 at 1:43 ay last week, she had to go to vaited over an hour. Further she knew how long she had on the wall in front of the		Outcome of interviews will be do on Resident Dignity Interview for 3. Measures/Systematic changes place to ensure that the deficient does not recur;  A. Delivery of services will be my management completing rour throughout facility to assure care is appropriate and timely. Rounds will be completed daily be of Nursing, Nursing Supervisors, Coordinator and Administrator. Completion of rounds will be share responsibility of above management associates.  B. Facility will complete Quality	m. s put in practice nonitored nds delivered by Director Unit red nent	
	girls act like they do	#186 further explained some on't want to help you. They ton off, tell her to give them 5		Assurance observations of resport to call lights within facility daily tirdays (6 per day), then weekly times	nes 60	

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F 241	them. Resident #18 just go ahead and pexplained when she had not been able to But now with help obathroom. Resider aware when she neareplied "yes."  Interview on 03/04/3 on 3-11 revealed that to go to the bathroobrief per her choice #186 was usually "o	ge 2 30 minutes later you don't see 36 explained "sometimes, I be in the bed." She also a had entered the facility, she o walk due to a broken leg. If one staff she can get in the at #186 was asked if she was beded to use the toilet, and she are resident knew when she had am. She wears a disposable and Aide #1 explained Resident dry" during the day and she dinent episode when in the	F 2	441	weeks (6 per week), then monthly (month) to assure compliance with state/federal regulations. Observati be completed by Unit CoordinatorL Nursing SupervisorL s, Director of Nursing, Director of Social Services Administrator. Outcome of observa will be documented on Quality Assu Monitoring Tool for Call Lights.  C. Facility will complete interviews our residents regarding dignity daily day) times 60 days then weekly (6 week) times four weeks then month per month) to assure compliance we state/federal regulations. Interviews completed by Director of Social Set Director of Nursing, Unit Coordinate Nursing Supervisors and Administra Outcome of interviews will be docured on Resident Dignity Interview form.  D. All Staff will receive training on before April 2, 2015 on the following topics:  >ResidentsL dignity and respect in recognition of his or her individuality. Responding to call lights in a time manner.  Training will be completed by Staff Development Coordinator. All new will receive training during orientation.  E. Any associates identified to be non-compliant with dignity concerns our residents or not responding to clights in a timely manner will received disciplinary action.  4. Monitoring of corrective action to ensure the deficient practice will not a. Report of monitoring of delivery services, findings of Resident interviews findings find find find find find find find find	ons will s, s and tions urance with y (6 per	

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027	1 03/1	03/2013
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F 241	Continued From pa	ge 3	F 2	and Quality Assurance completed response time to call lights will be reported to the facility Quality Ass Committee monthly times 3 to rev continued intervention or amendmentary plan. In the event corrections are a plan will be developed, implementary and evaluated for its effectiveness.	urance iew for nent of needed inted	
F 274 SS=D			F 2			4/2/15
	by: Based on staff inte facility failed to com Minimum Data Set #19) reviewed for h Findings Included: Resident #19 was a	rviews and record review the aplete a significant change (MDS) for 1 of 1 (Resident ospice services.		<ol> <li>Corrective action accomplished those residents to have been affed the deficient practice;</li> <li>A. A Significant change Minimum Set (MDS) was completed for Results and 3-20-2015.</li> <li>Corrective action will be accompleted for those residents having potential affected by the same deficient practice.</li> </ol>	cted by  Data sident  mplished al to be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED	
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F 274	F 274 Continued From page 4 coordination, difficulty in walking, osteoporosis,		F 274	4 A. Facility will complete 100%	record	
	dementia with beha s, hyperlipidemia ar most recent Minimu 11/24/14 which was indicated Resident and required extens	avior disturbances, Alzheimer ' and depressive disorder. The am Data Set (MDS) dated a quarterly assessment #19 was not cognitively intact sive assistance to total civities of daily living (ADL's).		review of residents currently re our facility to determine if a ma or improvement in the resident has occurred. If a major declin improvement is identified a sig change Minimum Data Set (MI completed.  B. Facility will complete randometric surface in the second	siding at a siding at a siding at a siding at L s status e or a siding and a siding at a s	
	dated 4/14/14 with indicated Resident services.	nt# 19 ' s care plan originally an updated date of 12/10/14 #19 was to receive hospice		reviews (10 per day) times 2 m 10 per week times 2 months to if a major decline or improvem resident status has occurred. I decline or improvement is iden	onths then determine ent in the f major tified a	
	A review of the Hospice and Palliative Care Facility Care Plan revealed hospice services began for Resident #19 on 12/9/14.			significant change Minimum Do (MDS) will be completed. All re receiving hospice services will in random record reviews. All re	esidents be included	
	Resident #19 's ph revealed a telephor 12/8/14 in which Ho consulted on Resid revealed a telephor	s conducted to include ysician orders. Further review he physician order dated ospice was ordered to be ent #19. Continued review he physician order on 12/10/14 as ordered to begin following		reviews will be completed by interdisciplinary team including Nursing. C. Outcome of record reviews documented on Resident Reviewool.	s will be	
	indicated on 12/9/1 with resident and 2 Hospice care and s signed. Continued indicated Hospice c services until prese	onducted with the MDS (Nurse		3. Measures/Systematic change place to ensure that the deficience does not recur;  A. Facility will complete 100% review of residents currently recour facility to determine if a major improvement in the resident has occurred. If a major declin improvement is identified a significance Minimum Data Set (MI completed).	record siding at jor decline Ls status e or nificant OS) will be	
	stated that a signific	:34 AM. The MDS nurse cant change was not esident #19 began on Hospice		B. Facility will complete rando reviews (10 per day) times 2 m 10 per week times 2 months to	onths then	

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FIVE OA	KS MANOR			C	CONCORD, NC 28027		
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F 274	3/5/15 at 3:10 PM. was started in Dece further stated that the and see Resident #  An Interview was conversing (DON) on 3 interview, the DON have completed the	over 2014.  Inducted with (Nurse #1) on Nurse #1, stated that Hospice ember for resident #19. She he Hospice providers come 19 week.  Inducted with Director of 8/5/15 at 3:23 PM. During this stated she expected staff to	F 2	274	if a major decline or improvement i resident status has occurred. If ma decline or improvement is identified significant change Minimum Data S (MDS) will be completed. All reside receiving hospice services will be in random record reviews. All recorreviews will be completed by interdisciplinary team including Dire Nursing.  C. Outcome of record reviews will documented on Resident Review A Tool.  D. All Staff who complete Minimum Set (MDS) will receive additional traon the following topic on or before a 2015.  >Comprehensive Assessment significant change when residents condition has major decline or improvement in the residentL s stat will not normally resolve itself without further intervention by staff.  Training will be completed by Corpo Consultant for Minimum Data Set (All new hires will receive training docrientation.  4. Monitoring of corrective action to ensure the deficient practice will not a. Report of record reviews will be reported to the facility Quality Assu Committee monthly times 4 to revie continued intervention or amendment plan. In the event corrections are not a continued intervention or amendment plan. In the event corrections are not a continued intervention or amendment plan.	jor d a Set ents ncluded d ector of be audit m Data aining April 2, after tus that but orate MDS). uring of recur; rance ew for ent of eeded	
F 281	483.20(k)(3)(i) SER	VICES PROVIDED MEET	F 2	281	a plan will be developed, implemen and evaluated for its effectiveness.		4/2/15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		LE CONSTRUCTION		SURVEY PLETED
		345186	B. WING			03/0	)5/2015
	PROVIDER OR SUPPLIER			S 4	TREET ADDRESS, CITY, STATE, ZIP CODE  13 WINECOFF SCHOOL ROAD  CONCORD, NC 28027	33.3	
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 281 SS=D	Continued From part PROFESSIONAL Some PROFESSIONAL Some PROFESSIONAL Some PROFESSIONAL Some PROFESSIONAL Some Profession The SEQUIREMENT by:  Based on record refacility failed to obtate (blood test to help of problems) per physe (Resident #183) with Findings included Resident #187 was 1/31/15 with diagnorand deep vein throre The Minimum Datate assessment referent that Resident #187 dressing, toileting, it Resident #187 had both sides, balance and he was cognitive The care plan dates for status post CVA and is at risk for bruand is at risk for bruand review of the physical status post Resident Reside	ge 6 TANDARDS  ded or arranged by the facility onal standards of quality.  AT is not met as evidenced eview and staff interviews the hin a lab test for D-Dimer lab check for blood clotting icians order for 1 of 1 resident th orders for D-Dimer test. ed: admitted to the facility on sis of dementia, depression in a date of 2/7/15 revealed required limited assistance for bathing and transfers.  Iower extremity impairment on and walking was unsteady rely intact. If 2/26/15 indicated a problem and is on an anticoagulant using and bleeding. Sician order sheet for February dent #187 was prescribed	F 2		1. Corrective action accomplished those residents to have been affect the deficient practice; A. D-Dimer (lab test) per physician has been completed on 3-4-2015. 2. Corrective action will be accomfor those residents having potential affected by the same deficient praction. A. Facility will complete audit of all physician orders daily times 60 days weekly times 4 to assure profession standards of quality is met. Audits we completed by Unit CoordinatorLs, Noutcome of audits will be document Physician orderLs Audit Tool. 3. Measures/Systematic changes poplace to ensure that the deficient profession orders audit of all physician orders daily times 60 days	for ed by n order plished to be tice by; s then nal vill be Jursing rsing. ted on ut in actice	
	prophylaxis. The nurse practition 2/23/15 indicated the visit because of right of deep vein thromber has some swelling. or calf swelling on rindicated that pulse	ner progress note dated hat Resident #187 requested a hit knee pain. He has a history posis on left leg. His right knee He has no calf pain, erythema hight. The progress note further is are palpable and tes his knee pain. "feels like			weekly times 4 to assure profession standards of quality is met. Audits we completed by Unit CoordinatorLs, No SupervisorLs and/or Director of Nu Outcome of audits will be document Physician orderLs Audit Tool.  B. All licensed nursing staff will rectaining on the following topic;  Professional Standards of Practice/Carrying out physician order.	vill be Nursing rsing. ted on ceive	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PLE CONSTRUCTION  G	COMPLETED		
		345186	B. WING _		03/0	; 5/2015
	PROVIDER OR SUPPLIER  KS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027		
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F 329 SS=D	A review of the physical 2/23/15 revealed arviews and D-Dimer times a day for pair. The nurses note day nurse #3 indicate knee, 2 views, Tyle for pain, orders were responsible party in A review of lab resurevealed x-ray result During an interview 4:11PM who signed x-ray and D-Dimer was not obtained or requisition form bed D-Dimer was part of An interview with that 2:20 PM revealed orders are checked they are carried out this order was miss 483.25(I) DRUG REUNNECESSARY DEACH Tesident's drug when used in duplicate therapy); without adequate mindications for its us adverse consequer should be reduced combinations of the	". He is on Coumadin. sician telephone order dated or order for x-ray - right knee, 2 today, Tylenol 500 mg three on. Ited 2/23/15 at 3:15 PM written ed a new order for x-ray right mol 500 mg three times a day re noted and faxed and otified. Its of right knee on 2/23/15 so could not be located. Its of right knee on 2/23/15 so could not be located. It with nurse #3 on 3/4/15 at 1 off the order for the knee indicated that the D-Dimer lab on 2/23/15, she did not do a lab cause she thought that of the x-ray. It is director of nurses on 3/5/15 at 1 off that each morning new if the transcribed correctly and the second transcribed correctly and the second is any excessive dose (including or for excessive duration; or inonitoring; or without adequate sec; or in the presence of inces which indicate the dose or discontinued; or any	F 28	timely manner.  >Interpretation of physician orders. Training will be completed on or be April 2, 2015 by Staff Development Coordinator. All new hires will recei training during orientation.  4. Monitoring of corrective action to ensure the deficient practice will no A. Report of audit findings will be re to the Quality Assurance Committe monthly times 3 to review for contir intervention or amendment of plan. event corrections are needed a pla be developed, implemented and evaluated for its effectiveness.	of recur; eported e nued . In the n will	4/2/15

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	TIPLE CONSTRUCTION  NG	COM	E SURVEY PLETED
		345186	B. WING			C 0 <b>5/2015</b>
	PROVIDER OR SUPPLIER  KS MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027	, ,	
(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 329	who have not used given these drugs us therapy is necessar as diagnosed and crecord; and residen drugs receive gradus behavioral interventions.	must ensure that residents antipsychotic drugs are not inless antipsychotic drug by to treat a specific condition locumented in the clinical ts who use antipsychotic is in its indexe reductions, and itions, unless clinically an effort to discontinue these	F 3.	29		
	by: Based on record repharmacy interview a monitoring assess involuntary movemeresidents on antipsy. The findings include Resident #188 was 8/6/2014 with diagn depression and anxional Record review reve (antipsychotic) date intramuscular (IM) in needed for behavior others.  Review of the Nove Administration Record in IM had been a	ents for one of three sampled ychotics. Resident # 188. ed: admitted to the facility on osis including stroke, ciety. aled an order for Haldol dd 11/7/2014 1 milligram (mg) to be given every four hours as r that was a danger to self and		1. Corrective action accomplish those residents to have been affer the deficient practice; A. Resident #188 now has a Abi Involuntary Movement Scale (AIM was completed on 3-5-2015. B. Resident #188 is no longer rehaldol as of 3-6-2014. 2. Corrective action will be accofor those residents having potentiaffected by the same deficient practice. Facility will complete 100% at resident surrently receiving antipsychotic drug therapy to verification Abnormal Involuntary Movement (AIMS) was completed. B. Facility will complete Randor off all residents currently receiving Antipsychotic drug therapy month 2 months (15 per month) then we times 4 weeks (3 per week) to verification accompleted.	normal IS) that ceiving mplished al to be actice by; udit of all by that Scale n Audits ly times ekly rify that	

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EN/E 0.41	/O MANOD			413 WINECOFF SCHOOL ROAD		
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F 329	Continued From pa	nge 9	F 329			
	Haldol 1 mg IM had	been administered five times. ary MAR revealed the Haldol		(AIMS) was completed. Audits wi completed by Director of Nursing Outcome of audits will be docume Antipsychotic Audit Tool.  C. Facility will complete audit da	ented on	
	dated 1/15/15 indic impairment with me depressed mood, v extensive assistant and was always ind	arly Minimum Data Set (MDS) ated Resident #188 had mild emory, had no behaviors, had was not able to walk, required be with activities of daily living continent of bowel and bladder. Resident #188 had received edication.		60 days then weekly times 4 wee physician orders to verify Abnorm Involuntary Movement Scale (AIM completed for residents with new antipsychotic medication. Audits a completed by Unit CoordinatorLs SupervisorLs, and/or Director of Outcome of Audits will be documed.	ks of all al IS) was order for vill be , Nursing Nursing.	
	problem of psychot for anxiety, depress to self and others. himself on the floor causing possible in padded wall and ha Interventions include the resident as able monitor and report depression, encour and medication rev			Antipsychotic Audit Tool.  3. Measures/Systematic changes place to ensure that the deficient does not recur;  A. Facility will complete 100% at residentLs currently receiving antipsychotic drug therapy to veri Abnormal Involuntary Movement (AIMS) was completed.  B. Facility will complete Randor off all residents currently receiving Antipsychotic drug therapy month 2 months (15 per month) then we times 4 weeks (3 per week) to ve	practice udit of all fy that Scale n Audits ly times ekly rify that	
	AM revealed Resid minutes. The nurse behavior flow sheet A telephone order or revealed Haloperica day as needed with increase in unsured Record review revealed Resident Programme Program	e #1 on 03/04/20 at 15 9:50 ent #188 can escalate in es document behaviors on a t and in the nurses ' notes.  dated 2/25/15 for Clarification dol (Haldol) 0.5mg orally twice as for a diagnosis of psychosis safe behaviors, falls  ealed no Abnormal Involuntary AIMS) was located in Resident		Abnormal Involuntary Movement (AIMS) was completed. Audits wi completed by Director of Nursing Outcome of audits will be docume Antipsychotic Audit Tool.  C. Facility will complete audit da 60 days then weekly times 4 wee physician orders to verify Abnorm Involuntary Movement Scale (AIM completed for residents with new antipsychotic medication. Audits we completed by Unit CoordinatorLs	Scale I be ented on ily times ks of all al IS) was order for vill be	

AND DUAN OF CODDECTION INDEDITION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED			
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	PROVIDER OR SUPPLIER			41	TREET ADDRESS, CITY, STATE, ZIP CODE  13 WINECOFF SCHOOL ROAD  ONCORD, NC 28027		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329 F 428 SS=D	#188's medical red Interview with unit in 10:45 AM revealed done.  On 03/05/2015 at 1 Director of Nursing resident was not loc Interview with the D 03/05/2015 at 2:25 not done. She expl completed on a qua not receiving the me clarification the Dire the Haldol was star she expect an AIMS yes. "  On 03/05/2015 at 2 Pharmacy consulta have an AIMS for R assessment for mo be completed at the He did not rememb an AIMS. He furth there, (in the medic been done. " The something he would medication reviews 483.60(c) DRUG R IRREGULAR, ACT	nanager #1 on 03/05/2015 at an AIMS should have been  1:13 AM an interview with the indicated an AIMS for this cated.  Prector of Nursing on PM revealed the AIMS was ained the AIMS were arterly basis. The resident was edication until recently. For ector of Nursing was asked if ted in November 2014, would be to be done and she stated "  1:51 PM an interview with the ent revealed the facility should esident #188. The enitoring an antipsychotic would be conset of use of the Haldol, er any recommendations for the explained "If it was not all record) it must not have presence of an AIMS would be discheck during the monthly and the process.	F 3		SupervisorL s, and/or Director of Nu Outcome of Audits will be document Antipsychotic Audit Tool.  D. All licensed nurseL s will receive training on the following topics:  >Drug Regimen is free from unneced drugs.  >Completion of Abnormal Involuntation Movement Scale (AIMS).  Training will be completed by Staff Development Coordinator on or befapril 2, 2015. All new hires will recetraining during orientation.  4. Monitoring of corrective action to ensure the deficient practice will not A. Report of audit findings will be reto the Quality Assurance Committee monthly times 3 months to review for continued intervention or amendme plan. In the event corrections are not a plan will be developed, implement and evaluated for its effectiveness.	ted on e essary ry ore ive t recur; ported e or nt of eeded	4/2/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		СОМ	(X3) DATE SURVEY COMPLETED C	
		345186	B. WING _			05/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 413 WINECOFF SCHOOL ROAD CONCORD, NC 28027	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION SHOUTH CORRECTIVE ACTION OF THE APPORT OF THE ACTION OF THE APPORT OF THE ACTION OF TH	OULD BE	(X5) COMPLETION DATE
F 428	This REQUIREMENT by: Based on record repharmacy interview a monitoring asses involuntary movements on antips	eview, staff interviews and the facility failed to complete sment for one of three sampled ychotics. Resident # 188.	F 4:	1. Corrective action accomplist those residents to have been at the deficient practice; A. Resident #188 now has a A Involuntary Movement Scale (A was completed 3-5-2015. B. Resident #188 is no longer	ffected by Abnormal AIMS) that	
	Resident #188 was admitted to the facility on 8/6/2014 with diagnosis including stroke, depression and anxiety.  Record review revealed an order for Haldol (antipsychotic) dated 11/7/2014 1 milligram (mg) intramuscular (IM) to be given every four hours as needed for behavior that was a danger to self and others.  Review of the November Medication Administration Record (MAR) revealed the Haldol 1 mg IM had been administered four times. Review of the December MAR revealed the Haldol 1 mg IM had been administered five times. Review of the January MAR revealed the Haldol had been administered four times.  Review of the Consultant Pharmacist's Medication Regimen Review for December 2014 and January 2015 revealed Resident #188's			haldol as of 3-6-2015.  2. Corrective action will be actor those residents having pote affected by the same deficient A. All residentLs drug regime reviewed by a licensed pharma (completed on 3-19-2015) and irregularities have been reported attending physician and Director Nursing and these reports have acted upon.  B. Licensed pharmacist will report irregularities to attending and Director of Nursing and report irregularities to attending and Director of Nursing and report irregularities to attending and Director of Nursing and repacted upon in a timely manner.  C. Facility will complete 100% residents currently receiving and drug therapy to verify that Abnot Involuntary Movement Scale (Acompleted.  D. Facility will complete rando	complished ntial to be practice by; n has been cist ed to or of e been eview each nly and physician ports will be audit of all tipsychotic ormal alMS) was	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345186	B. WING		C <b>03/05/2015</b>		
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FIVE UA	KS MANOR			CONCORD, NC 28027			
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F 428	Continued From page 12		F 428	3			
	record was reviewed by the pharmacy consultant There were no recommendations for nursing to complete an Abnormal Involuntary Movement Scale (AIMS) for Resident #188.			all residents currently receiving antipsychotic drug therapy monthl 2 months (15 per month) then weetimes 4 weeks (3 per week) to ver Abnormal Involuntary Movement S	ekly ify that		
	dated 1/15/15 indic impairment with me depressed mood, w extensive assistant and was always inc	rly Minimum Data Set (MDS) ated Resident #188 had mild emory, had no behaviors, had was not able to walk, required be with activities of daily living continent of bowel and bladder. Resident #188 had received		(AIMS) was completed. Audits will be completed by Director of Nursing. Outcome of audits will be documented on Antipsychotic Audit Tool.  E. Facility will complete audit daily times 60 days then weekly times 4 weeks of all physician orders to verify Abnormal Involuntary Movement Scale (AIMS) was completed for residents with a new orders for antipsychotic medication.  Audits will be completed by Unit CoordinatorL s, Nursing SupervisorL s and/or Director of Nursing. Outcome of audits will be documented on Physician orders/ Antipsychotic Audit Tool.			
	an antipsychotic me The care plan upda problem of psychot for anxiety, depress to self and others. himself on the floor						
	Interventions includ the resident as able monitor and report	d attention seeking behaviors. led were for staff to redirect e, provide psychiatric services, signs and symptoms of age out of room activities, iew by pharmacy.		3. Measures/Systematic changes place to ensure that the deficient places not recur;  A. All residentL s drug regimen hereviewed by a licensed pharmacis (completed on 3-19-2015) and	oractice as been		
		aled the Abnormal Involuntary AIMS) was not located in nedical record.		irregularities have been reported t attending physician and Director of Nursing and these reports have be acted upon.	f		
		nanager #1 on 03/05/2015 at an AIMS should have been		B. Licensed pharmacist will revier residentLs drug regimen monthly report irregularities to attending phand Director of Nursing and report	and rysician		
	03/05/2015 at 2:25 not done. She exp	Pirector of Nursing on PM revealed the AIMS was lained the AIMS were arterly basis. The resident was		acted upon in a timely manner.  C. Facility will complete 100% auresidents currently receiving antiporting therapy to verify that Abnorm	dit of all		

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F 428	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F 4	PREFIX (EACH CORRECTIVE ACTION SHOUTS TAG CROSS-REFERENCED TO THE APPROPRIES OF THE		udits of times kly ty that cale r of Tool. times s of all l s) was orders L s le of ician live essary ary fore eive eive topics;		

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NAME OF PROVIDER OR SUPPLIER  FIVE OAKS MANOR				4	CONCORD, NC 28027	1 00/1	30/2010	
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F 428	Continued From pa	ge 14	F	428	>Completing recommendations for Antipsychotic drug Therapy. Utiliza Abnormal Involuntary Movement S (AIMS).  Training will be completed by Supe for consultant pharmacist whom is Licensed Pharmacist. In the event change in pharmacy consultant oct they will receive training during orientation.  4. Monitoring of corrective action ensure the deficient practice will not A. Report of all audit and resident monthly drug regimen reviews will reported to the Quality Assurance Committee monthly to review for continued intervention or amendmental plan. In the event corrections are not a plan will be developed, implemental evaluated for its effectiveness.	tion of cale rvisor a a curs, to ot recur; s oe ent of eeded ited		