CENTERS FOR MEDICARE & MEDICARD SERVICES OME NO OBSIGNATION NUMBER: OME NO OBSIGNATION NUMBER: <th></th> <th></th> <th>AND HUMAN SERVICES</th> <th></th> <th></th> <th>F</th> <th>ORM</th> <th>APPROVED</th>			AND HUMAN SERVICES			F	ORM	APPROVED
AND PLAN OF CORRECTION DEBNTIFICATION NUMBER: A. BUILDING	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					
345503 B. WING 03/31/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 41/2 30/11 MAIN STREET SALUSBURY, NC 23147 LIBERTY COMMONS NSG & REH ROWA PROVIDER OR SUPPLIER PROVIDER OR SUPPLIER 9700 MAIL OF PROVIDER OR USE DECISION MUST BE PRECEDED BY FULL PROVIDER SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR NOT OR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILV OF CONRECTION (EACH CORRECTIVE ACTOR USE DENTFYING INFORMATION) PROVIDER OF SILVI				· /		· ·	COMF	PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE LIBERTY COMMONS NSG & REH ROWA SUMMARY STATEMENT OF DEFICIENCIES 12 SOUTH MANN STREET SALISBURY, NC 28147 (M) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES IP PROVIDER SPLAND OF CORRECTION c6X-05CHECITY ACTION SHOULD BE CROSS-REFERENCIES (COMECTIVE ACTION SHOULD BE CROSS-REFERENCIES) c000000000000000000000000000000000000			345503	B. WING				
LIBERTY COMMONS NGS & REH ROWA SALISBURY, NC 28147 (X) ID PREFEX TAG SUMMARY STATEMENT OF DEFICIENCIES (EXOPARECTIVE ACTION SHOULD BE (EXOPARECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY (x0, in) (x0, in) (EXOPERCIPACING CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY (x0, in) (x0, in) (EXOPERCIPACING CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY (x0, in) (x0, in) (EXOPERCIPACING CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY (x0, in) (x0, in) (x0, in) (x0, in) (EXOPERCIPACING CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DEFICIENCY (x0, in) (x0,	NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CMU ID PRETRY TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECT VALUE DEPRICIPACIES PLUL REGULATORY OR LSC DENTIFYIGS INFORMATION) D PRETRY TAG PROPERSIDAN OF CORRECTION (EACH CORRECT VALUE DEPRICIPACIES OF DULL PRETRY TAG D PRETRY TAG PROPERSIDAN OF CORRECTION (EACH CORRECT VALUE DEPRICIPACIES OF DULL DEPRICIENCY) Comment Construction of the Comment Deficiency Comment Comment Deficiency Comment Deficiency Comment Deficiency <thcomment Deficiency <thcomment Deficiency<!--</td--><td></td><td></td><td></td><td></td><td>44</td><td>12 SOUTH MAIN STREET</td><td></td><td></td></thcomment </thcomment 					44	12 SOUTH MAIN STREET		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE DEFICIENCY) COMMENTION DEFICIENCY F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS F 281 4/20/15 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility field to follow physician orders to obtain lab values for 1 of 5 Residents (Resident #173). The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycenia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure wound to the left lateral ankle and unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral ankle and unstageable pressure wound to the left lateral ankled doz therewolf bate left requested were Glycated		COMMONS NSG & P			S	ALISBURY, NC 28147		
TXG REGULATORY OR LSC IDENTIFYING INFORMATION TXG CROSS-REFERENCED TO THE APPROPRIATE DATE F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D F 281 F 281 4/20/15 The services provided or arranged by the facility must meet professional standards of quality. F 281 F 281 4/20/15 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Residents (Resident #173). The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. F 0281 Services provided meet professional standards (LTC) Review of Resident #173 vound care evaluation dated 3/27/15 revealed meet lest requested were Giycated Hemoglobin (HBA1C) recommended on 3/24/15; and Preabumin recommended on 3/24/15; and Preabumin recommended on 3/24/15; and Preabumin recommended on 3/24/15; and Preabumin revealed; results to wound care. F 0281 Services provided meet professional standards (LTC) Review of the daily lab sheet located in the note Review of the daily lab sheet located in the note					~		=	
F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS F 281 4/20/15 The services provided or arranged by the facility must meet professional standards of quality. The services provided or arranged by the facility must meet professional standards of quality. Image: Comparison of the services interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes melitus type 2, colon cancer, unstageable pressure ucer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. To remain in compliance with all Federal and State Regulations the facility s allegation of correction constitutes the facility's allegation of compliance such that all alleged deficiencies click have been or will be corrected by the date or dates indicated. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound on 3/24/15; and Prealbumin recommended on 3/24/15; and Prealbumin recommended on 3/24/15; and Prealbumin recommended on 3/24/15; and Prealbumin recommended on 3/24/15; and Review of the daily lab sheet located were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instructor revealed: results to wound care. F 0281 Services provided meet professional standards (LTC) Rev					^	CROSS-REFERENCED TO THE APPROPRIAT		
SS=D PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hypergivernia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucor. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 wound to the last raugeable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable pressure wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the sacrum, unstageable pressure wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unstageable wound to the left lateral ankie and an unastageable wound to the left lateral ankie and an unsta						DEFICIENCY)		
must meet professional standards of quality.This REQUIREMENT is not met as evidenced by:Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.To remain in compliance such that all allegation of other resident #173 labs were obtained on 3/24/15.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) commended on 3/24/15.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were <td></td> <td></td> <td></td> <td>F 2</td> <td>81</td> <td></td> <td></td> <td>4/20/15</td>				F 2	81			4/20/15
must meet professional standards of quality.This REQUIREMENT is not met as evidenced by:Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.To remain in compliance such that all allegation of other resident #173 labs were obtained on 3/24/15.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) commended on 3/24/15.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were <td></td> <td>The services provid</td> <td>led or arranged by the facility</td> <td></td> <td></td> <td></td> <td></td> <td></td>		The services provid	led or arranged by the facility					
This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and physician interview the facility failed to follow physician orters to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Norective action revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Norective action revealed the test requested were Glycated Hemoglobin (HBA1C) care for seults to wound care.F 0281 Services on 4/17/2015 by DON.Review of the daily lab sheet located in the noteReview of the daily lab sheet located in the noteF 0281 Services con 3/31/2015								
by: Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Residents (Resident #173).The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.To remain in compliance with all Federal and State Regulations the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteHord of the residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents have the potential to be effected by this alleged practice. On 3		·	. ,					
Based on record review, staff interview, and physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucer. The most recent Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 outside lab requisition dated 3/22/15 revealed for sevelated on 3/24/15; and Prealbumin recommended on 3/24/15.To remain in compliance with all Federal ankle and an unstageable pressure wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HEA1C) arecimended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HEA1C) and Preablumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteIdentification of other residents who may be involved with this practice. All residents medical records were audited in			NT is not met as evidenced					
physician interview and contracted outside lab services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 wound to the escrum, unstageable pressure wound to the escrum, unstageable pressure wound to the left lateral and Prealbumin recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services on 3/31/2015 MD notified of results with no new MD orders for #173. Nurse #0 was counseled and educated on lab procedures on 4/17/2015 by DON.Review of the daily lab sheet located in the noteIdentification of other residents who may be involved with this practice: All residents medical records were audited in			wiow staff intonviow and			The statements made on this Plan of	f	
services interview the facility failed to follow physician orders to obtain lab values for 1 of 5 Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ucler. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 hus cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 hus cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15. Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care. Review of the daily lab sheet located in the note								
physician orders to obtain lab values for 1 of 5 Residents (Resident #173).alleged deficiencies.Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegad deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin commended on 3/24/15; and Prealbumin recommended on 3/24/15; by DON.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services on 4/17/2015 by DON.Review of the daily lab sheet located in the noteIdentificatio								
Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.To remain in compliance with all Federal and State Regulations the facility has take no will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral ankle and an unstageable wound to the left lateral ankle and an unstageable the test requested Glycated Hemoglobin (HBA1C) recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services output and the set frequested were discrete the potentiation of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in								
Resident #173 was admitted to the facility on 3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes melitus type 2, colon cancer, unstageable pressure ulcer. The most recent Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services novided meet professional standards (LTC)Review of the daily lab sheet located in the noteCorrective action: Resident #173 labs were obtained on 3/24/15; by DON.Review of the daily lab sheet located in the noteIdentification of other residents who may be involved with this practice: On 3/31/2015 all residents medical records were audited in		Residents (Resider	nt #173).			To remain in compliance with all Fode	aral	
3/17/15 with a diagnosis that included acute kidney injury, metabolic acidosis, hyperglycemia, sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteresidents who may be involved with this practice: All residents who may be involved with this practice: All residents medical records were audited in		Resident #173 was	admitted to the facility on					
 sepsis, diabetes mellitus type 2, colon cancer, unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15. Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care. Review of the daily lab sheet located in the note Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F 0281 Services provided meet professional standards (LTC) Corrective action: Resident #173 labs were obtained on 3/31/2015. MD notified of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON. Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in 		3/17/15 with a diagr	nosis that included acute			taken or will take the actions set forth		
 unstageable pressure ulcer. The most recent Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14. Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15. Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care. Review of the daily lab sheet located in the note 								
Minimum Data Set dated 3/24/15 indicated Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.alleged deficiencies cited have been or will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteReview of the daily lab sheet located in the note								
Resident #173 was cognitively intact as evidenced by a Brief Interview Score of 14.will be corrected by the date or dates indicated.Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in		• .						
Review of Resident #173 wound care evaluation dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the								
dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 028		evidenced by a Brie	of Interview Score of 14.			indicated.		
dated 3/24/15 revealed Resident #173 had an unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.F 0281 Services provided meet professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.F 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 0281 Services provided meet professional standards (LTC)Review of the daily lab sheet located in the noteF 028		Review of Resident	#173 wound care evaluation					
unastageable pressure wound to the sacrum, unstageable pressure wound to the left lateral ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.professional standards (LTC)Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Review of the daily lab sheet located in the noteprofessional standards (LTC)Review of the daily lab sheet located in the noteresident #173 labs were obtained on 3/31/2015. MD notified of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.						F 0281 Services provided meet		
ankle and an unstageable wound to the left lateral mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.Corrective action: Resident #173 labs were obtained on 3/31/2015. MD notified of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in		•						
mid foot. The "investigations" revealed Glycated Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.were obtained on 3/31/2015. MD notified of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in						Corrective entire Decident #170		
Hemoglobin (HBA1C) recommended on 3/24/15; and Prealbumin recommended on 3/24/15.of results with no new MD orders for #173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in								
and Prealbumin recommended on 3/24/15.#173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.#173. Nurse #6 was counseled and educated on lab procedures on 4/17/2015 by DON.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in							neu	
Review of Resident #173 outside lab requisition dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.by DON.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in						#173. Nurse #6 was counseled and		
dated 3/27/15 revealed the test requested were Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in		Deview of Devid	#470 a			•	2015	
Glycated Hemoglobin (HBA1C) and Preablbumin. Special instruction revealed: results to wound care.Identification of other residents who may be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in			•			BY DON.		
Special instruction revealed: results to wound care.be involved with this practice: All residents have the potential to be effected by this alleged practice. On 3/31/2015 all residents medical records were audited in						Identification of other residents who m	nav	
Review of the daily lab sheet located in the noteby this alleged practice. On 3/31/2015 all residents medical records were audited in						be involved with this practice: All		
Review of the daily lab sheet located in the note residents medical records were audited in		care.						
		Review of the daily	lah sheet located in the note					
		-						(X6) DATE

Electronically Signed

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

04/20/2015

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				APPROVEI 0938-039	
	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503			TIPLE CONSTRUCTION	СОМ	3) DATE SURVEY COMPLETED	
			B. WING _			C 31/2015	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z			
LIBERTY COMMONS NSG & REH ROWA				4412 SOUTH MAIN STREET SALISBURY, NC 28147			
(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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 281	Continued From pa	-	F 28				
	book at the nurse's station revealed a daily lab sheet dated 3/27/15. Resident #173 was not identified as having labs drawn. Review of the daily lab sheet dated 3/30/15 did not identify Resident #173 as having labs drawn. Review of Resident #173 physician note dated			the last month for lab ord processed, drawn and re with indication MD was n This audit was completed Managers and results rev completed as ordered.	sults in the chart otified of results. d by DON/Unit		
	of pain with repositi note identified the r ankle, back and co plan stated wounds	Resident #173 had complaints ioning and treatments. The resident had wounds to the left ccyx. The assessment and s- patient denies any pain d scheduled Tylenol; labs as yound doctor.		Systemic changes: Whe lab, the nurse receiving the the residents name, lab a drawn in the Solstas lab nurses' station. The nurs information in the lab con the requisition to place in	he order is to put and date to be book at the se is to enter the nputer and print		
 	am revealed she w needed lab into the she could not locate was drawn. She st was requested by t #173. Nurse #6 inc draw for 3/27/15. T wanted the request review when provid would have normal Monday 3/30/15. N not locate any requ	Nurse #6 on 3/31/15 at 9:24 as responsible for entering the labs system. Nurse #6 stated e information indicating the lab ated she entered the lab that he wound doctor for Resident dicated she requested the lab The wound doctor would have red labs today (3/31/15) for his ling the wound care. The labs ly been available for review on Jurse #6 indicated she could isition in the lab book that ab or requisition was		of lab book to be drawn. Phlebotomist comes Mor and Friday and will check notebook take the requis blood and indicate she ha task by signing her initials ordered stat or on a day is not scheduled the nurs for processing the order, the computer and printing obtaining the blood per S protocol. The nurse then for pickup.	The lab nday, Wednesday (the lab ition obtain the as completed the s. Should lab be the phlebotomist se is responsible entering info in g requisition then solstas lab		
	completed. Interview with a rep on 3/31/15 at 11:15 as evidenced a prir located in the facilit book was located a representative of th Resident #173 did l	presentative of the outside lab am revealed labs are drawn ted requisition form that is by lab draw book. The lab draw to the nursing station. The be outside lab indicated have a requisition that w could not have been done on		The 11-7 Nurse is respor reviewing lab orders in th hours assuring that labs the computer, requisition lab books on the correct resident and room number Routine and non-critical I the facility once results a When received by the fac	e last twenty four are entered into s forms are in the date with er. abs are faxed to re finalized.		

Facility ID: 980260

If continuation sheet Page 2 of 10

		& MEDICAID SERVICES				APPROVEI 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	COM	E SURVEY PLETED
	345503		B. WING _			C 31/2015
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
LIBERTY COMMONS NSG & REH ROWA				4412 SOUTH MAIN STREET SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 281	they had already left representative indice been drawn on the 3/30/15. Interview with the w 12:10 pm revealed automatically genere He revealed he did prealbumin levels d waist of money. The was his expectation to review upon follo In an interview with on 3/31/15 at 3:37 p expectation that lab the physician. The her expectation that instance the lab wa laboratory as evider	y completed a requisition after ft the facility. The cated that the lab would have next scheduled visit on yound doctor on 3/31/15 at the recommendations were rated on the evaluation forms. not necessarily need the lrawn because they were a he wound doctor indicated it in that labs be available for him	F 28	 checks the lab off as receipook. MD notified of lab replaced into the MD communifor initials by MD/NP. One they are filed in the resider Stat labs are called and fa facility by the lab. Nurse of the call is responsible to care obtain follow up orders as will write a nurse note or dresult sheet of MD notifica 1st and 2nd shift, are respithe lab book to ensure all results back to the facility. have not been returned nut the computer for results are applicable. The nurse the MD of lab results or inabilities for further direction On 3/31/2015 all nurses with y DON/Unit Managers on procedure, topics included processing, lab ordering processing, lab ordering processing, lab ordering processing with who did not in-service training will not low ork until training is compinformation has been integrated in-service. Monitoring: Five days a with the order of the days and monitoring responsibilities blook for lab orders, drawn obtained and MD notified for the days and the days and	esults and then unication book e initialed labs, int chart. xed to the in duty receiving all the MD and needed. Nurse ocument on lab tion. Nurses, onsible to check abs drawn have If lab results inse is to check abs drawn have If lab results inse is to check in notifies the ty to obtain and orders. ere in serviced lab policy and MD order rocedures, for assuring otained, and sults. Any receive be allowed to leted. This grated into the ing and in the eek for one s will review lab , results	

Facility ID: 980260

If continuation sheet Page 3 of 10

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/23/2015 APPROVED 0938-0391
-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION ((X3) DATE SURV COMPLETE	
345503							31/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LIBERTY	COMMONS NSG & F	REH ROWA			412 SOUTH MAIN STREET ALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIJ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 281 F 329 SS=D	UNNECÉSSARY D Each resident's dru unnecessary drugs drug when used in duplicate therapy); without adequate m indications for its us adverse consequer should be reduced combinations of the Based on a compre- resident, the facility who have not used given these drugs u therapy is necessar as diagnosed and o record; and residen drugs receive gradu behavioral intervent	EGIMEN IS FREE FROM RUGS g regimen must be free from . An unnecessary drug is any excessive dose (including or for excessive duration; or ionitoring; or without adequate se; or in the presence of inces which indicate the dose or discontinued; or any	F 2		residents on Survey QA Tool and identified issues will be brought immediately to the DON or Administ for appropriate action. This will confi- weekly for two months until compliant obtained. Monday through Friday the Daily Clin QA meeting will review lab monitorin The Daily Meeting includes Administ DON, Unit Managers, Rehab Director HIM, Dietary Manager and MDS Coordinator.	tinue nce is nical ng tool. trator,	4/20/15

If continuation sheet Page 4 of 10

	-	AND HUMAN SERVICES & MEDICAID SERVICES			FORM	04/23/2015 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE COMF	E SURVEY PLETED	
		345503	B. WING		C 03/31/2015		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
				4412 SOUTH MAIN STREET			
	COMMONS NSG & F	REH ROWA		SALISBURY, NC 28147			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 329	Continued From pa	ge 4	F 329	9			
	by: Based on staff interfacility failed to obta (thyroid stimulating (thyroxin) as orderer residents reviewed (Resident # 164) The findings include Resident #164 2/5/15 with the diag heart failure, depresent hypothyroidism. The admission Minit assessment with as 2/12/15 indicated the extensive assistance (ADL ' s) and was so The physician prograve revealed an assess diagnosis of hypoth increase the medicate every day and re-ch	was admitted to the facility on nosis of dementia, congestive		F 0329 Drug Regimen is free from unnecessary drugs (LTC) Correction action: Resident #164's and T4 labs were obtained on 4/16/ MD notified of results with no new orders for Synthroid. Nurse #3 was counseled and educated on lab procedures on 4/17/2015 by DON. Identification of other residents who be involved with this practice: All residents have the potential to be a by this alleged practice. On 4/16/20 residents records on Synthroid were audited in the last month for lab ord lab were processed, drawn and res the chart with indication MD was no of results, This audit was complete DON and results revealed no reside requiring a dose change. Systemic changes: When MD orde lab, the nurse receiving the order is the residents name, lab and date to drawn in the Solstas lab book at the	TSH 2015. MD may ffected 015 all elers, if ults in tified d by ents ers a to put be		
	reference range (.3 A physician order da increase levothyrox re-check TSH and I	50-4.50). ated 2/9/15 indicated to ine to 100 mg every day,		nurses' station. The nurse is to ent information in the lab computer and the requisition to place in the date s of lab book to be drawn. The lab Phlebotomist comes Monday, Wed and Friday and will check the lab notebook take the requisition obtain	l print ection nesday		

Facility ID: 980260

If continuation sheet Page 5 of 10

TATEMEN	OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	0938-039 SURVEY PLETED
	345503			-		C 03/31/2015	
NAME OF PROVIDER OR SUPPLIER				44	TREET ADDRESS, CITY, STATE, ZIP CODE 412 SOUTH MAIN STREET ALISBURY, NC 28147		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETIC DATE
F 329	results for 3/9/15 fe be located. An interview with m revealed that she s 2/9/15 and thought orders for the TSH weeks. The physician prog revealed an asses diagnosis of hypottl indicated that the le 100 mg every day ordered x 4 weeks as needed. A physician order of TSH, Free T4 was in 4 weeks. If done in MD/NP book, if in day. A record review on results for 3/19/15 be located. An interview with m revealed that she s 3/19/15 but did not Free T4 because s were done on 2/6/1 done. An interview with th 3:30 PM indicated and 3/19/15 for TS The lab requisition	age 5 or TSH and Free T4 could not signed off on the order dated the hall nurse carried out the and Free T4 to be done in 4 gress note dated 3/19/15 sment and plan with a hyroidism and a note that evothyroxine was increased to on 2/9/15 and labs were . Will obtain results and titrate dated 3/19/15 indicated the ordered on 2/9/15 to be done e, please get results and place not please obtain on next lab 3/31/15 revealed that lab for TSH and Free T4 could not urse #3 on 3/31/15 at 3:00 PM signed off the order dated obtain the lab for TSH and she saw the lab results that 15 and assumed the lab was ne unit manager on 3/31/15 at that the lab ordered on 2/9/15 H and Free T4 was not done. will be done today. The unit dicated that the process is that	F 3	29	 blood and indicate she has complet task by signing her initials. Should ordered stat or on a day the phleboi is not scheduled the nurse is responder for processing the order, entering in the computer and printing requisition obtaining the blood per Solstas lab protocol. The Nurse then will call the for pickup. The 11-7 Nurse is responsible for reviewing lab orders in the last twee hours assuring that labs are entered the computer, requisition forms are lab books on the correct date with resident and room number. Routine and non-critical labs are fait the facility once results are finalized. When received by the facility the nucleacks the lab off as received in the book. MD notified of lab results and placed into the MD communication for initials by MD/NP. Once initialed they are filed in the resident chart. Stat labs are called and faxed to the facility by the lab. Nurse on duty re the call is responsible to call the MD obtain follow up orders as needed. will write a nurse note or document result sheet of MD notification. Nurses on 1st and 2nd shifts are responsible to check the lab book to ensure all labs drawn have results the facility. If lab results have not b returned nurse is to check the complicable. 	lab be tomist nsible nfo in n then he lab hty four d into in the xed to l. urse e lab d then book d labs, e ceiving 0 and Nurse on lab	

Facility ID: 980260

If continuation sheet Page 6 of 10

STATEMENT	OF DEFICIENCIES	K MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION (X3	3) DATE	0938-039 SURVEY PLETED
				-		С	
		345503	B. WING			03/3	31/2015
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
LIBERTY COMMONS NSG & REH ROWA					412 SOUTH MAIN STREET ALISBURY, NC 28147		
(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 APPROPRIAT DEFICIENCY)		(X5) COMPLETIO DATE
F 329	Continued From pa	age 6	F 3	29			
	requisition in the co	gn off on the order, put the lab omputer and the lab company lab from the resident.			nurse then notifies the MD of lab resu or inability to obtain results for further direction and orders.		
	During an interview with the Director of Nurses 3/31/15 at 3:30 PM indicated that she expected that labs were to be obtained as ordered by the physician. The third shift is to check all physicia orders to verify that they are carried out and the lab was missed.				On 3/31/2015 all nurses were in service by DON/Unit Managers on lab policy a procedure, topics included MD order processing, lab ordering procedures, monitoring responsibilities for assuring blood draws and results obtained, and notification of MD of lab results. Any in-house staff who did not receive in service training will not be allowed to a until training is completed. This information has been integrated into the standard orientation training and in the required in service.	and g d work he	
					Monitoring: Five days a week for one month DON/Unit Managers will review book for lab orders, drawn, results obtained and MD notified for three residents on Survey QA Tool and identified issues will be brought immediately to the DON or Administra for appropriate action. This will contin weekly for two months until compliance obtained.	w lab ator nue	
					Monday through Friday the Daily Clinic QA meeting will review lab monitoring The Daily Meeting includes Administra DON, Unit Managers, Rehab Director MDS, and Dietary Director and other clinical staff as needed.	tool. ator,	
					Compliance will be monitored and ongoing auditing program reviewed at weekly QA meeting. The weekly QA	t the	

Facility ID: 980260

If continuation sheet Page 7 of 10

co	TE SURVEY MPLETED C
•	
•	3/31/2015
CORRECTION FION SHOULD BE THE APPROPRIATE CY)	(X5) COMPLETIO DATE
ne DON, MDS lers Rehab anager and	4/20/15

If continuation sheet Page 8 of 10

		AND HUMAN SERVICES				FORM	04/23/2015 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION ((X3) DATE SURVEY COMPLETED C 03/31/2015	
		345503	B. WING	;			
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
LIBERT	COMMONS NSG & F	REH ROWA			1412 SOUTH MAIN STREET SALISBURY, NC 28147		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 441	transport linens so infection.	ndle, store, process and as to prevent the spread of	۴ F	441			
	by: Based on observation policy review the far manufacturer 's react shared glucometer check blood sugar) observation of a glu The findings included The manufacturer ' 5/10 for disinfecting included in part: "T the monitor and wip 10% bleach." Observation on 3/3 Nurse #1 had one to glucometer. Nurse from the medication finger stick blood su sample and blood su sample and blood su the glucometer from he the medication cart and went to the oth medications on 200 Interview with Nurse	s recommendations dated g glucometers after use To disinfect your monitor, clean be down using a solution of 1/15 at 5:40 AM revealed blood sugar to check with the #1 obtained the glucometer in cart to check a resident ' s ugar. After obtaining the blood sugar reading, Nurse #1 wiped in an alcohol wipe and placed it et. Nurse #1 removed the er pocket and placed it inside . The nurse locked the cart er side of the building to pass			F 0441 Infection control, prevent splinens (LTC) Corrective action: The Nurse #1 was counseled and educated using the c bleach wipe for cleaning of resident's personal glucometer. Identification of other residents who be involved with this practice: All residents with Diabetes requiring fing stick blood glucose levels using glucometer could be affected. Residents with a diagnosis of diabete with an MD order for finger stick blood sugar were observed to ensure that had and were provided their own glucometers and glucose strips. Ble wipes for cleaning glucometer after u are stored on medication cart. This was completed 3/31/2015 by Unit Managers and revealed no issues an items are in place. Systemic Changes: On admission a residents with a diagnosis of diabete be issued a glucometer. The glucom will be stored in the residents room. Bleach wipes solution is stored on the	s correct s may ger es od they each use audit nd all es will heter	

Facility ID: 980260

If continuation sheet Page 9 of 10

TATEMEN	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	()	TIPLE CONSTRUCTION	СОМ	E SURVEY PLETED
	345503		B. WING _			C 31/2015
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP C 4412 SOUTH MAIN STREET SALISBURY, NC 28147		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 441	cleaned it with alco resident's room. N know if the resident assigned glucometer the medication cart Interview with the d 6:48 AM revealed t had assigned gluco drawer in the reside glucometer Nurse # kept in the cart for the Further interview w 6:52 AM revealed s glucometer with a c wipes were located nurse's station. Sh clean it and had no using the chlorox w Interview with the E at 8:30 AM revealed put the glucometer	hol when she was in the urse #1 explained she did not ts on the 400 hall had ers and she used the one in ay shift Nurse #2 at 03/31/15 he residents on the 400 hall ometers located in the top ents ' room. She explained the #1 used was an extra machine, use when needed. ith Nurse #1 on 3/31/15 at she knew to clean the chlorox wipe. The chlorox in the supply room at the e used the alcohol wipe to further explanation for not	F 44	 Additional wipes are available supply room. In service for all Nurses was 3/31/2015 by the DON and on glucometer monitor policy procedure with use of bleact on the medication cart. Tho in the facility at the time receptione call and provided the material. Monitoring: To ensure comp DON/Unit Managers will obst the Survey QA Tool the bleat available on the medication nurses demonstrating the caprocedure for the glucometer Any issues for concerns will immediately to the DON or a for follow up. This will be doweek for one month and we months. Compliance will be monitored ongoing auditing program reweekly QA Meeting. The we Meeting is attended by the I Coordinator, Unit Managers Director, HIM, Dietary Mana Administrator. 	s provided on Unit Managers cy and cleaning h wipes stored se nurses not eived a in service pliance the serve using ich wipes cart and two orrect er after use. be reported Administrator one five days a sekly for two ed and eviewed at the eekly QA DON, MDS a, Rehab	

Facility ID: 980260

If continuation sheet Page 10 of 10