PRINTED: 06/10/2015 FORM APPROVED OMB NO. 0938-0391

ND DLAN OF CODDECTION IDENTIFICATION NUMBER:			(X3) DATE SUR COMPLETE		
	345119	B. WING _		05/20/20	015
PROVIDER OR SUPPLIER  HASE NURSING AND	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COM	(X5) IPLETION DATE
PRIVACY/CONFIDE The resident has the confidentiality of his records.  Personal privacy interest medical treatment, communications, personal privacy interest meetings of family adoes not require the room for each resident release of personal individual outside the contained in the resident is transferr institution; or record the form or storage release is required healthcare institution contract; or the resident resident resident is transferr institution; or record the form or storage release is required healthcare institution contract; or the resident res	e right to personal privacy and or her personal and clinical cludes accommodations, written and telephone ersonal care, visits, and and resident groups, but this efacility to provide a private lent.  in paragraph (e)(3) of this at may approve or refuse the and clinical records to any ne facility.  to refuse release of personal does not apply when the red to another health care at release is required by law.  ep confidential all information sident's records, regardless of methods, except when by transfer to another in; law; third party payment dent.  NT is not met as evidenced eview, observations and ity failed to maintain privacy ontinence care for one upled resident whose privacy	F 16	1) Thorough peri-care was provide resident #26 with curtain pulled, doc closed and blinds closed in residen room by a nursing assistant on 5/18	or ts 9/15 at	15
was opened while s	she was uncovered from the	NATURE			ATF
	PROVIDER OR SUPPLIER  HASE NURSING AND  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  483.10(e), 483.75(I PRIVACY/CONFIDE  The resident has th confidentiality of his records.  Personal privacy inductions, portion and confidentiality of family a does not require the room for each resident release of personal individual outside the contained in the resident is transferr institution; or record the form or storage release is required healthcare institution contract; or the resident stransferr institution; or record the stra	ASSISTANCE OF SUPPLIER  HASE NURSING AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  483.10(e), 483.75(I)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS  The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.  The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.  This REQUIREMENT is not met as evidenced by:  Based on record review, observations and interviews, the facility failed to maintain privacy when providing incontinence care for one (Resident #26) sampled resident whose privacy curtain was partially closed and the window blind was opened while she was uncovered from the	A BUILDIN B. WING	ROVIDER OR SUPPLIER  #ASE NURSING AND REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCES (LEACH DEFICIENCY)  SUMMARY STATEMENT OF DEFICIENCES (LEACH DEFICIENCY)  (ABACH DEFICIENCY)  ## WILMINGTON, NC 28405  SUMMARY STATEMENT OF DEFICIENCES (LEACH DEFICIENCY)  ### WILMINGTON, NC 28405  ### WILMINGTON, NC 28405  ### PROVIDER'S PLAN OF CORRECTION SHOULD CENCY CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATION)  ### PRIVACY/CONFIDENTIALITY OF RECORDS  ### PRIVACY/CONFIDENTIALITY OF THE PROVIDENTIALITY OF THE PROVIDENTIALITY OF THE PROVIDENTIALITY	ROVIDER OR SUPPLIER  345119  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  TAGS  THE resident has the right to personal privacy and confidentiality of his or her personal and clinical records.  Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident may approve or refuse the release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.  The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when revealed in the resident.  This REQUIREMENT is not met as evidenced by:  This REQUIREMENT is not met as evidenced and the window blind was opened while she was uncovered from the

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

(X6) DATE

**Electronically Signed** 

06/08/2015

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.

	IENT OF DEFICIENCIES AN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING  (X3)			(3) DATE SURVEY COMPLETED		
		345119	B. WING		05/3	20/2015
NAME OF F	PROVIDER OR SUPPLIEF	3		STREET ADDRESS, CITY, STATE, ZIP CC	•	
NODTUC	CHACE NUIDCING AN	ID DELIABII ITATION CENTED		3015 ENTERPRISE DRIVE		
NORTHO	HASE NURSING AN	ID REHABILITATION CENTER		WILMINGTON, NC 28405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 164	waist down.  Findings included: Resident #26 was 10/26/2010 and rediagnoses include chronic airway obsanxiety disorder, a muscle weakness disease (PVD).  Review of the most Data Set (MDS) d MDS dated 10/9/1 cognitively intact, assistance for including incontinent of bow A review of the resident #26 had muscle weakness disease. She regall Activity of Daily monitor and provided buring an observation of the resident #26 was disease. She regall Activity of Daily monitor and provided buring an observation of the resident #26 was disease.	admitted to the facility on eadmitted on 4/30/2012. Her dispets mellitus (DM), struction disease (COPD), altered metal status, hemiplegia, and peripheral vascular are recent quarterly Minimum ated 3/25/15 and her annual 4 revealed that she was she required extensive ontinence care and personal assessed as always rel and bladder.  Sident Care Area Assessment dated 9/25/14 revealed diagnoses of hemiplegia, and peripheral vascular uired extensive assistance with Living (ADL). Staff were to de level of care required.	F 1	5/19/15 at 1545 by the Staff I the importance of maintaining of a resident during personal 2) All residents have the pote affected. A 100% nursing assilicensed nurses to include nuassistant #2 in-service was in 5/19/15 by the Staff Facilitate privacy by closing doors, pull closing windows and blinds in rooms when providing person residents, this in-service was on 6/2/15.  3) The Staff Facilitator or the Improvement Nurse will audinursing assistants to include assistant #2 providing person assure privacy of the resident maintained beginning 5/21/11 complete all observations of assistants by 6/8/15 to assur provided during residents per Retraining will be immediated by the Staff Facilitator or the Improvement Nurse for all id of concern during the audit. The Staff Facilitator or Quality Improvement Nurse will observe nursing assistant #2 to assur	g the privacy care. ential to be sistant and ursing nitiated on or to provide ing curtains, n residents nal care to a completed  Quality t 100% of nursing nal care to at was 5 and nursing e privacy is rsonal care. It y conducted Quality entified areas Thereafter, or erve resident dent #26 and re privacy is	
	with her buttocks, exposed. The priv opened but the re hall when the doo the window side o opened. Residen	standing up, secured in a lift perineum, legs and feet acy curtain was partially sident could be seen from the r was opened and the blinds on f the room were observed to be t #26 was in view of the outside g with no one observed on the		maintained using a Resident tool x 1 observation for each 2 weeks, then x 1 observatio shift 5 times each week for 2 x 1 observation x 2 days on 6 2 weeks, then x 1 observatio week each shift weekly for 2 x 1 observation monthly for 6 1 month to assure privacy of	shift daily for n for each weeks, then each shift for n once a weeks, then each shift for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED	
		345119	B. WING _		05/	20/2015	
	PROVIDER OR SUPPLIER	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405			
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F 164 F 246 SS=D	Nursing Assistant busy and did not he the curtain.  During an interview Staff Development expectation would curtains and the bis On 5/20/15 at 11:4 when staff were provided her window privacy.  On 5/20/15 at 12:1 (DON) stated her oproviding privacy from the privacy of being provided wowere closed and if room the privacy of way around.  483.15(e)(1) REAS OF NEEDS/PREF	w on 05/19/2015 12:35 PM #2 stated that he was really ave time to close the blinds or w on 05/19/2015 3:31 PM the t Coordinator stated that her be for staff to close the privacy linds before providing care.  #2 AM Resident # 26 stated roviding incontinence care she w blinds closed to provide  #3 PM the Director of Nursing expectations regarding or residents while care was all be that their window blinds they were in a semi private curtain should be pulled all the	F 16	is maintained during personal cand Administrator and the Director of will review the results of the more weekly for 10 weeks and month months. All newly hired nursing will receive the education on mathe privacy of a resident during care in orientation by the Staff Fusing an in-service form.  4) The Administrator will review Executive QI Committee monthly months for further recommendal indicated.	f Nursing nitoring by for 3 assistants intaining personal acilitator with the y x 3	5/29/15	
	by:	ENT is not met as evidenced review, observations and		1) The call bell for resident #11	I was put		

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		345119	B. WING			05/2	20/2015
NAME OF F	PROVIDER OR SUPPLIER	2		S1	FREET ADDRESS, CITY, STATE, ZIP CODE		
NODTUG	NIAGE NUIDOING AN	ID DELIABILITATION OFNITED		30	015 ENTERPRISE DRIVE		
NORTHO	HASE NURSING AN	ID REHABILITATION CENTER		W	/ILMINGTON, NC 28405		
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F 246	Continued From p	age 3	F 2	246			
F 240	interviews the faci within reach for 1 call bell out of reach the findings included Resident #111 was 12/4/14 with diagn Muscle weakness malnutrition.  Review of the most Data Set (MDS) A #111 as moderate having no behavior person assistance toileting, extensive transferring, she have to bilateral lower ewheelchair and was her bowel and black Review of the Carsummary dated 12 Activities of Daily I	lity failed to keep the call bell of 5 residents observed with a ch. (Resident #111).  de:  s admitted to the facility on loses including Osteoporosis, and Protein Calorie  st recent quarterly Minimum ssessment identified Resident ly cognitively impaired and lors. She required extensive, one with her bed mobility and extwo person assistance with lad range of motion impairment extremities, used a walker and las occasionally incontinent of dder.  e Area Assessment (CAAs) 2/11/14 triggered in the area of Living related to the extensive as needed for bed mobility,	F 2	246	in reach of the resident by hall nurs 5/18/15 and 5/19/15.  2) All residents have the potential to affected. A 100% call bell audit was completed by the Central Supply C 6/3/15 to assure clips were attached the cords. All identified areas of column were immediately corrected by the Supply Clerk during the audit. An in-service was initiated by the Staff Facilitator on 5/21/15 to 100% of nu assistants, licensed nurses, administaff, Rehabilitation staff and housekeeping staff to include nursi assistant #1 to assure the residents a call bell in reach before exiting th room, this in-service was complete 5/29/15.  3) Dietary Manager, Dietary Manage Assistant, Medical Records, Medical Records Assistant, Assistant Direct Nursing, Treatment Nurse, Treatmed Aide, Activities Director, Activities Director, Activities Director, Activities Director, Staff Facilitator, Staff Facilitator Assistant, Social Worker Scheduler, Admissions Coordinator Day Shift Supervisor will monitor residents.	o be selerk on ed to need to neern Central ursing strative ng s have ed on ler al tor of ent Director entral s, r, and	
	documented Residuith her activities of to restore or maint self-sufficiency for toileting related to Protein Cal Malnur	e Plan dated 3/13/15 dent #111 required assistance of daily living with the potential tain maximum function of the physical process of diagnoses of Pneumonia and trition. The interventions ging the resident to call for illeting.			rooms to include resident #111 twicon 1st and 2nd shift x 2 weeks to a call bells are in place using a call be audit tool for all resident rooms. The Assistant Director of Nursing, Qual Imrovement Nurse, or Treatment newill monitor for call bell placement of third shift daily for 2 weeks using a bell QI audit tool for all resident room Thereafter, Dietary Manager, Dieta	e daily ssure ell QI e ity urse on the call ms.	
	Review of Care Pl	an for Osteoporosis included			Manager Assistant, Medical Record		

Facility ID: 923038

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X3) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X4) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X5) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X6) MULTIPLE CONSTRUCTION (X DENTIFICATION NUMBER: (X DENTIFICATION NUMBER			SURVEY PLETED			
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F 246	an intervention of assuring the room the call bell in read down on wall side. the foot of bed in lastated if she needs call bell because swas.  During an observathe call bell because swas.  During an observathe call bell was stwas down on the vast was down on the vast was down on the vast was down on the vast on her own. When was noted to be brown of 5/18/2015 at 4 does not walk or transport of the call bell was on the During an interview of 5/19/15 at 4:20 PM her call bell because was.  During an interview of 5/20/15 at 9:35, be in reach at all times.	calling for assistance by was free of clutte, well lit and ch.  tion on 05/18/2015 at 12:21PM tached to bed side rail that was Resident #111 was sitting at azyboy chair. Resident #111 ed anything she couldn't use he did not even know where it tion on 05/18/2015 at 2:35PM ill attached to bedside rail that wall side and out of reach.  w with NA#1 on 05/18/2015 at d that the calli bell should be in the resident does not transfer NA#1 reached for the bell, it token in half.  interview with Resident #111 ex 20 PM she stated that she ansfer on her own.  tion on 5/19/15 at 4:20PM the extended for the bed.  w with Resident #111 on she stated she could not reach see she did not know where it with the Director of Nursing AM she stated call bells should	F 2	Medical Records Assistant Director of Nursing, Treatm Treatment Aide, Activities I Assistant Activities Directo aide, Pay Roll, Central Sup Facilitator, Staff Facilitator Social Workers, Scheduler Coordinator, and Day Shift continue to monitor call be twice daily ongoing using A staff QI rounding tool. Place bells on third shift will contimonitored by the Assistant Nursing, Quality Improvem Treatment Nurse 5 times weeks, then twice weekly for 4 weeks, then weekly for 4 weeks, then weekly for 4 weeks, then month. The Administrato Director of Nursing will revof the monitoring weekly for monthly for 3 months for call the Administrator will receive QI Committee months for further recommindicated.	ment Nurs Director, or, Activitie oply Clerk Assistant r, Admiss t Supervis ell placement of inue to be t Director nent Nurs weekly for for 2 weel hen mont or and the riew the re on 10 wee oncerns. eview with nonthly x	se, es c, Staff t, ions sor will ent ative call e of e, or 2 ks, hly for esults ks and the 3	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING		` '	SURVEY PLETED
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F 246 F 253 SS=D	5/20/15 at 9:50AM accessible to reside 483.15(h)(2) HOUS MAINTENANCE SI The facility must primaintenance service sanitary, orderly, at This REQUIREME	he stated call bells should be ents at all times. SEKEEPING &	F 246 F 253			6/1/15
	interviews the facilia environment by fail pole and floor below one of one resident via a feeding tube.  The findings including Resident #111 was 12/4/14 with diagnor Gastrostomy, Dyspweakness and Professional Review of the Physical Resource 2.0 at 30 During observation the tube feed pole 3 " diameter circle Observations at 2:3 dried 3 " in diameter tube feeding pole is same times of the resident pole in the same times of the resident pole is same times of the resident pole in the same times of the resident pole in the pole in t	,		1) The tube feeding pole for resider was cleaned by the Housekeeping Director on 5/18/15.  2) All tube feeding poles have the potential to be affected. All tube feed poles in the facility were cleaned by Housekeeping Director on 5/18/15. All in-service was initiated by the Housekeeping Director on 5/21/15 1 of housekeeping Director on 5/21/15 1 of housekeeping staff to assure all foare swept from the floors, spills are cleaned and dried, and tube feeding are cleaned daily with routine room cleaning, in-service was completed 5/22/15. All newly hired housekeeping staff will receive the education on as all foods are swept from the floors, sare cleaned and dried, and tube feeding are cleaned and dried, and tube feeding believe to the education on as all foods are swept from the floors, sare cleaned and dried, and tube feeding pulse are cleaned daily with routine cleaning during orientation by Staff Facilitator using an in-service form. In-service was initiated by the Staff Facilitator on 5/21/15 to 100% of all licensed nurses on maintaining the cleanliness of tube feeding pumps of shift and clean all spills as they occurred.	ding the An 100% oods I poles on ng ssuring spills ding room An	

	OF DEFICIENCIES OF CORRECTION				E SURVEY PLETED		
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NORTHO	HASE NURSING AND	REHABILITATION CENTER			015 ENTERPRISE DRIVE		
				W	/ILMINGTON, NC 28405		
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F 253	Continued From particles of the continued From particles of th	ge 6  with Housekeeping on M he stated that the pole and aned by housekeeping daily.  with the Nurse Consultant on M she stated that if there's an hey will find the tube feeding. ling should not be on the floor I be cleaned immediately and erviced.  with the Director of Nursing M she stated that tube buld be cleaned off the poles	F 2		in-service was completed on 6/1/15 newly hired licensed nurses will recipied the education on maintaining the cleanliness of tube feeding pumps shift and clean all spills as they occurred during orientation by the Staff Faciliusing an in-service form.  3) The Housekeeping Director or Assistant Housekeeping Director wobserve all tube feeding poles using monitoring tool for all residents on continuous tube feedings in the fact daily for 2 weeks to assure the pole been adequately cleaned, thereafted Housekeeping Director or Assistant Housekeeping Director will monitor tube feeding poles using a QI monitool for all residents to include residents to include residents, 5 times weekly for 2 weeks, then weeks, then monthly for 1 month. Day Shift Supervisor will monitor al feeding pumps on first and second to assure the pumps are clean using monitoring tool for all residents on continuous tube feedings in the factor the nurse assigned to the 200/300	5. All seive on their sur itator fill g QI illity, es have er, the toring dent in the late of the late	
					11pm to 7am shift will observe the pumps on third shift using a QI more tool for all residents on continuous feedings in the facility, daily for 2 wassure the pumps are clean. The Assistant Director of Nursing or the Treatment Nurse will monitor the fee pumps on the weekend using a QI monitoring tool for all residents on continuous tube feedings in the facilidentified areas of concern found d	nitoring tube eeks to eeding	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION  NG		E SURVEY MPLETED
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F 253 F 312 SS=D	DEPENDENT RES  A resident who is used aily living receives	ARE PROVIDED FOR	F 2	the audits will be immediatel auditor. Thereafter, monitoring using a QI monitoring tool fo on continuous tube feedings by the Day Shift Supervisor at to 7am nurse assigned to the hall, 5 times a week for 2 we twice weekly for 2 weeks, the 4 weeks, then monthly for 1 Administrator and the Direct will review the results of the weekly for 10 weeks and momonths for concerns.  4)The Administrator will revie Executive QI Committee momonths for further recomme indicated.	ng will occur r all residents in the facility, and the 11pm e 200/300 eks, then en weekly for month. The or of Nursing monitoring inthly for 3 ew with the nthly x 3	
	by: Based on record reinterviews, the facilincontinence care for #26) who was observindings included: Resident #26 was a	eview, observations and ity failed to provide proper or 1 of 1 resident (Resident erved receiving peri-care.		1) Thorough peri-care was president #26 with curtain pull closed and blinds closed in rroom by a nursing assistant 1515 observed by Director of Nursing assistant #2 was ed 5/19/15 at 1545 by the Staff providing proper peri-care wiresident's perineum from fro	ed, door esidents on 5/19/15 at f Nursing. ucated on Facilitator on hile wiping a	

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diag discoperii Rev Data MDS cograssi hygi inco A re (CA Res mus dise all A mor A re revie inco inter inco inter inco peri Ass was #26 obse #26 and	rder, hemiples oheral vascular iew of the most a Set (MDS) d S dated 10/9/1 hitively intact, stance for incene. She was ntinent of bow view of the research was ase. She requisitor and provide weakness ase. She requisitor and provide wiew of Reside wead 3/18/15 hitinence relativention was to not mean and between the stant #2 was a cheloth wiping and getting a washing her lie.	d diabetes mellitus, anxiety gia, muscle weakness and ar disease (PVD).  St recent quarterly Minimum ated 3/25/15 and her annual 4 revealed that she was she required extensive continence care and personal assessed as always rel and bladder.  Sident Care Area Assessment dated 9/25/14 revealed diagnoses of hemiplegia, and peripheral vascular uired extensive assistance with Living (ADL). Staff were to de level of care required.  Lent # 26 's care plan last revealed the focus was urinary ed to loss of sensation. The provide peri-care after each	F3	2) All residents have the pote affected. A 100% nursing assicensed nurses to include nuassistant #2 in-service was in 5/19/15 by the Staff Facilitate providing proper peri-care where sident's perineum from from this in-service was completed. 3) The Staff Facilitator or the Improvement Nurse will audinursing assistants to include assistant #2 providing peri-cate 5/21/15 and complete all obstantial obstantial proper technique is utilized. If the immediately conducted by Facilitator or the Quality Important Nurse for all identified areas during the audit. Thereafter, Facilitator will observe reside care provisions to include reassure proper technique is under the Resident care audit QI tool in the Nobservation for each shift day weeks, then in a 1 observation to times each week for 2 weeks on 2 weeks, then in 1 observation week for each shift weekly for the number of Nursing will review of the monitoring weekly for monthly for 3 months for connewly hired nursing assistant the education on providing providing personal care of the monitoring weekly for monthly for 3 months for connewly hired nursing assistant the education on providing personal care to residents. The Administrate Director of Nursing will review of the monitoring weekly for monthly for 3 months for connewly hired nursing assistant the education on providing personal care to residents.	sistant and arsing nitiated on or on nile wiping a not to back, do no 6/2/15. Quality to 100% of nursing are beginning servations of to assure Retraining will of the Staff covement of concern the Staff ent personal sident #26 to tilized using a 1 sily for 2 for each shift for nonce a provisions or and the worth the results 10 weeks and cerns. All its will receive	

Facility ID: 923038

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345119	B. WING		05/20/2015
	PROVIDER OR SUPPLIER	REHABILITATION CENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 8015 ENTERPRISE DRIVE WILMINGTON, NC 28405	
(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 COMPLÉTION
F 469 SS=D	Nursing Assistant # busy helping anothe on a lunch break ar from back to front.  During an interview Staff Development expectation regardifor staff to wipe from On 5/20/15 at 12:19 (DON) stated her e providing peri-care from front to back to a Urinary Tract Infe 483.70(h)(4) MAINT CONTROL PROGET	on 05/19/2015 12:35 PM 2 stated that he was really er Nursing Assistant that was not was in a hurry and did wipe  on 05/19/2015 3:31 PM the Coordinator stated that her ng incontinence care would be in front to back.  PM the Director of Nursing expectations regarding would be that staff would wipe to avoid residents from getting ction (UTI).  TAINS EFFECTIVE PEST	F 312	perineum from front to back in orier by the Staff Facilitator using an in-s form.  4) The Administrator will review with Executive QI Committee monthly x months for further recommendation indicated.	ervice n the 3
	by: Based on observat failed to maintain a program by keeping observed on one of The findings include Observations were	NT is not met as evidenced tions and interviews the facility in effective pest control go the facility free of ants two nursing stations.  The state of two nursing stations are:  The state of two nursing stations are:  The state of the sta		1) The charting room for the Pelica Station was treated for ants by the Maintenance Director on 5/18/15 ar again on 5/19/15. The facility Exterr was at the facility on 5/20/15 and tre for pests in Cardinal and Pelican nu stations the therapy gym on 700 had dining area on 700 hall, rooms 303, 210. The Maintenance Director tour	nd minator eated urses II, the . 706,

	ATEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345119	B. WING		05/	20/2015
	PROVIDER OR SUPPLIER CHASE NURSING ANI	D REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COE 3015 ENTERPRISE DRIVE WILMINGTON, NC 28405	<u> </u>	
(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 CORRI X (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 469	station of small blanear the storage of Resource, Diabets Observations maderoom adjoining the small black ants or storage of nutrition During an interview on 05/18/2015 4:34 have a pest control and he calls them is between routine speake care of the ananything "sweet".  During an interview 05/18/2015 at 4:34 ants they will find the Company of the counter tops housing the counter tops housing an interview on 5/20/15 at 9:35/4 Maintenance did spest control company stated that insects	ck ants on the counter top inutritional supplements (i.e. ource, Impact).  e on 5/18/15 at 4:00pm in the Pelican Nursing station of the counter top near the all supplements.  with the Maintenance Director PM he stated that he does company that sprays routinely fithere is a specific problem traying. He stated he would tes. He stated ants love  with the nurse consultant on PM she stated that if there are the tube feeding formula.  made on 5/19/15 at 3:45PM terved in the room adjoining the ation on the wall over the the dietary supplements.  with the Director of Nursing PM she stated that the pray the area and today the the theory was coming to spray. She should not be inside.	F 4	facility with the exterminator a out other various areas that al treatment on 5/20/15.  2) All areas of the facility have potential to be affected. An ininitiated by the Housekeeping 5/21/15 100% of housekeeping assure all foods are swept fro spills are cleaned and dried, a feeding poles are cleaned dair routine room cleaning, in-service completed on 5/22/15.  3) An in-service was initiated the Staff Facilitator 100% of n assistants, licensed nurses, restaff and housekeeping staff of do if they see pests. The Mair Director or the Maintenance Exassistant will monitor using a 10% of all resident rooms and rooms of all three nurses statisthe presence of pests daily for then 5 times weekly for 2 weeks, then 4 weeks, then monthly for 1 midentified areas of concern will immediately corrected by the Director or the Maintenance Exassistant. The Administrator and Director of Nursing will review of the monitoring weekly for 1 monthly for 3 months for conce 4) The Administrator will review Executive QI Committee monimonths for further recommending indicated.	e the eservice was Director on a staff to m the floors, and tube ly with rice was on 6/8/15 by ursing ehabilitation on what to otherance Director QI audit tool I charting ons daily for 2 weeks, ks, then a weekly for nonth. All I be Maintenance Director and the the results 0 weeks and the the with the thly x 3	