PRINTED: 08/27/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3303 BLUE RIDBE ROAD RALEIGH, NO. 27612	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ') MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
THESE ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE SAS BLUE RIDGE RADA RALEIGH, NC 27612 FROYUMER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 483.10(b)(11) NOTIFY OF CHANGES (INJURN/IDECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident by physician; and intervention, a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by. Based on staff interview, physician interview and record review the facility failed to notify the physician of a resident's low blood sugar for one			345555	B. WING					
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F157 SS=D 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's legal representative or an interested family member when there is an accident involving the resident which resident's physician intervention; a significant change in the resident's physical, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in \$483.15(e)(2), or a change in resident family member when there is a change in room or roomate assignment as specified in \$483.15(e)(2), or a change in resident from or or roomate assignment as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by. Based on staff interview, physician interview and record review the facility failed to notify the physician of a resident's low blood sugar for one			CENTER		3830 BL	UE RIDGE ROAD	, <u> </u>	10/2010	
A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatmently; or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on staff interview, physician interview and record review the facility failed to notify the physician of a resident's low blood sugar for one	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR) BE	COMPLETION	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS=D	A facility must immer consult with the resknown, notify the resord an interested fan accident involving transport injury and has the printervention; a signiphysical, mental, or deterioration in heastatus in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident from the status in either life to clinical complication significantly (i.e., a existing form of treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident resident from the status in either life to consequences, or to treatment); or a decident from the status in either life to consequences, or to c	ediately inform the resident; ident's physician; and if esident's legal representative nily member when there is an the resident which results in potential for requiring physician ificant change in the resident's resychosocial status (i.e., a lth, mental, or psychosocial chreatening conditions or the properties of th		This	rest Raleigh at Crabtree, LLC'		8/13/15 (X6) DATE	

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

TITLE

Electronically Signed

08/05/2015

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CO 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	•		
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F 157	of four sampled re #4. Findings included: Review of Standin "For FSBS (finger in which a finger is a small quantity of sugar levels.) <60 (give) orange juice mouth). If unable milligram (mg) IM time), monitor vita (three times). Rec still < 60 give 2nd Glucagon 1 mg IM Resident # 4 was 02/23/15 with cum mellitus, chronic k artery disease. Review of Resides Set of 04/21/15 recognitively intact a staff with all activit The resident's car reviewed 4/27/15, potential for comp diabetes. "Approatest for blood sugainsulin as ordered hypoglycemia: col respirations, ment (physician) update policy." The May 2015 Met (MAR) revealed the fingerstick of 55 a reverse page of the juice was given [dispersion of the standard o	g Orders (undated) revealed, stick blood sugar) (procedure spricked with a lancet to obtain capillary blood for testing blood (if FSBS was less than 60): with two packets sugar PO (by to take PO, give Glucagon 1 (intramuscularly) x 1 (one I signs every 5 minutes x 3 heck FSBS in 15 minutes. If dose of Orange juice or I and call MD (physician)." readmitted to the facility on bulative diagnoses of diabetes idney disease and coronary ont # 4's quarterly Minimum Data wealed the resident was and was totally dependent on	F 1	compliance for the deficiencic However, submission of the R Correction is not an admission deficiency exists or that one was correctly. This Plan of Corresubmitted to meet requireme established by state and federal accomplished for those resid have been affected by the depractice. The DON/designee clarifies received by the physician regular have been affected by the depractice. The DON/designee clarifies received by the physician regular have been affected by the depractice. The DON/designee clarifies received by the physician regular have been affected by the depractice. The DON/designee clarifies received by the physician regular have been affected by the deficient practice. The DON/designee clarifies received by the deficient practice. The DON/designee clarifies and physician regular results and physician received by the deficient practice.	Plan of on that a was cited ction is ints eral law. It is ents found to efficient and the order parding when ng Resident in developed lucose flow ting procedures ace, and sults are visician orders is care plan is necessary tion has it these forms ation and een nursing aff member cian was ee proper changes on the cents having		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	-		
CRABTREE VALLEY REHAB	CENTER		3830 BLUE RIDGE ROAD			
CRABIREE VALLET REHAB	CENTER		RALEIGH, NC 27612			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
were recorded on 80. Review of the resident low blood An interview was on PM with the daysh assigned to the resident she got a reposugar (55) from the eat his breakfast. because the sugar In an Interview with hall (Nurse #2) on she would call the Interview with the Interview with Dire on 07/16/15 at 4:00 standard would be <60 or >400 and to She confirmed that physician being cat or the communicate expectation was the orders. During an interview on 07/16/15 at 4:40 remember being communicate when the resident stated that his expectalled when sugar. The doctor stated difficult to treat bed	dent's medical record revealed the physician was notified of the sugar. Onducted on 07/16/15 at 4:00 offt nurse (Nurse #1) that was sident on 05/20/15. She stated out of the resident's low blood a night nurse. The resident did She did not call the doctor	F 18	·	ner 0 without I implement s, and pards to ician. MD low sheets, ift ce for all blood led that all o shift hurse and t. Both heet. hift will be diffication of nicating with will be ee. be put into de to ce will not lood glucose to ensure ication lee will verify ents are les been		

		IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			S1 38	TREET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612	<u> 011</u>	10/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 157 F 281 SS=D	12:30 PM on 05/20/	ent to the emergency room at 1/15. VICES PROVIDED MEET	F 1		with each resident's plan of care ar MD orders set forth in resident's re 4. Indicate how the facility plans to monitor its performance to make so solutions are sustained. The facility develop a plan for ensuring that co is achieved and sustained. The plate implemented and the corrective evaluated for its effectiveness. The of Correction is integrated into the assurance system of the facility. Monitoring of these changes, specifically, the appropriate use of fax order sheets and blood glucose will be performed by the DON/designee will be performed by the DON/designee will reverse monitoring results during QA meeting DON/designee will be responsible from monitoring and reporting.	ure that must rection an must action e Plan quality the MD e logs, gnee and ttee iew the ngs. for	
00 5	The services provid	led or arranged by the facility onal standards of quality.					
	by: Based on staff inte facility failed to write discontinue sliding s scheduled insulin th frequency of blood	NT is not met as evidenced rview and record review the e a physician order to scale insulin, to start terapy and to change the sugar fingersticks. The facility diabetic standing orders to			Address how corrective action vaccomplished for those residents for have been affected by the deficient practice. The DON/designee clarified the creceived by the physician and development.	ound to	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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			3830 BLUE RIDGE ROAD			
EE VALLEY REHAB	CENTER					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETION DATE	
Continued From pa	age 4	F 28′				
four sampled resid #4. Findings included:	ents with diabetes, Resident		flow sheet was initiated to ensure procedures and documentation a place, for resident #4. Implementations will ensure proper	e proper are in ation of		
01/15/13 and readicumulative diagnosthypertension, chrocoronary artery dis January 2015 physical was on Lantus insusubcutaneously twunits/ml, 5 units suday before meals a	mitted on 01/20/15 with ses of diabetes mellitus, nic kidney disease and ease. sician orders revealed resident ulin 100 units/ml, 45 units ice daily, Humalog insulin 100 bcutaneously three times a and a sliding scale insulin order		in a timely manner. The staff me who failed to write the physician discontinue sliding scale insulin a start scheduled insulin therapy at change the frequency of the bloofinger sticks was educated, by the on the proper professional stand regarding transcribing orders on	ember order, to and to nd to d sugar e DON, ard 7/16/15.		
needed to be admicomputing the follofingerstick) - 140) / sugar fingersticks and at bedtime, at and 9 PM. The pharmacist "C 03/12/15 stated "F glycemic control by insulin Novolog and before lunch and daccepted the recorrimplement them as the report on 03/26 handwritten noted POS" (physician osigned by Nurse #4 Review of Residen Set of 04/21/15 recognitively intact at staff with all activiti	nistered was determined by owing formula: (value of the 20= # of units to give. Blood were to be done before meals 6:30 AM, 11:30 AM, 4:30 PM Consultation Report" of Please consider improving vidiscontinuing sliding scale distarting Novolog 4 units inner." The physician inmendations and asked to swritten. The physician signed 6/15. The report had a ated 03/31/15 that read "on order sheet). This note was 4. It # 4's quarterly Minimum Data wealed the resident was and was totally dependent on es of daily living.		accomplished for those residents potential to be affected by the sa deficient practice. A review of residents receiving stick blood sugars will be comple 8/13/15 to ensure all no other reshave been affected. If any incide found the same measures will be place as were done for Resident facility will implement new docum procedures, update education of regards to transcribing physician The DON/ADON receives pharm recommendations and goes over with the physician monthly/as ned The physician signs off if in agree recommendation and orders are transcribed to the MAR as approach The MD fax order form and blood flow sheets, along with telephone	finger ted by sidents ents are e put in #4. The nentation staff in orders. acy those eded. ement of priate. d glucose		
	Continued From patreat a resident that four sampled resident was on Lantus insusubcutaneously two units/ml, 5 units subcutaneously two units/ml, 5 units subcut	TECORRECTION 345555 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 treat a resident that had low blood sugar in one of four sampled residents with diabetes, Resident #4. Findings included: 1a. Resident #4 was admitted to the facility on 01/15/13 and readmitted on 01/20/15 with cumulative diagnoses of diabetes mellitus, hypertension, chronic kidney disease and coronary artery disease. January 2015 physician orders revealed resident was on Lantus insulin 100 units/ml, 45 units subcutaneously twice daily, Humalog insulin 100 units/ml, 5 units subcutaneously three times a day before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20= # of units to give. Blood sugar fingersticks were to be done before meals and at bedtime, at 6:30 AM, 11:30 AM, 4:30 PM	A BUILDING 345555 B. WING PROVIDER OR SUPPLIER EE VALLEY REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 treat a resident that had low blood sugar in one of four sampled residents with diabetes, Resident #4. Findings included: 1a. Resident #4 was admitted to the facility on 01/15/13 and readmitted on 01/20/15 with cumulative diagnoses of diabetes mellitus, hypertension, chronic kidney disease and coronary artery disease. January 2015 physician orders revealed resident was on Lantus insulin 100 units/ml, 45 units subcutaneously twice daily, Humalog insulin 100 units/ml, 5 units subcutaneously three times a day before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20= # of units to give. Blood sugar fingersticks were to be done before meals and at bedtime, at 6:30 AM, 11:30 AM, 4:30 PM and 9 PM. The pharmacist "Consultation Report" of 03/12/15 stated "Please consider improving glycemic control by discontinuing sliding scale insulin Novolog and starting Novolog 4 units before lunch and dinner." The physician accepted the recommendations and asked to implement them as written. The physician signed the report on 03/26/15. The report had a handwritten note dated 03/31/15 that read "on POS" (physician order sheet). This note was signed by Nurse #4. Review of Resident # 4's quarterly Minimum Data Set of 04/21/15 revealed the resident was cognitively intact and was totally dependent on staff with all activities of daily living. According to the April 2015 Medication	A BUILDING 34555 ROVIDER OR SUPPLIER EE VALLEY REHAB CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 treat a resident that had low blood sugar in one of four sampled residents with diabetes, Resident #4. Findings included: 1a. Resident #4 was admitted to the facility on 01/15/13 and readmitted on 01/20/15 with cumulative diagnoses of diabetes mellitus, hypertension, chronic kidney disease and coronary artery disease. January 2015 physician orders revealed resident was on Lantus insulin 100 units/ml. 5 units subcutaneously three times a day before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20= # of units to give. Blood sugar fingersticks were to be done before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20= # of units to give. Blood sugar fingersticks were to be done before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20= # of units to give. Blood sugar fingersticks were to be done before meals and a sliding scale insulin order for Novolog and starting Novolog 4 units before lunch and dinner." The physician signed the report not 03/26/15. The report had a handwritten note dated 03/31/15 that read "on POS" (physician order sheet). This note was signed by Nurse #4. Review of Resident #4 squarterly Minimum Data Set of 04/21/15 revealed the resident was cognitively intact and was totally dependent on staff with all activities of daily living. According to the April 20/15 Medication of the province of the April 20/15 Medication of the April 20/15 Medication of the A	A BUILDING 345555 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD RALEIGH, NC 27612 SUMMARY STATEMENT OF DEFICIENCIES ((EACH OBERCIVE) AND FORMATION) ((EACH OBERCIVE) THE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 4 treat a resident that had low blood sugar in one of four sampled residents with diabetes, Resident 44. Findings included: 1a. Resident #4 was admitted to the facility on 01/1/5/13 and readmitted on 01/20/15 with cumulative diagnoses of diabetes mellius, hypertension, chronic kidney disease and coronary artery disease. January 2015 physician orders revealed resident was on Lantus insulin 100 units/ml, 45 units subcutaneously twice daily, Humalog insulin 100 units/ml, 5 units subcutaneously three times a day before meals and a sliding scale insulin order for Novolog 100 units/ml. The amount that needed to be administered was determined by computing the following formula: (value of the fingerstick) - 140) / 20 = 4 for units to give. Blood sugar fingersticks were to be done before meals and at bedtime, at 6:30 AM, 11:30 AM, 4:30 PM and 9 PM. The pharmacist "Consultation Report" of 03/12/15 stated "Please consider improving glycemic control by discontinuing sliding scale insulin order section will be accomplished for those residents having potential to be affected by the same deficient practice. A review of residents receiving finger stick blood sugars will be completed by 8/13/15 to ensure all no other residents have been affected. If any incidents are found the same measures will be put in regarding transcribing orders on 7/16/15. A review of resident #4. The facility will implement new documentation procedures, update education of staff in regards to transcribing physician orders. The DONADON receives pharmacy recommendations and goes over those with the physician anothers. The MD fax order form and blood glucose flow sheets was initiated to ensure proper of the seader of the seader of the seader of the resident sharing procedures	

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NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CRARTE	EE VALLEY REHAB (CENTER		3	830 BLUE RIDGE ROAD		
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F 281	Continued From page 5 Novolog sliding scale order (including the fingersticks four times a day) was discontinued on 03/31/15 (a line was drawn across the order and D/C (discontinued) 3/31/15 was written		F 2	281	residents receiving finger blood stice sugars to ensure that orders match MAR. This shift to shift verification includes: purse to purse hand off or	the	
	beside the line). Re record revealed the Novolog sliding sca Review of the April resident did receive and dinner starting no telephone physic discontinue the Nov	eview of the resident's medical resident did not receive the			includes: nurse to nurse hand-off or orders received and documentation verified on chart. Both nurses initial telephone order sheet. DON/desig verify that shift verification report or daily. All nurses will be educated or procedures for notification of change regards to communicating with the physician and hand-off. This education will be conducted by the DON/designation or change of the conducted by the conducted	n nee will ccurs n ges in	
	Novolog sliding sca before lunch and be Nurse #4 was interv Nurse #4 revealed telephone order to o	rder was written to discontinue and to start Novolog 4 units efore dinner. viewed on 07/16/15 at 4 PM. that she did not write a discontinue the Novolog start on Novolog 4 units twice			Address what measures will be place or systemic changes made to ensure that the deficient practice woccur. MD fax order sheets and blood given in the place of the place	ill not	
	a day because she needed a telephone 1b. Resident #4 wa 01/15/13 and readn cumulative diagnos hypertension, chror coronary artery dise January 2015 physi	did not believe that she e order for that. s admitted to the facility on nitted on 01/20/15 with es of diabetes mellitus, nic kidney disease and			flow sheets will be put in place to en nurses follow up with communication along with telephone order shift to shand-off verification procedures. To DON/designee will verify standing of for diabetic events and ensure order updated and nursing staff have been educated.	nsure on shift he orders ers are	
	subcutaneously twin units/ml, 5 units subday before meals a for Novolog 100 unineeded to be admir computing the follofingerstick) - 140) / sugar fingersticks w	ce daily, Humalog insulin 100 ocutaneously three times a nd a sliding scale insulin order its/ml. The amount that nistered was determined by wing formula: (value of the 20= # of units to give. Blood were to be done before meals 5:30 AM, 11:30 AM, 4:30 PM			4. Indicate how the facility plans to monitor its performance to make susplictions are sustained. The facility develop a plan for ensuring that coils achieved and sustained. The plate implemented and the corrective evaluated for its effectiveness. The is integrated into the quality assurates system of the facility.	y must rrection an must action e PoC	

and 9 PM.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
CDARTE	DEE VALLEY DEUAD	CENTER		38	330 BLUE RIDGE ROAD		
CRABIR	REE VALLEY REHAB	CENTER		R	ALEIGH, NC 27612		
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F 281	03/12/15 stated "P glycemic control by insulin Novolog and before lunch and d accepted the reconimplement them as the report on 03/26 handwritten note disposition of position of signed by Nurse #4 According to the Application of the Applicat	Consultation Report" of Please consider improving of discontinuing sliding scale of starting Novolog 4 units inner." The physician immendations and asked to swritten. The physician signed of 15. The report had a pated 03/31/15 that read "on order sheet). This note was also ord (MAR), the resident pate order (including the please a day) was discontinued was drawn across the order continued of 3/31/15). "Fingerstick Blood Sugar the resident continued to get AM, 11:30 AM, 4:30 PM and 9 and 04/02/15. The Fingersticks led the resident was given 4 type was not specified) on M. Review of the April 2015 resident was given 4 units of 15 at 4:30 PM with no site of Even though the pharmacist of the order of 03/12/15 indicated the order of 03/12/15. The to have fingersticks four times and 04/02/15. There was no cicks on 04/01/15 or 04/02/15 and the fingersticks readings	F 2	81	Monitoring of these changes, throreview of new forms and the medic records ensuring physician orders adocumented, followed and physician notified in accordance with plan of and/or physician orders, will be perby the DON/designee weekly x4, bi-monthly x 2 months, and monthly The facility QA committee and administrator/designee will review monitoring during QA meetings. DON/designee will be responsible from monitoring and reporting. The mor will be implemented to ensure that forms and order sheets put in place accurate documentation and implementation of physician orders.	al are in is care formed y x1.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION	CON	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 281	was unsure if the n discontinue the slid sliding scale and the Review of the 24-H Condition of 04/03/wrote a note that resugar (fingerstick)) (zero) sliding scale physician telephone regarding the chanit was not transcrib Record review of the dated 04/03/15 review of the consultant mean contacted and he gugar) once daily a she was in the mide attending physician new order on the 2-physician order was order and was not MAR. A telephone physic 04/08/15 to start No and before dinner. telephone order for at 6:30 AM. Review of April, 20 documentation of behowever, the daily documented on the Record for once a Review of pharmac 05/12/15 revealed monitoring of blood	wever, Nurse #5 said that she ew orders meant to ing scale insulin only or the e fingersticks. our Report of Resident 15 revealed that Nurse #5 and "clarification BS (blood q (every) 0630 (6:30 AM) and "However, there was no e order written on 4/3/15 ge in the fingersticks order and ed on the MAR. The statement from Nurse #4 ealed that Nurse #5 asked the nt on 04/03/15 to clarify what nt. The physician was have an order to do BS (blood to 6:30 AM. Nurse #5 stated dle of shift change when the called back. She wrote the 4 hour report sheet. The new is not written as a telephone transcribed to the chart or the statement or the dian order was written on choolog 4 units before lunch. There was no physician to doing fingersticks once daily 15 MAR showed no clood sugar fingersticks. fingerstick Blood Sugar	F 2	81				

	to rentime blockite	A MEDIO, ND GERVIGES			<u>_</u>	I	0000 0001
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
711012111	or dorace men	IBERTIN IS WISH WOMBER	A. BUILD	ING .			
		345555	B. WING				C 16/2015
NAME OF F	PROVIDER OR SUPPLIER	0-1000			TREET ADDRESS, CITY, STATE, ZIP CODE	077	16/2015
10 101	TO VIBER OR OUT LIER				830 BLUE RIDGE ROAD		
CRABTR	REE VALLEY REHAB	CENTER			RALEIGH, NC 27612		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	TIAIE	5,112
F 281	Continued From pa	ge 8	F 2	281			
	· ·	#5 wrote the telephone order					
		or MAR/POS-Check blood					
		t 6:30 AM d/t (Due to) insulin					
	use."						
		ding Orders (undated)					
		BS (finger stick blood sugar) a a finger is pricked with a					
		mall quantity of capillary blood					
		gar levels.) <60 (if FSBS was					
	less than 60): (give	orange juice with two					
		by mouth). If unable to take					
		1 mg (milligram) IM					
		1 (one time), monitor vital					
		tes x 3 (three times). Recheck s. If still < 60 give 2nd dose of					
		icagon 1 mg IM and call MD."					
		e May 2015 MAR revealed					
		d a blood sugar fingerstick of					
		5/20/15. The reverse page of					
		the resident was given one					
		ven [did not specify the type of					
		dicate if two packets of sugar dditional blood sugar					
		ecorded on that day, which					
		But the record did not indicate					
		I sugar fingersticks were					
	taken. There were	no nursing signatures on any					
	of the values.						
		e #1 on 07/16/15 at 5 PM					
		20/15, the resident's blood gave him a cup of juice and					
		per if she used two packets of					
	sugar.	co one adda two packets of					
F 514	_		F 5	514			8/13/15
SS=D	(/ ()	LETE/ACCURATE/ACCESSIB					
	LE						
	The Care 200	ata ta ta callinia a Luc					
	i ne facility must ma	aintain clinical records on each					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345555	B. WING			1	C 16/2015
NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	011	10/2013
					30 BLUE RIDGE ROAD		
CRABTE	REE VALLEY REHAB	CENTER		R	ALEIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SI		BE	(X5) COMPLETION DATE
F 514	standards and prace accurately docume systematically orga. The clinical record information to ident resident's assessm services provided; preadmission scree and progress notes. This REQUIREMED by: Based on staff interfacility failed to kee one of four sampler Resident #4. Findings included: 1a. Resident #4 wa 01/15/13 and readr January 2015 phys resident was on La units subcutaneous 100 units/ml, 5 unit a day before meals order for Novolog 1 The pharmacist "C 03/12/15 stated "P glycemic control by insulin Novolog and before lunch and diaccepted the reconimplement them as the report on 03/26 handwritten note day	nce with accepted professional stices that are complete; nted; readily accessible; and nized. must contain sufficient ify the resident; a record of the ents; the plan of care and the results of any ening conducted by the State; i. NT is not met as evidenced erview and record review the paccurate medical records for dresidents with diabetes, s admitted to the facility on nitted on 01/20/15. ician orders revealed the ntus insulin 100 units/ml, 45 sty twice daily, Humalog insulin as subcutaneously three times and a sliding scale insulin 00 units/ml. consultation Report" of lease consider improving discontinuing sliding scale at starting Novolog 4 units nner." The physician immendations and asked to written. The physician signed vite. The report had a lated 03/31/15 that read "on order sheet). This note was	F 5	514	1. Address how corrective action waccomplished for those residents for have been affected by the deficient practice. The DON clarified the order receithe physician and developed a MD order form and blood glucose flow to ensure proper procedures and documentation are in place. No neoutcome was noted for Resident #4 Implementation of these forms will proper documentation is in place an physician orders are appropriately documented and carried out in a timmanner. The staff member who failly write the physician order, to disconsiliding scale insulin and to start scripting scale insulin and to start scripting in the professional standard regarding transcribing orders. Education for staff member occurred 7-16-15	ived by fax sheet gative 4. ensure nd mely iled to tinue neduled sticks proper	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/27/2015 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES					U	<u>NR NO.</u>	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345555	B. WING) 16/2015
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				3	830 BLUE RIDGE ROAD		
CRABTR	EE VALLEY REHAB (CENTER			RALEIGH, NC 27612		
					T	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	Continued From paraccording to the Apparamental Administration Reconstruction Novolog sliding scafingersticks four time on 03/31/15 (a line and D/c (discontinual beside the line). Remedical record reverseive the Novolog Review of the April resident did receive and dinner starting no telephone physician of Novolog sliding scale and to a day because #4 was internal Nurse #4 revealed telephone order to a sliding scale and to a day because she needed a telephone 1b. Resident #4 was 01/15/13 and readm January 2015 physician of Novolog 1015 physician of Novolog 100 unifingersticks were to not start the Novolog 100 unifingersticks were 100 unifingersticks were 100 unifingersticks were 100 u	ge 10 oril 2015 Medication ord (MAR), the resident ale order (including the ales a day) was discontinued was drawn across the order ed) 3/31/15 was written eview of the resident 's ealed the resident did not g sliding scale after 03/31/15. 2015 MAR indicated that the e Novolog 4 units before lunch 04/01/15. However, there was cian order written to volog sliding scale and start blog twice a day until 04/08/15 rder was written to discontinue alle and to start Novolog 4 units efore dinner. viewed on 07/16/15 at 4 PM. that she did not write a discontinue the Novolog start on Novolog 4 units twice did not believe that she e order for that. s admitted to the facility on nitted on 01/20/15. ician orders revealed resident lin 100 units/ml, 45 units ce daily, Humalog insulin 100 ocutaneously three times a nd a sliding scale insulin order	TAG		CROSS-REFERENCED TO THE APPROPI	ill be aving e e e e e e e e e e e e e e e e e e e	DATE
	The pharmacist "C 03/12/15 stated "P glycemic control by	onsultation Report" of lease consider improving discontinuing sliding scale I starting Novolog 4 units			standing orders for diabetic events ensure orders are updated and nur staff have been educated.	and	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						(
		345555	B. WING			07/°	16/2015
	PROVIDER OR SUPPLIER	CENTER		38	FREET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	before lunch and di accepted the recomimplement them as the report on 03/26, handwritten note da POS" (physician or signed by Nurse #4 According to the Ap Administration Reconstruction Novolog sliding scafingersticks four time on 03/31/15 (a line and written D/C (dis A document titled "Record" revealed to fingersticks at 6:30 PM on 04/01/15 and records also reveal units of insulin (the 04/01/15 at 4:30 PM MAR indicated the Novolog on 04/01/1 injection specified. "Consultation Repophysician agreed to insulin, and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and on 04/01/15 and the MA insulin was discontinged and 04/01/15. How was unsure if the new was unsure if the ne	nmer." The physician immendations and asked to written. The physician signed /15. The report had a ated 03/31/15 that read "on der sheet). This note was oril 2015 Medication ord (MAR), the resident idle order (including the id	F.5	514	4. Indicate how the facility plans to monitor its performance to make suspolutions are sustained. The facility develop a plan for ensuring that coils achieved and sustained. The plate implemented and the corrective evaluated for its effectiveness. The is integrated into the quality assurated system of the facility. Monitoring of the new procedures review of the new forms and medic records to ensure medical records complete and have been updated in timely manner to reflect all physicial communication and orders and appropriate notification of the physical will be performed by the DON/designewekly x4, bi-monthly x2 months and monthly x1. The facility QA committed administrator/designee will review monitoring during QA meetings. DON/designee will be responsible for monitoring and reporting.	y must rrection an must action e PoC nce s by al are n a n cian gnee nd ttee iew	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345555	B. WING			C / 16/2015	
NAME OF PROVIDER OR SUPPLIER CRABTREE VALLEY REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP C 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	•	10/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		I SHOULD BE	OULD BE COMPLÉTION	
F 514	Review of the 24-H Condition of 04/03/wrote a note that resugar (fingerstick)) (zero) sliding scale. physician telephone regarding the changit was not transcribe Record review of the dated 04/03/15 reversible pharmacy consultant the consultant mean contacted and he ground sugar) once daily as she was in the midden attending physician new order on the 24 physician order was order and was not the MAR. A telephone physician of the MAR. A telephone order for at 6:30 AM. Review of April, 20 documentation of bhowever, the daily documented on the Record for once at the Review of pharmace of the MARs and wrote a monitoring. On 05/12/15 Nurse order clarification for order cl	our Report of Resident 15 revealed that Nurse #5 ad "clarification BS (blood q (every) 0630 (6:30 AM) and " However, there was no e order written on 04/03/15 ge in the fingersticks order and ed on the MAR. e statement from Nurse #4 ealed that Nurse #5 asked the nt on 04/03/15 to clarify what nt. The physician was ave an order to do BS (blood t 6:30 AM. Nurse #5 stated dle of shift change when the called back. She wrote the 4 hour report sheet. The new is not written as a telephone ranscribed to the chart or the an order was written on pvolog 4 units before lunch There was no physician doing fingersticks once daily 15 MAR showed no lood sugar fingersticks. fingerstick Blood Sugar	F 5	i14			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		345555	B. WING		C 07/16/2015	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	