DEPART	MENT OF HEALTH AN	ID HUMAN SERVICES			FORM APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
-	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345366	B. WING		C 11/13/2015
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE	1 11/10/2010
005510				1304 SE SECOND STREET	
GREENDA	ALE FOREST NURSING A	AND REHABILITATION CENTER		SNOW HILL, NC 28580	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	COMPLETION
F 157 SS=D	483.10(b)(11) NOTIF (INJURY/DECLINE/R A facility must immed consult with the resid known, notify the resi or an interested famil accident involving the injury and has the pol intervention; a signific physical, mental, or p deterioration in health status in either life thr clinical complications significantly (i.e., a ne existing form of treatr consequences, or to a treatment); or a decis the resident from the §483.12(a). The facility must also and, if known, the resi or interested family m change in room or roo specified in §483.15( resident rights under regulations as specifi this section. The facility must reco the address and phor	Y OF CHANGES COOM, ETC) iately inform the resident; ent's physician; and if dent's legal representative y member when there is an a resident which results in tential for requiring physician cant change in the resident's sychosocial status (i.e., a h, mental, or psychosocial reatening conditions or ); a need to alter treatment eed to discontinue an nent due to adverse commence a new form of ion to transfer or discharge facility as specified in promptly notify the resident ident's legal representative nember when there is a pommate assignment as	F 15	DEFICIENCY)	12/1/15
	by: Based on observatio and physician intervie notify the physician re	<ul> <li>is not met as evidenced</li> <li>ns, record review, and staff</li> <li>ews, the facility failed to</li> <li>egarding bleeding around the</li> </ul>		Greendale Forest Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencie	
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	Ξ	TITLE	(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.

11/25/2015

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/01/201 FORM APPROVE OMB NO. 0938-039
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345366	B. WING		C 11/13/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
GREEND	ALE FOREST NURSING	AND REHABILITATION CENTER		1304 SE SECOND STREET SNOW HILL, NC 28580	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 157	gastrostomy tube site gastrostomy tube pla administration for one 116, who had a feedia anticoagulant therapy A review of Resident assessment dated 10 was totally dependent activities of daily livin partial list of diagnose failure, gastro-esopha fibrillation, and adult f assessment indicated receiving anti-coagula days per week and th more of her caloric ne Resident # 116's nurs initiated on 07/29/201 10/20/2015 revealed her potential for bleed anticoagulant therapy signs/symptoms of bl evaluation." One inte included: "Monitor bleedingbleeding 1 Notify physician as ne same nursing care pl goal related to her ga free from complicatio (gastrostomy tube) su intolerance, and infect through next evaluati related to this goal in- signs/symptoms of tu i.e., aspirationinfect site." Another interv	e and the inability to verify cement before medication e of one resident, Resident # ing tube and was receiving y. Findings included: # 116's quarterly 0/02/2015 revealed that she t upon staff members for g needs and that she had a es which included heart ageal reflux disease, atrial failure to thrive. The same d Resident # 116 was ant medication 6 out of 7 hat she received 51% or eeds via a gastrostomy tube. sing care plan which was 13 and last updated on the following goal regarding ding and trauma related to y: "Will be free from eeding through the next ervention related to this goal for signs/symptoms of from superficial injuries. ecessary." Additionally, the an included the following the g-tube feeding, uch as aspiration, formula ction of the stoma site on." One intervention cluded: "Monitor for be feeding complications, ction or irritation of the stoma ention was: "Observe and aptoms of infection at feeding	F 15	<ul> <li>and proposes this plan of correction extent that this summary of finding factually correct and in order to ma compliance with applicable rules a provision of quality of care for the residents.</li> <li>The plan of correction is submitted written allegation of compliance.</li> <li>Greendale Forest Nursing and Rehabilitation Center's response to Statement of Deficiencies and the Correction does not denote agreer with the Statement of Deficiencies does it constitute an admission that deficiency is accurate. Further, Greeroest Nursing and Rehabilitation reserves the right to submit documentation to refute any of the deficiencies on the Statement of Deficiencies and/or other administrative or lega proceedings.</li> <li>157</li> <li>The physician for resident #116 was notified by the patient care coordin 11-13-15 of bleeding around the gastrostomy tube site and the inabilitation. resident was repositioned on 11-13 and the medication was administer ordered by hall nurse supervised to MDS nurse. Nurse #1 was in-servin 11-13-15 by the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff development coordinator (SDC) regarding if resident was repositioned if the staff devel</li></ul>	is aintain nd as a a b the Plan of ment nor at any eendale Center stated oute re, 1 as a b the plan of ment free 3-15 red as on the plan of as on the plan of the

Facility ID: 923035

ATEMENT	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-03 E SURVEY
	FCORRECTION	IDENTIFICATION NUMBER:	. ,	A. BUILDING		
	345366 IAME OF PROVIDER OR SUPPLIER				С	
			B. WING		1 <sup>.</sup>	1/13/2015
NAME OF P				STREET ADDRESS, CITY, STATE, ZIP CODE		
GREEND	ALE FOREST NURSING	AND REHABILITATION CENTER		1304 SE SECOND STREET		
UNEEND/				SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 157	Continued From page	e 2	F 15	7		
		cian's medication orders	1 10	on anti-coagulant and any bleed	ling noted	
		ted 10/19/2015 for Resident		report immediately to the DON		
		arin (an anti-coagulant), 3.5		medical doctor (MD.) If unable t		
		sday, Wednesday, Friday,		DON, contact MD as soon as po		
		y, and to receive warfarin, 5		Nurse #1 was in-serviced on 11		
	milligrams every Mon	iday and Thursday.		the SDC on checking for placen	nent prior	
	A nursing progress ne	ote dated 11/13/2015 at 5:49		to administration through the ga	strostomy	
		wing: "Resident noted with		tube and to notify the MD if place	ement	
		area of g-tube (gastrostomy		cannot be verified.		
	-	inged and g-tube site was				
	-	d water. Placed towel		For residents having potential to		
		vent any drainage to getting		affected by the same practice, a		
	-	referral done to treatment		residents with gastrostomy tube		
		s note was signed by Nurse		checked on 11-13-15 by the cha	-	
	#1.			for proper placement and bleed	-	
	In an interview with th	Director of Nursing (DON)		the gastrostomy tube site. No ne	ewissues	
		ne Director of Nursing (DON) D AM, she stated that if there		were identified. A 100% return demonstration with all licensed		
		le to bleeding for a resident		was completed on 11-15-15 on		
		nticoagulant therapy, such as		of gastrostomy tube placement		
		nt nurse would typically see		SDC. All licensed nurses, to inc	•	
		tely, on the same shift.		#1, were in-serviced by 11-15-1		
				SDC and DON of the requireme		
	On 11/13/2015 at 8:2	5 AM, an interview was		regarding notification of the phy		
		e #1, who discovered and		significant changes in residents		
		ding at the gastrostomy tube		to include bleeding around the		
	site at 5:49 AM on 11	<b>c c ,</b>		gastrostomy tube site and the n	eed for	
	reported that she ma	de a skin referral to the		documentation of notification of		
		rding the bleeding, and that		physician in the clinical record;		
		port the bleeding to her		reach the physician, the license		
	-	xplained that the usual		will indicate this on the 24 hour		
		not working that day and		the oncoming nurse will continu		
	that she did not verba			contact the physician. Nurses w		
		coming day shift staff during		the 24 hour report when coming	-	
		ted she had not reported this		for any changes in resident con		
		o the physician or the DON,		the need to contact the physicia		
	but that she had in th	e past.		11-24-15, an in-service was con	-	
	In an observation of	nedication administration for		the SDC with all licensed nurses regarding the procedure to check		
	The an observation of r	DEDICATION ADDINISTRATION TOP	1	Teoarono me procedure to chec	IN TOT	1

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If continuation sheet Page 3 of 10

						O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		E SURVEY IPLETED
	345366 ME OF PROVIDER OR SUPPLIER		A. BUILDING			
			B. WING			С
			B. WING			/13/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	IP CODE	
GREEND	ALE FOREST NURSING	AND REHABILITATION CENTER		1304 SE SECOND STREET		
	1			SNOW HILL, NC 28580		1
(X4) ID		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN (EACH CORRECTIVE		(X5) COMPLETIO
PREFIX TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED	TO THE APPROPRIATE	DATE
				DEFIC	IENCY)	
F 157			F 15			
		1/13/2015 at 8:45 AM by		gastrostomy tube place		
		s no bleeding noted at the		medication administration		
		te. Nurse #2 attempted to		the MD if placement ca		
		d patency of the gastrostomy		newly hired licensed nu		
		ninistration of medication per		in-serviced by the SDC	÷	
		tomy tube medication		regarding notification of		
		y, revised 12/03/2012, by		significant changes in re		
		of water into a large syringe		to include bleeding arou		
		strostomy tube. The water did		gastrostomy tube site a		
		gastrostomy tube by gravity,		physician notification in		
		attached the piston to the		if unable to reach the pl		
		the water through the syringe		licensed nurse will indic		
		/ tube. Nurse #2 then ster the resident's first		hour report and the onc nurse will check the 24	-	
		roxine, 175 micrograms),		coming on duty for any	-	
		and mixed with 15 milliliters of		resident condition and t	-	
		e attached to the gastrostomy		the physician and regar		
		nedication did not flow through		to check for gastrostom	÷ .	
		e. Nurse #2 poured the		prior to medication adm		
		back into the medication cup,		contact the physician if		
		je piston to plunge 50		be verified.	1	
	milliliters of air into the resident's gastrostomy					
		n tried changing the tubing		To prevent re-occurrence	ce, the	
		arm water into the open		administrative nurses (S		
		did not flow through the		improvement, MDS and	· ·	
		ain. Nurse #2 repeated the		coordinator) will review		
		acement and patency by		and 24 hour reports for		
	using the piston to p	oush 30 milliliters of water,		include resident #116, M		
	and then 50 milliliter	s of air into the gastrostomy		weeks, weekly x4 week		
		s each. Nurse #2 then		months to ensure notifie		
		lication from the medicine cup		physician for all signific		
		e attached to the gastrostomy		residents' condition to in	•	
	-	medication did not flow by		around the gastrostomy	-	
		ube. During Nurse #2's third		the Physician Notification		
		cement for the gastrostomy		DON will review and ini		
		egan to cough with audible		Notification Audit Tool w		
	congestion. After a	prompt by the surveyor to		then monthly x2 months	s for completion	
		check for placement, Nurse h air and water through the		and to ensure all areas addressed and docume		

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION		O. 0938-039 E SURVEY
ND PLAN OI	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COM	PLETED
	345366		B. WING		С	
	ROVIDER OR SUPPLIER	343300		STREET ADDRESS, CITY, STATE, ZIP CODE	11	/13/2015
NAME OF F	ROVIDER OR SUFFLIER			1304 SE SECOND STREET		
GREEND	ALE FOREST NURSING	AND REHABILITATION CENTER		SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIC DATE
E 157	Continued From page	- 1	E 45	-		
F 157	<ul> <li>57 Continued From page 4 gastric tube. Nurse #2 was prompted a second time by the surveyor, and then Nurse #1 stated she would stop her attempts to give the medication and report to the Director of Nursing that she was unable to administer the remaining medications. The observation ended at 9:17 AM.</li> <li>In an interview at 12:32 PM on 11/13/2015 with Nurse #2 she stated she had not been aware that Resident # 116 had bleeding around the gastrostomy tube site during the previous shift. Nurse #2 stated she had not received this information during change of shift, and that she had not reviewed the nursing progress note dated 11/13/2015 at 5:49 AM which indicated there had been bleeding.</li> <li>The acting treatment nurse stated in an interview on 11/13/2015 at 12:35 PM that she had not received any skin referrals for Resident # 116 that day, and that she was not certain whether skin</li> </ul>		F 15	medical records including retraining responsible staff member. Medical pass audits will be conducted by the administrative nurses on 10% of a licensed nurses x2 weekly x4 week weekly x4 weeks and then monthle months on all licensed nurses on to include nights and weekends of medication administration to resid with gastrostomy tubes to include #116 to ensure nurses are checking placement prior to administration to the gastrostomy tube and to notify physician if placement cannot be The DON will review and initial the Medication Pass Audit Tool weekly weeks, then monthly x2 months for completion and to ensure all areas concern were addressed including re-training of the responsible pers	tion he ks, y x2 all shifts oserving ents resident ng for through the verified. y x8 or s of g on.	
	document or if they w system. At 12:40 PM, the DO should be either mad treatment nurse or ha referrals were no long explained that the oth communicating a skir nurse or hall nurse w electronic chart. The electronic record to d had been made for R tube site bleeding. A record, the DON repo			To ensure that physician notification made and documented by the lice nurse on an ongoing basis, the DC compile results from the Physician Notification QI Audit Tool and med pass audits and present the result Quality Improvement Committee r x4 months. Identification of trends determine the need for further act and/or frequency of required monit	nsed DN will ication s to the nonthly will ion	

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If continuation sheet Page 5 of 10

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 12/ FORM APP OMB NO. 093	ROVE
TATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345366	B. WING		C 11/13/20	15
NAME OF PF	IAME OF PROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CO		
GREENDA	LE FOREST NURSING	AND REHABILITATION CENTER	1	304 SE SECOND STREET		
			5	SNOW HILL, NC 28580		
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COM HE APPROPRIATE	(X5) IPLETIO DATE
F 157	•	ted to her or the physician.	F 157			
	Nurse #2 to attempt gastrostomy tube rep administration and th	d she would not have wanted to check placement of the peatedly prior to medication hat she would have expected urse to attempt to check uple of attempts.				
	at 1:55 PM, she state the facility nurse to h been bleeding aroun	the physician on 11/13/2015 ed she would have expected have notified that there had id the gastrostomy tube site how much bleeding was				
	present. The physic have also expected ther that she had diffi	ian also stated she would the medication nurse to notify culty checking placement astrostomy tube, and that				
	repeatedly plunge w through the gastrost resident was coughin bleeding combined v	ater, air, or medication omy tube, especially if the ng. The physician stated with the difficulty verifying ve been a sign that the				
	During an interview of Vice President on 11 stated that in-service for the nursing staff in tube placement, report the DON or supervision	with the facility's Regional /13/2015 at 3:00 PM, she e education had been initiated regarding checking gastric orting placement issues to or and/or the physician, and g to the DON and/or the				
F 322 SS=D	483.25(g)(2) NG TR RESTORE EATING		F 322		12/1,	/15
	Based on the compresident, the facility r	ehensive assessment of a must ensure that				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 12/01/2015 APPROVED D: 0938-0391
-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345366		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
			B. WING				_ 13/2015
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
GREENDA	ALE FOREST NURSING A	AND REHABILITATION CENTER			304 SE SECOND STREET		
				S	NOW HILL, NC 28580		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 322	Continued From page	96	F	322			
	alone or with assistant tube unless the reside demonstrates that use unavoidable; and (2) A resident who is gastrostomy tube rect treatment and service pneumonia, diarrhea, metabolic abnormaliti	s been able to eat enough ace is not fed by naso gastric ent ' s clinical condition e of a naso gastric tube was fed by a naso-gastric or eives the appropriate es to prevent aspiration vomiting, dehydration, es, and nasal-pharyngeal if possible, normal eating					
	by: Based on record revi and physician intervie verify gastrostomy tul medication administra reviewed for gastrosta # 116. Findings inclu A review of Resident assessment dated 10 was severely cognitiv dependent upon staff activities of daily living dressing, personal hy same assessment inco diagnoses of heart fai reflux disease, and fai	# 116's quarterly /02/2015 revealed that she ely impaired and was totally			The physician for resident #116 was notified by the patient care coordinato 11-13-15 of bleeding around the gastrostomy tube site and the inability verify the gastrostomy tube placement before medication administration. The resident was repositioned on 11-13-15 and the medication was administered ordered by hall nurse supervised by th MDS nurse. Nurse #1 was in-serviced 11-13-15 by the staff development coordinator (SDC) regarding if residen on anti-coagulant and any bleeding no report immediately to the DON and medical doctor (MD.) If unable to conta DON, contact MD as soon as possible Nurse #1 was in-serviced on 11-13-15	to as ne on t is oted act	

Facility ID: 923035

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		MEDICAID SERVICES				IO. 0938-03	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			E SURVEY	
			A. BUILDING	3		с	
	345366		B. WING		1	1/13/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		1/13/2015	
			1304 SE SECOND STREET				
GREEND	ALE FOREST NURSING	AND REHABILITATION CENTER		SNOW HILL, NC 28580			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICI	O THE APPROPRIATE	COMPLETIO DATE	
F 322	Continued From page	e 7	F 32	22			
	Resident # 116's nurs	sing care plan which was		the SDC on checking for	r placement prior		
		13 and last updated on		to administration through	• •		
		the following goal related to		tube and to notify the MI	D if placement		
		e needs: "Will be free from		cannot be verified.			
		be (gastrostomy tube) tube on, formula intolerance,		For resident having the	notantial to be		
	infection of the stoma			affected by the same pra			
		tervention related to this goal		residents with gastrostor			
		or signs/symptoms of tube		checked on 11-13-15 by	•		
		s, i.e., aspiration - dyspnea		for proper placement of			
		lerance - nausea, vomiting,		tube. No new issues we			
		or irritation of the stoma		100% return demonstrat			
		ention was: "Care of g-tube		licensed nurses was cor			
	site per facility protoc	col."		11-15-15 on verification tube placement by the S			
	A review of the facility	y's "Administration of Oral		an in-service was condu			
	Medications Through			with all licensed nurses			
		protocol, revised 12 03/2012,		procedure to check for g			
	step # 13 stated, "Fo	r stabilized gastrostomy		placement prior to medio			
		placed or stabilized by		administration and to co	ntact the		
		r small amount of water, 1-2		physician if placement c	annot be verified.		
	ounces (30-60 millilite						
		ube] to verify patency and event feeding/medication		Medication pass audits we by the administrative numbers			
	- ·	tube." Step # 15 was, "Pour		licensed nurses x2 week			
		n into the syringe barrel. To		weekly x4 weeks and the	-		
		ring the patient's stomach,		months on all shifts to in			
	-	higher to increase the flow		weekends observing me	-		
	-	e diluted medication to the		administration to resider			
		e dose has been given."		gastrostomy tubes to inc			
		sh tube by pouring at least 15		#116 to ensure nurses a	-		
		o the syringe barrel." Step eps 15 and 16 until each		verify gastrostomy tube prior to administration th			
	medication has been	•		gastrostomy tube and to	-		
	During an observatio			physician if placement c	-		
	-	sident #116 via her gastric		The DON will review and			
	tube on 11/13/2015 a	-		Medication Pass Audit T			
		116's ordered medications		weeks, then monthly x2	-		
	(5 different medicatio	ns) in separate medication		completion and to ensur	e all areas of		

Facility ID: 923035

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RRECTION	IDENTIFICATION NUMBER:		LE CONSTRUCTION		
	PLAN OF CORRECTION IDENTIFICATION NUMBER:		3	CO	MPLETED
345366		B. WING			C
E OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		1/13/2015
GREENDALE FOREST NURSING AND REHABILITATION CENTER			1304 SE SECOND STREET	OODL	
FOREST NURSING A	ND REHABILITATION CENTER		SNOW HILL, NC 28580		
(EACH DEFICIENC)		ID PREFIX TAG	CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
ontinued From page	8	F 32	2		
ps and then took th urse #2 placed each sident's bedside tab ater to each one. No esident # 116's bed he head of Residen on entry to the roor e resident's continue of the gastrostomy usen syringe (without istrostomy tube. No water into the syring w through the gastr urse #2 then attached id pushed the water istrostomy tube. No minister the resider evothyroxine, 175 m ushed and mixed without istrostomy tube; how though the gastr istrostomy tube; how though the gastr istrostomy tube; how the flow through the g pured the medication ck into the medication istrostomy tube; how the flow through the g pured the medication istrostomy tube; how the piston and pushed be. Then Nurse #2 lution back into the e piston and pushed bing. Nurse #2 ther e valve on the gastr w valve on the gastr attached the syring lilliters of warm water and pushed the water	em into resident's room. medication cup on the le and added 15 milliliters of urse #2 raised the level of to a comfortable height. t # 116's bed was elevated n.) Nurse #2 disconnected ous feeding formula tubing tube and attached a large the piston attached) to the urse #2 poured 30 milliliters ge, and the water did not ostomy tube by gravity. ed the piston to the syringe through the syringe into the urse #2 then attempted to nt's first medication icrograms), which was th 15 milliliters of water, by nge attached to the wever the medication would astrostomy tube. Nurse #2 n solution from the syringe on cup. Nurse #2 then to the syringe and plunged the resident's gastrostomy poured the first medication open syringe and attached a the medication through the n removed the syringe and ostomy tube, then e. Nurse #2 poured 30 er into the gastrostomy tube through the tubing using	F 32	<ul> <li>concern were addressed retraining of the responsite member.</li> <li>To ensure on an ongoing nurses are verifying gastriplacement safely prior to a administration through the tube and to notify the phy placement cannot be verified ocumentation of physicia made in the clinical record compile results from media audits and physician notificant present the results to Improvement Committee months. Identification of tudetermine the need for further the set of the set o</li></ul>	basis that ostomy tube medication e gastrostomy sician if fied and an notification is d, the DON will ication pass ication audits the Quality monthly x4 rends will rther action	
	entinued From page ps and then took the rise #2 placed each sident's bedside tab iter to each one. No sident # 116's bed ne head of Residen on entry to the roor e resident's continue m the gastrostomy en syringe (without strostomy tube. Nu water into the syring w through the gastr itrse #2 then attached d pushed the water strostomy tube. Nu minister the resider vothyroxine, 175 m ushed and mixed wi uring it into the syring strostomy tube; how t flow through the g ured the medication ck into the medication ck into the medication milliliters of air into be. Then Nurse #2 lution back into the e piston and pushed bing. Nurse #2 ther e valve on the gastr w valve on the gastr w valve on the gastr attached the syring lilliters of warm wate d pushed the water e piston. Resident # dible congestion, an empts to verify place	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG         Intinued From page 8       F 32         ps and then took them into resident's room.       Iffer to each one. Nurse #2 raised the level of the text to each one. Nurse #2 raised the level of testident's continuous feeding formula tubing m the gastrostomy tube and attached a large en syringe (without the piston attached) to the strostomy tube. Nurse #2 poured 30 milliliters water into the syringe, and the water did not w through the gastrostomy tube by gravity.         Irse #2 then attached the piston to the syringe d pushed the water through the syringe into the strostomy tube. Nurse #2 then attempted to minister the resident's first medication vothyroxine, 175 micrograms), which was ushed and mixed with 15 milliliters of water, by uring it into the syringe attached to the strostomy tube; however the medication would thow through the gastrostomy tube. Nurse #2 uner did not we through the gastrostomy tube. Nurse #2 uner did not we through the gastrostomy tube. Nurse #2 uner did not we have through the syringe and plunged milliliters of air into the resident's gastrostomy use. Then Nurse #2 poured the first medication would the medication solution from the syringe and plunged milliliters of air into the resident's gastrostomy use. Then Nurse #2 poured the medication through the gastrostomy tube and placed a w valve on the gastrostomy tube, then attached the syringe. Nurse #2 poured 30         Illiliters of ware into the gastrostomy tube and placed a w valve on the gastrostomy tube, then attached the syringe. Nurse #2 poured 30         Illiliters of warm water into the gastrostomy tube dough the water through the tubing using a piston. Resident # 116's started to cough with dible congestion, and Nurse #2 continued the empts to verify placement by using the piston	REGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO DEFICIENTIntinued From page 8F 322ps and then took them into resident's room. rrse #2 placed each medication cup on the sident's bedside table and added 15 milliliters of ter to each one. Nurse #2 raised the level of sident # 116's bed to a comfortable height. To ensure on an ongoing member.ne head of Resident # 116's bed was elevated on entry to the room.) Nurse #2 disconnected e resident's continuous feeding formula tubing m the gastrostomy tube and attached a large en syringe (without the piston attached) to the strostomy tube. Nurse #2 poured 30 milliliters water into the syringe, and the water did not w through the gastrostomy tube by gravity. rese #2 then attached the piston to the syringe intiset the resident's first medication vothyroxine, 175 micrograms), which was strostomy tube. Nurse #2 then attached the piston to the syringe and timing it into the syringe and the medication form the syringe ured the medication cup. Nurse #2 then attached the piston to the syringe and through the gastrostomy tube. Nurse #2 then attached the piston to the syringe and tube in the resident's gastrostomy tube. Nurse #2 poured 30 lilliters of water through the gastrostomy tube, then attached the syringe. Nurse #2 poured 30 lilliters of water through the tubing using p piscon. Resident # 116 started to cough with dible congestion, and Nurse #2 continued the empts to verify placement by using the piston	REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Intinued From page 8 ps and then took them into resident's room. Irse #2 placed each medication cup on the sident %1 bis bed to a comfortable height. The head of Resident #116's bed was elevated on entry to the room.) Nurse #2 raised the level of resident %1 bis bed to a comfortable height. To ensure on an ongoing basis that nurses are verifying gastrostomy tube placement safely prior to medication administration through the gastrostomy tube by gravity. Tres #2 then attached a large en syringe (without the piston to the syringe d pushed the water through the syringe into the strostomy tube. Nurse #2 poured 30 milliliters water into the syringe, and the water did not wothyroxine, 175 micrograms), which was shed and mixed with 15 milliliters of water, by uring it into the syringe attached to the strostomy tube. Nurse #2 then attached the piston to the syringe and the decirction solution from the syringe rostomy tube; however the medication would thow through the gastrostomy tube. Nurse #2 ured the medication solution from the syringe piston and pushed the medication through the piston and pushed the water through the tubing using piston. Resident #116 started to cough with dible congestion, and Nurse #2 continued the empts to verify placement by using the piston       The cancel cancel piston and Nurse #2 continued the empts to verify placement by using the piston

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE	
		345366	B. WING			C 11/13/2	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
005510				1:	304 SE SECOND STREET		
GREENDA	ENDALE FOREST NURSING AND REHABILITATION CENTER				SNOW HILL, NC 28580		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 322	milliliters of air into the times each. After two Nurse #2 stopped che stated she would repor- that she was unable to medications. In an interview with the 12:50 PM, she stated Nurse #2 to attempt to gastrostomy tube rep- have expected her to attempt to check place attempts. The DON at tube placement should administering any me In an interview with the at 1:55 PM, she stated the facility nurse to co- difficulty checking pla tube, and that she wo nurse to repeatedly p- medication through the especially if the resided physician added that patency and placeme could have been a sig correctly or that the re- gastroenterologist. During an interview w Vice President on 11/ stated that in-service for the nursing staff re- gastrostomy tube place	e gastric tube four more prompts by the surveyor, ecking for placement and ort to the Director of Nursing o administer the remaining the DON on 11/13/2015 at she would not have wanted to check placement of the eatedly and that she would get another nurse to ement after a couple of also stated that gastrostomy d be verified before dications. The physician on 11/13/2015 d she would have expected ontact her that she had cement for the gastrostomy uld not have wanted the lunge water, air, or re gastrostomy tube, ent was coughing. The the difficulty checking nt of the gastrostomy tube gn the tube was not placed esident needed to see the with the facility's Regional 13/2015 at 3:00 PM, she education had been initiated egarding checking	F	322			

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