## DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FOR		
STATEMENT C	F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs			A. BUILDING:	COMPLETE:		
		345421	B. WING	1/7/2016		
NAME OF PRC	VIDER OR SUPPLIER	STREET ADDRESS, C	CITY, STATE, ZIP CODE			
THE LAURELS OF CHATHAM		72 CHATHAM BUSINESS PARK PITTSBORO, NC				
ID		Į				
PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN	ICIES				
F 514	483.75(1)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE					
	The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.					
	The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.					
	This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the facility failed to maintain complete and accurate records for pain medication administration for one of one resident reviewed for pain management (Resident #71). The findings included:					
	Resident # 71 was admitted to the facility 9/25/15. Cumulative diagnoses included osteonecrosis (breakdown of bone due to decreased or loss of blood supply), right sided hemiparesis and hip pain.					
	An Admission Minimum Data Set (MDS) dated 10/2/15 indicated Resident #71 was cognitively intact. Pain assessment revealed the following: received scheduled pain medication regime, received PRN (as needed) pain medication or was offered and was declined. No presence of pain as noted at the time of the assessment.					
	Physician orders were reviewed and revealed the following order for PRN (as needed) pain medication: 10/1/15 Percocet (narcotic used for pain) 5/325 milligrams one by mouth every four hours prn for pain.					
	A review of the controlled Narcotic Drug Sheet documented Resident #71 received one Percocet on 12/25/15 at 2:45PM.					
	A review of the December 2015 Medication Administrative Record revealed no documentation that Resident #71 received Percocet on 12/25/15.					
	On 1/07/2016 at 11:21AM, Administrative staff #1 stated she expected nursing staff to administer prn pain medication on request and evaluate the effectiveness of the pain medication within 1-2 hours of administration. She stated the nursing staff should document the administration, level of pain and effectiveness of the pain medication Administration Record.					
	administration to the pain medication on pain level, administration of the pain me	the front of the MAR a dication and the effective cocet to Resident #71 on	red pain medication, she documented the nd documented on the back of the MAR veness of the pain medication. She stated a $12/25/15$ and should have documented t	she		

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

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D REFIX						
AG	SUMMARY STATEMENT OF DEFICIENCIES					
F 514	Continued From Page 1					
1099		Event ID: CZ4X11		If continuation sheet 2		