PRINTED: 02/22/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, , ,	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345182	B. WING _			C <b>02/05/2016</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP ( 468 HIGHWAY 70 EAST SEALEVEL, NC 28577	CODE	
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F 000	INITIAL COMMENTS		FC	000		
F 156 SS=C	complaint investigation 483.10(b)(5) - (10), 40 RIGHTS, RULES, SE The facility must informand in writing in a land understands of his or regulations governing responsibilities during facility must also provinctice (if any) of the Signal facility must also provinctice (if any) of the Signal facility must also provinctice (if any) of the Signal facility must also provinctice (if any) of the Signal facility must also provinctice (if any) of the Signal facility must also provinctice (if any) of the Signal facility must information facility facility must information facility must information facility facility faci	83.10(b)(1) NOTICE OF ERVICES, CHARGES  In the resident both orally guage that the resident her rights and all rules and resident conduct and the stay in the facility. The ride the resident with the state developed under to Such notification must be a admission and during the sipt of such information, and the must be acknowledged in the stay in the stay in the stay in the stay in the facility. The ride the resident with the state developed under to such notification must be admission and during the sipt of such information, and the must be acknowledged in the stay in the resident who is	F 1	156		2/19/16
AROPATORY	of admission to the ni resident becomes eliquitems and services the facility services under which the resident may other items and service and for which the resident the amount of charge inform each resident the items and service (i)(A) and (B) of this service (i)(A) and (B) of this service the time of admission the resident's stay, of facility and of charges including any charges	m each resident before, or on, and periodically during services available in the	DE CONTRACTOR OF THE CONTRACTO	TITLE		(X6) DATE

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

02/18/2016 **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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
345182 B. WING					C <b>02/05/2016</b>		
	ROVIDER OR SUPPLIER	0,0,0		STREET ADDRESS, CITY, STATE, ZIP C 468 HIGHWAY 70 EAST SEALEVEL, NC 28577	CODE	02/05/2016	
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F 156	under Medicare or by  The facility must furnilegal rights which incided A description of the refor establishing eligibles the right to request at 1924(c) which determing the result of	the facility's per diem rate.  Ish a written description of fudes: Inanner of protecting personal ph (c) of this section;  equirements and procedures illity for Medicaid, including in assessment under section nines the extent of a couple's is at the time of individual attributes to the community ishare of resources which it available for payment is institutionalized spouse's in the process of spending gibility levels.  Addresses, and telephone ent State client advocacy tate survey and certification in the medicaid fraud control in that the resident may file a late survey and certification in ensure office, the State in the protection and indicate the may file a late survey and certification in ensure office, in the protection in the late of the late of the late of the late of the way of contacting the	F 1	156			
		nd provide to residents and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 468 HIGHWAY 70 EAST SEALEVEL, NC 28577	1 02/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 156	applicants for admis information about he Medicare and Medic	ge 2 esion oral and written bw to apply for and use caid benefits, and how to previous payments covered by	F 156	5		
	by: Based on observatifailed to post State of Medicare/Medicaid	IT is not met as evidenced ons and interviews the facility client advocacy groups and information in a prominent y for three consecutive days		Corrective action for resident affected The facility posted State client advoca groups and Medicare/Medicaid information in a prominent location in t facility on 2-5-16.	су	
	there were no numb advocacy services services services services services services serviced and s	facility on 2/2/16 at 7:13 AM, pers posted for State client such as the State survey and the State licensure office, the t, and a statement that the complaint with the State clion agency concerning lect, and misappropriation of the facility. There was no costed about how to apply for caid benefits, and how to previous payments covered con on 2/3/16 at 3:30 PM, pers posted for State client such as the State survey and the State licensure office, the		Corrective action to prevent recurrence other potential residents: The facility posted State client advoca groups and Medicare/Medicaid information in a prominent location in t facility on 2-5-16.  Measure put into place to ensure that deficient practice will not occur: The facility posted State client advoca groups and Medicare/Medicaid information in a prominent location in t facility. The Facility in-serviced nursin staff and department managers on documents required to be visible at all times in the facility. In-servicing was completed on 2-18-16 with 14 of 16 nursing staff members in-serviced.  Indicate how the facility plans to monit	cy he cy he g	
	Medicaid Fraud Uni resident may file a c	t, and a statement that the complaint with the State clon agency concerning		its performance to make sure solutions are sustained: The facility will assure thru daily		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345182	B. WING _			l	C /05/2016
	ROVIDER OR SUPPLIER			46	FREET ADDRESS, CITY, STATE, ZIP CODE  88 HIGHWAY 70 EAST  EALEVEL, NC 28577	1 02	03/2016
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F 156	resident abuse, negleresident property in the written information por Medicare and Medicareceive refunds for property in the successive refunds for property in the successive refunds for property in the successive refunds for property in the written information por Medicare and Medicareceive refunds for property in the written information agency, the dicaid Fraud Unit, resident may file a consurvey and certification agency, the dicaid Fraud Unit, resident may file a consurvey and certification resident abuse, negleresident property in the written information prope	ect, and misappropriation of the facility. There was no sted about how to apply for aid benefits, and how to revious payments covered  In on 2/4/16 at 1:57 PM, are posted for State client to the as the State survey and the State licensure office, the and a statement that the amplaint with the State on agency concerning ect, and misappropriation of the facility. There was no sted about how to apply for aid benefits, and how to revious payments covered  In on 2/5/16 at 2:33 PM, are posted for State client to the state licensure office, the and a statement that the amplaint with the State on agency concerning ect, and misappropriation of the facility. There was no seted about how to apply for aid benefits, and how to revious payments covered  In on 2/5/16 at 3:24 PM the through the facility for the	F1	156	compliance rounds that required documents are posted in a prominent location in the facility. This will be monitored during our QAPI Meetings for months or until a pattern of compliance achieved.		

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F 156 F 333 SS=D	Administrator stated He said the maintena information prior to p replaced the informa 483.25(m)(2) RESID SIGNIFICANT MED	on 2/5/16 at 3:28 PM, the he located the information. ance man removed the ainting and he had not tion.  ENTS FREE OF ERRORS  ure that residents are free of	F 15		2/19/16
	by: Based on record revinterviews, the facility antibiotic medication reviewed for medicatincluded: Resident #76 was ac 12/16/2015 with diag with portal hypertens An order written by the 12/31/15 included "1 (one) po (by mouth Ciprofloxacin is an an Review of the Medica (MAR) showed docureceived Ciprofloxacin mouth on 1/1/16 through Review of the facility no standing order for Review of the weekly and 1/21/16 docume normal temperature.	for one of five residents ions (#76). The findings Imitted to the facility on nosis of cirrhosis of the liver ion, ascites and diabetes. The Resident 's Physician on Cipro(Ciprofloxacin) 500 mg ) QD (daily). Intibiotic. In ation Administration Record mentation that Resident #76 in 500 mg once a day by ugh 1/4/16 (4 days).		Corrective action for resident affected  The order for the Cipro was corrected of 2-5-16 for resident #76, to verify that the Cipro was to be given for an indefinite period of time.  Corrective action to prevent recurrence other potential residents:  The nursing staff has been in-serviced ensure that each order will have a completed order, including drug dose, route, frequency, and stop date if applicable. All orders are to be review by the DHS and CCC every Monday the Friday during morning clinical rounds to check for accuracy, weekend supervise will monitor for accuracy of orders on Saturday and Sunday. All orders have been audited with no additional errors noted.	e for to ed diru o or

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION	1 ' '	SURVEY PLETED	
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		345182	B. WING _		02	/05/2016	
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F 333	interview on 2/4/16 at meant to give 5 days even though the orde knew that the Physici infections (UTI) for 5 history of UTI. She si why the staff only gavantibiotic and the faci order for Ciprofloxacii should have clarified since it was written to end date and it was not the Physician who written in the Physician who written in the Physician who written in the Physician to prevent as at risk for called Peritonitis (SBP is and the abdomen) and not Physician further state to be on the medication of the would be only at SBP but he did want antibiotic that day. The DON stated in an PM the Physician hould in the state of the physician had ciprofloxacin should in the physician had ciproflox the physician the phy	ng (DON) stated in an an engile service of Cipro (Ciprofloxacin) and or does not say it, the nurses an treated urinary tract days and the Resident had a stated she did not understand we the Resident 4 days of lity did not have a standing on. The DON stated the staff the order with the Physician of the begiven daily without an ot done. The proflox of the staff the order with the Resident #76 on portal hypertension and rescribed the daily dose of the acondition the Resident Spontaneous Bacterial infection of ascetic fluid in the totreat a UTI. The end he intended the Resident continuously and if she proflox in more than 4 days a low to moderate risk of the started back on the interview on 2/5/16 at 5:05 digust told her that the have been given daily to to to treat UTI and she had	F3	Measure put into place to ensure the deficient practice will not occur:  The nursing staff has been in-service ensure that each order will have a completed order including drug dos route, frequency, and stop date if applicable. All orders are to be reversely the DHS and CCC every Mondar Friday during morning clinical rounds to check for accuracy, week supervisor will monitor for accuracy orders on Saturday and Sunday. If orders have been audited with not additional errors noted.  Indicate how the facility plans to make sure sustained:  The nursing staff has been in-service ensure that all orders are complete including drug dose, route, frequents top date if applicable. All orders are be reviewed by the DHS and CCC Monday thru Friday during morning clinical rounds, rounds to check for accuracy, weekend supervisor will for accuracy, weekend supervisor will for accuracy of orders on Saturday Sunday. Consulting Pharmacists we monitor during monthly visits. The first will review findings monthly during meetings for 3 months or until a parcompliance is achieved.	eed to e, ewed y thru ls, end of 00% of nitor ons eed to d cy, and re to every monitor and ill acility QAPI		
F 356 SS=C	483.30(e) POSTED N INFORMATION	IURSE STAFFING	F 3	356		2/19/16	

AND PLAN OF CORRECTION INTERPRETATION NUMBERS		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345182	B. WING		C 02/05/2016	
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F 356	The facility must pose a daily basis: o Facility name. o The current date. o The total number aby the following cate unlicensed nursing serident care per shith a Registered nurse. Registered nurse or Resident census.  The facility must pose specified above on a of each shift. Data in or Clear and readable or line a prominent place or line and visitors.  The facility must, upon make nurse staffing for review at a cost of standard.  The facility must main staffing data for a mit required by State law.  This REQUIREMENT by: Based on observation facility failed to post	and the actual hours worked gories of licensed and taff directly responsible for ft: ses. cal nurses or licensed sed defined under State law). aides.  It the nurse staffing data daily basis at the beginning must be posted as follows: se format. See readily accessible to see. On oral or written request, data available to the public to to exceed the community on the posted daily nurse nimum of 18 months, or as or, whichever is greater.  It is not met as evidenced one and staff interviews, the accurate daily staffing in a of the facility for two days of	F 35	Corrective action for resident affected. The facility posted Daily Nursing Staff Hours in a prominent location in the facon 2-5-16.	ing	

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			(X3) DATE COMP	SURVEY LETED
	345182	B. WING _				O5/2016
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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	<	,		(X5) COMPLETION DATE
During an interview of Director of Nursing reposted on a bulletin buthe facility.  During an observation passing through doubted Restricted Area, Authority Staff Posting was communication board date posted on the Director of the Director of Nursing an interview of with the Director of Nursing an interview of the Director of Nursing and the adjustments to the St was a bulletin board information was shifted process of painting be	n 2/2/16 at 7:10 AM the vealed the staff posting was oard in the dietary area of an on 2/2/16 at 7:13 AM after ble doors with a sign posted thorized Access Only " the as located on a lin the dietary area. The aily Staff Posting was an on 2/3/16 at 4:00 PM after ble doors with a sign posted thorized Access Only, " the sted 2/2/16 was located on a lin the dietary area. A lin the li			other potential residents:  Nursing Daily Staffing Report is posted daily by Charge Nurse beginning with morning shift and will be updated by nig supervisor if status changes.  Measure put into place to ensure that deficient practice will not occur:  The nurses and department managers have been in-serviced to ensure that eddy during compliance rounds the post of nursing staff is visible at the nursing station. In-servicing was completed on 2-18-16 with 14 of 16 nursing staff members in-serviced.  Indicate how the facility plans to monitor its performance to make sure solutions are sustained:  The nurses and department managers have been in-serviced to ensure that eddy the posting of nursing staff is visible the nursing station. The facility will revefindings monthly during QAPI meetings	ght  ach e at iew s for ce	2/10/16
403.40(C)(T)-(Z) FRE	QUENUT & HIVIELINESS	F3	00/			2/19/16
	Continued From page  During an interview of Director of Nursing reposted on a bulletin bethe facility.  During an observation passing through doub "Restricted Area, Aut Daily Staff Posting was communication board date posted on the Dat 1/31/16.  During an observation passing through doub "Restricted Area, Aut Daily Staff Posting date posted on the Dat 1/31/16.  During an observation passing through doub "Restricted Area, Aut Daily Staff Posting date communication board Dietary Staff person and During an interview of with the Director of Niconsultant, the Nurse previous Administrator started back area of the facility Administrator started posting was put up to During an interview of the Director of Nursin arrived in the morning Staff Posting and the adjustments to the Staff Posting and the adjustments of painting before the process of painting before the process of painting before the page of the	ALTH-SEALEVEL  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  During an interview on 2/2/16 at 7:10 AM the Director of Nursing revealed the staff posting was posted on a bulletin board in the dietary area of the facility.  During an observation on 2/2/16 at 7:13 AM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only " the Daily Staff Posting was located on a communication board in the dietary area. The date posted on the Daily Staff Posting was	A BUILDIT SATERIAN NUMBER:  A BUILDIT SATERIAN STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 7  During an interview on 2/2/16 at 7:10 AM the Director of Nursing revealed the staff posting was posted on a bulletin board in the dietary area of the facility.  During an observation on 2/2/16 at 7:13 AM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only " the Daily Staff Posting was located on a communication board in the dietary area. The date posted on the Daily Staff Posting was 1/31/16.  During an observation on 2/3/16 at 4:00 PM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only," the Daily Staff Posting dated 2/2/16 was located on a communication board in the dietary area. A Dietary Staff person asked, "May I help you?"  During an interview on 02/04/2016 at 4:07 PM with the Director of Nursing and the Nurse Consultant, the Nurse Consultant revealed the previous Administrator had the staff posting in the back area of the facility and the Interim Administrator started last week and the staff posting was put up today.  During an interview on 02/05/2016 at 4:30 PM, the Director of Nursing revealed when the Nurse arrived in the morning she would usually post the Staff Posting and the night nurse would make adjustments to the Staff Posting. She said there was a bulletin board near her office and the information was shifted to another area in the process of painting being done.	A BUILDING B	A BUILDING  345182  STREET ADDRESS, CITY, STATE, ZIP CODE  488 HIGHWAY 76 PAST  SEALEVEL, NZ 28577  Continued From page 7  Continued From page 7  Continued From page 7  Continued From page 7  During an interview on 2/2/16 at 7:10 AM the Director of Nursing revealed the staff posting was posted on a bulletin board in the dietary area of the facility.  During an observation on 2/2/16 at 7:13 AM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only," the Daily Staff Posting was located on a communication board in the dietary area. The date posted on the Daily Staff Posting was 1/31/16.  During an observation on 2/3/16 at 4:00 PM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only," the Daily Staff Posting dated 2/2/16 was located on a communication board in the dietary area. A Dietary Staff person asked, "May I help you?"  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WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  488 HIGHWAY 70 FAST  SALEVEL, NO 28577  SALEVEL, NO 28577  SALEVEL, NO 28577  SALEVEL, NO 28577  Continued From page 7  Continued From page 7  Continued From page 7  Continued From page 7  During an interview on 2/2/16 at 7:10 AM the Director of Nursing revealed the staff posting was posted on a bulletin board in the dietary area of the facility.  During an observation on 2/2/16 at 7:13 AM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only" the Daily Staff Posting was located on a communication board in the dietary area. A During an observation on 2/3/16 at 4:00 PM after passing through double doors with a sign posted "Restricted Area, Authorized Access Only," the Daily Staff Posting dated 2/2/16 was located on a communication board in the dietary area. A During an interview on 02/04/2016 at 4:07 PM with the Director of Nursing and the Nurse Consultant, the Nurse Consultant, the Nurse Consultant trevealed the previous Administrator had the staff posting in the back area of the facility and the Interim Administrator started last week and the staff posting in the back area of the facility and the Interim Administrator had the staff posting in the Staff Posting. She said there was a bulletin board near her office and the information was shifted to another area in the process of painting being done.

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		345182	B. WING				05/2016
	ROVIDER OR SUPPLIER	11112		46	FREET ADDRESS, CITY, STATE, ZIP CODE  88 HIGHWAY 70 EAST  EALEVEL, NC 28577	1 02/	03/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 387 SS=E	once every 30 days of admission, and at least thereafter.  A physician visit is conot later than 10 day required.  This REQUIREMENT by: Based on record revinterviews the facility was seen by a physical admission (Resident residents were seen a physician or physic 90 days after admission residents who had be 90 days for 5 of 26 re #53, #9, #27, #36 and 1a. Resident # 53 was 10/21/15 and had a control of the clinical residents with the clinical res	e seen by a physician at least for the first 90 days after ast once every 60 days  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date the visit was  onsidered timely if it occurs after the date of the failed to ensure a resident can within 30 days of  #53) and failed to ensure every 30 days thereafter by the dian of the facility longer than assidents reviewed (Resident date).  On the facility on diagnosis of Anemia, Atrial and the date of the facility on diagnosis of Anemia, Atrial and Physical dated 10/30/15 and and Physical dated 10/30/15 and and Physical dated 10/30/15 and an onterview that she had	F	387	Corrective action for resident affected: Resident # 53 is no longer a resident. Resident # 9 had a progress note completed 1-27-16. Resident # 27 had a progress note completed 1-27-16. Resident # 36 had a progress note completed 2-3-16. Resident # 42 had a progress note completed 1-27-16. The DHS has reviewed all progress no for all 54 residents. Each resident in the facility has been seen by the physician between the dates of 1-20-16 to 2 -17- Corrective action to prevent recurrence other potential residents: The Director of Health Services or Clini Competency Coordinator will maintain	tes e 16. e for ical a	
	other documentation resident. The Clinical Care Co	s office and they had no of physician 's visits for the ordinator (CCC) stated in an t 4:21 PM the physician 's			log of all active residents to ensure that each resident is seen at a minimum of required regulations. New admission who be added to the log upon admission to ensure that MD visit is completed within	the vill	

Facility ID: 923448

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/03/2	
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(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COM	(X5) MPLETION DATE
F 387	physician made round. The CCC stated the fadmissions, residents family members that a physician. The CCC stated time. The CCC stated his visit in a computer notes at his office and fax the notes to the fadmission.	counds on Mondays and the ds on Wednesday evening. acility had a list of new with new concerns and wanted to talk with the stated if a resident had an alled the physician at that the physician would dictate and print out the progress of the office was supposed to cility. The CCC stated the ime getting the notes from	F 38	30 days. The Director of Health Se or Clinical Competency Coordinator review log weekly with Medical Director of Health Services or Lorentz Director of Health Services or Competency Coordinator will main log of all active residents to ensure each resident is seen at a minimum required regulations. New admission	r will ector.  nat  Clinical tain a that n of the	
	the physician 's office The Director of Nursir interview on 2/4/16 at always saw new adm a physician 's note so not able to provide do physician had seen the days of admission. The MDS (Minimum I in an interview on 2/5 had been assigned to physician and the PA stated they had a comphysician and the starresident concerns in the Coordinator stated who Nursing (DON) started role of rounding with the On 2/5/16 at 1:31 PM interview they recently with progress notes in to be. The DON state rounds with the physician had see the physician had see the property of the physician had see the province of the physician had see the physician province of the physician had see the physician province of the physician had see the physician province of the physician province of the physician had see the physician province of the physician province	ng (DON) stated in an 4:31 PM that the physician issions and there should be omewhere. The DON was ocumentation to show the president within the first 30 Data Set) Coordinator stated (16 at 12:54 PM that she make rounds with the The MDS Coordinator munication book for the ff would write non-emergent the book. The MDS nen the current Director of did the DON took over the he physician.  The DON stated in an yrealized they had an issue of being where they needed did she had been making cian for the past 3 weeks progress. The DON stated in the weeks. The DON stated she weeks. The DON stated she		be added to the log upon admission ensure that MD visit is completed with 30 days. The Director of Health Serior Clinical Competency Coordinator review log weekly with Medical Director Indicate how the facility plans to make sure solution are sustained:  The facility will review findings of the facility will review find facility will review findings of the facility will review findings of the facility will review findings of the facility will review f	n to vithin vices r will ector. onitor ions	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345182	B. WING			02/	05/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DDIJITTUI	EALTH-SEALEVEL			46	68 HIGHWAY 70 EAST		
PRUITIN	EALIN-SEALEVEL			S	EALEVEL, NC 28577		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 387	2/5/16 at 1:45 PM the staff provided a leand he saw the reside On 2/5/16 at 1:43 PM stated the previous a on 1/21/16 that there physician 's visits are not being done. The been at the facility formet the physician who director. The Adminishad a medical direct facilities and this perspeak with their physician that a medical direct facilities and this perspeak with their physician that a dispersion. Review of the clinical was seen by a physician between the physician 's assistant discharge on 1/14/16 On 2/4/16 at 4:01 PM Set) Nurse stated in called the physician other documentation resident while in the The Clinical Care Cointerview on 2/4/16 at assistant made round physician made round The CCC stated the	cian stated in an interview on at on his visits to the facility ist of residents to be seen itents on that list.  If the Interim Administrator administrator had notified him awas a problem with and progress notes that were Administrator stated he had ar 2 weeks and had not yet no was also the medical strator stated the corporation for to oversee all their son had been contacted to sician regarding the problem. The area written plan of correction as admitted to the facility on diagnosis of Anemia, Atrial sion, Hemiplegia, Seizures  I record revealed the resident cian 's assistant on 10/30/15. Conal progress notes to show an seen by a physician or a ant prior to the resident 's S.  If the MDS (Minimum Data an interview that she had 's office and they had no of physician 's visits for the	F	387			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER'SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		345182	B. WING			C <b>02/05/2016</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 468 HIGHWAY 70 EAST SEALEVEL, NC 28577	I	02/05/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 387	acute problem they time. The CCC statch his visit in a comput notes at his office a fax the notes to the facility had a difficul the physician's off. The MDS (Minimum in an interview on 2 had been assigned physician and the P stated they had a complysician and the Stated Nursing (DON) star role of rounding with On 2/5/16 at 1:31 P interview they recer with progress notes to be. The DON star rounds with the physician had shuilding in the past did not have a writter the facility's Phys 2/5/16 at 1:45 PM to	c stated if a resident had an called the physician would dictate the ter and print out the progress and the office was supposed to facility. The CCC stated the time getting the notes from ice.  In Data Set) Coordinator stated 1/5/16 at 12:54 PM that she to make rounds with the individual work of the taff would write non-emergent in the book. The MDS when the current Director of ted the DON took over the	F 36	,			
	stated the previous on 1/21/16 that ther physician's visits a not being done. The been at the facility f met the physician w	dents on that list.  M the Interim Administrator administrator had notified him e was a problem with and progress notes that were e Administrator stated he had for 2 weeks and had not yet who was also the medical istrator stated the corporation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345182	B. WING		C <b>02/05/2016</b>
	NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-SEALEVEL		STREET ADDRESS, CITY, STATE, ZIP CODE  468 HIGHWAY 70 EAST  SEALEVEL, NC 28577		02/03/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
F 387	facilities and this perspeak with their phy. The Administrator is issue but did not ha 2. Resident #9 was 6/20/14 and had a conference of the congestive Heart F. Dementia.  Review of the clinic revealed physician 3/30/15 and 10/22/2 provide additional p. The Clinical Care Conterview on 2/4/16 assistant made rout physician facility. The MDS (Minimum of the facility of the MDS (Minimum	tor to oversee all their erson had been contacted to visician regarding the problem. Itated they were looking at the live a written plan of correction. Itadiagnosis of Hypertension, hage, Hemiplegia, Seizures, failure, Hyperlipidemia and lar ecord for 2015/2016 sorgress notes dated lates and lates are sorted for the resident. It is progress notes for the resident. It is on Mondays and the lands on Wednesday evening and lates are with new concerns and late wanted to talk with him. The latest had an acute problem sician at that time. The CCC in would dictate the visit in a lout the progress notes at his latest was supposed to fax the latest had an acute problem sician at that time. The CCC in would dictate the visit in a lout the progress notes at his latest was supposed to fax the latest had an acute problem sician at that time. The CCC in would dictate the visit in a lout the progress notes at his latest l	F 38		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-SEALEVEL				STREET ADDRESS, CITY, STATE, ZIP CO 468 HIGHWAY 70 EAST SEALEVEL, NC 28577		270372010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 387	interview they recent with progress notes in to be. The DON state rounds with the phys and it was a work in the physician had se building in the past 2 did not have a writter The facility 's Physic 2/5/16 at 1:45 PM that the staff provided a li and he saw the resid On 2/5/16 at 1:43 PM stated the previous a on 1/21/16 that there physician 's visits annot being done. The been at the facility formet the physician will director. The Administrator the Administrator states and this perspeak with their phys The Administrator states but did not hav 3. Resident #27 was 8/22/14 and had diaged Hyperlipidemia, Dem Vascular Disease, Al and Major Depressiv Review of the clinical revealed a physician 2/18/15. On 2/4/16 and Nursing (DON) provinotes faxed to the far office dated 2/18/15 most recent notes or	If the DON stated in an ally realized they had an issue not being where they needed ed she had been making ician for the past 3 weeks progress. The DON stated en every resident in the weeks. The DON stated she in plan of correction. It is a stated in an interview on eat on his visits to the facility st of residents to be seen ents on that list. If the Interim Administrator idministrator had notified him was a problem with indigence of the problem. It is a problem with indigence of the problem is a problem in the problem. It is a problem in the problem is a problem in the problem. It is a problem in the problem. It is a propression of the problem in the problem. If the problem is a propression in the propressio	F 34	37			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245492	B. WING				С	
		345182	B. WING			02	2/05/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE			
PRIJITTHE	EALTH-SEALEVEL			468 HIG	HWAY 70 EAST			
	LALITI-OLALL VLL			SEALE	VEL, NC 28577			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 387	assistant made rour physician made rour The CCC stated the admissions, resident family members that CCC stated if a residual they called the physician computer and print office and the office notes to the facility. In the MDS (Minimum in an interview on 20 had been assigned physician and the physician and the stated they had a cophysician and the stated they had a trounding with On 2/5/16 at 1:31 Printerview they recent with progress notes to be. The DON stated they have a work in the physician had see building in the past 2 did not have a writted the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of 2/5/16 at 1:43 PM the staff provided a and he saw the residence of	at 4:21 PM the physician 's ads on Mondays and the ads on Wednesday evening. facility had a list of new ts with new concerns and the wanted to talk with him. The dent had an acute problem ician at that time. The CCC would dictate the visit in a put the progress notes at his was supposed to fax the The CCC stated the facility etting the notes from the  Data Set) Coordinator stated 5/16 at 12:54 PM that she to make rounds with the A. The MDS Coordinator summunication book for the aff would write non-emergent of the book. The MDS when the current Director of ed the DON took over the atthe physician. We then the current Director of the the physician. We then the deep the physician is the physician for the past 3 weeks progress. The DON stated een every resident in the 2 weeks. The DON stated she in plan of correction. It is a plan of correction. It is a plan of correction to the facility list of residents to be seen	F	387				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ELE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345182	B. WING			C 2/05/2016	
NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-SEALEVEL			STREET ADDRESS, CITY, STATE, ZIP CODE  468 HIGHWAY 70 EAST  SEALEVEL, NC 28577		02/03/2010		
(X4) ID PREFIX TAG	(EACH DEFICIEN	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 HE APPROPRIATE	(X5) COMPLETION DATE	
F 387	physician 's visits an not being done. The been at the facility formet the physician will director. The Admini had a medical direct facilities and this per speak with their physician but did not have 4. Resident #36 was facility with diagnose Cardiomegaly, Perip Chronic Obstructive Review of the clinical Admission History and which was signed by no other physician president's chart. On 2/4/16 at 4:01 Pin Set) Nurse stated in called the physician other documentation resident.  The Clinical Care Conterview on 2/4/16 at assistant (PA) made physician made rour The CCC stated the admissions, resident family members that physician. The CCC acute problem they of the computer of the co	e was a problem with and progress notes that were Administrator stated he had or 2 weeks and had not yet no was also the medical strator stated the corporation or to oversee all their con had been contacted to sician regarding the problem. The area written plan of correction. To originally admitted to the est including Heart Failure, wheral Vascular disease and Pulmonary Disease. If record revealed an and Physical dated 7/22/15, or the physician. There were	F 38				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 387	to show the physicial within the first 30 day. The MDS (Minimum in an interview on 2/5 had been assigned to physician and the PA stated they had a corphysician and the staresident concerns in Coordinator stated w. Nursing (DON) starterole of rounding with On 2/5/16 at 1:31 PA interview they recent with progress notes in to be. The DON staterounds with the physician had se building in the past 2 did not have a writter The facility's Physicia 2/5/16 at 1:45 PM that the staff provided a liand he saw the resid On 2/5/16 at 1:43 PM stated the previous a on 1/21/16 that there physician's visits and not being done. The been at the facility formet the physician who director. The Adminishad a medical director facilities and this perspeak with their physician speak with their physician with the physician with their physician with the phy	ble to provide documentation in had seen the resident is of admission.  Data Set) Coordinator stated 5/16 at 12:54 PM that she is make rounds with the interest in the book. The MDS Coordinator in munication book for the laff would write non-emergent the book. The MDS hen the current Director of each the DON took over the the physician.  If the DON stated in an ally realized they had an issue not being where they needed each she had been making ician for the past 3 weeks progress. The DON stated en every resident in the weeks. The DON stated en every resident in the weeks. The DON stated she in plan of correction.  In stated in an interview on lat on his visits to the facility st of residents to be seen ents on that list.  If the Interim Administrator diministrator had notified him was a problem with a progress notes that were administrator stated he had read weeks and had not yet to was also the medical strator stated the corporation	F3	87		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	COMPLETED	
		345182	B. WING		C 02/05/2016	
	NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-SEALEVEL		STREET ADDRESS, CITY, STATE, ZIP CODE  468 HIGHWAY 70 EAST  SEALEVEL, NC 28577		02/03/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
F 387	5. Resident #42 was facility with diagnos Obstructive Pulmon acute exacerbation, (Generalized) and FReview of the clinical Admission History a which was signed be no other physician pichart.  On 2/4/16 at 4:01 PSet) Nurse stated in called the physician other documentation resident.  The Clinical Care Conterview on 2/4/16 assistant (PA) made physician made rou The CCC stated the admissions, resider family members that physician. The CCC acute problem they time. The CCC state his visit in a comput notes at his office a fax the notes to the facility had a difficul the physician in an interview on 2 had been assigned physician and the Pstated they had a cophysician and the stated they had a cophysician and the	ve a written plan of correction. s originally admitted to the es including Chronic ary Disease (COPD) with Muscle Weakness Hypothyroidism. al record revealed an and Physical dated 10/15/15, y the physician. There were progress notes in the residents  M, the MDS (Minimum Data an interview that she had an an interview that she had and an interview that she had an an interview that she	F 387			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		345182	B. WING			02/	05/2016
NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-SEALEVEL				4	STREET ADDRESS, CITY, STATE, ZIP CODE 168 HIGHWAY 70 EAST SEALEVEL, NC 28577		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 387	role of rounding with to On 2/5/16 at 1:31 PM interview they recentl with progress notes in to be. The DON state rounds with the physicand it was a work in puthe physician had see building in the past 2 did not have a written The facility 's Physici 2/5/16 at 1:45 PM that the staff provided a list and he saw the reside On 2/5/16 at 1:43 PM stated the previous at on 1/21/16 that there physician 's visits and not being done. The Abeen at the facility for met the physician who director. The Adminish had a medical director facilities and this persispeak with their physic The Administrator sta	d the DON took over the the physician. I the DON stated in an y realized they had an issue to being where they needed d she had been making cian for the past 3 weeks progress. The DON stated en every resident in the weeks. The DON stated she plan of correction. I an stated in an interview on at on his visits to the facility st of residents to be seen the entry and the interim Administrator diministrator had notified him was a problem with d progress notes that were administrator stated he had 2 weeks and had not yet o was also the medical trator stated the corporation	F	387			