		D HUMAN SERVICES					M APPROVED
	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>). 0938-0391</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>			(X3) DATE COMF	SURVEY PLETED
		345218	B. WING			07/	20/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1	20 SOUTHWOOD DRIVE BOX 379		
MARY GR	AN NURSING CENTER			C	LINTON, NC 28328		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 170 SS=C	SEND/RECEIVE UNC	DPENED MAIL right to privacy in written uding the right to send and	F	170			8/12/16
	<ul> <li>by: Based on staff and refailed to deliver mail of the facility.</li> <li>The findings include:</li> <li>During an interview of Resident Council Preknow who delivered non Saturday.</li> <li>During an interview of Activity Director reveatives weekdays but she did mail to residents on Statistication of During an interview of facility receptionist statistication</li> </ul>	n 07/20/2016 at 4:35PM the ated she knew the Activity il to residents during the know who delivered mail to			The statements made on this plan of correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated F 170 A corrective action for affected resident On 08/05/2016, the Activity Director discussed the new procedure for delivering mail to residents on Saturday with the Resident Council President.	d. :: ys	
	the facility receptionis Administrator and he used to have an Activ delivered mail every longer had that perso	ew on 07/20/2016 4:45 PM t revealed she talked to the told her, in the past they ity staff person that veekend, but since they no n, they were in the process or not the mailman would			Effective 07/30/2016, the new procedur for delivering mail to residents on Saturday is that the manager on duty w retrieve all mail from the mailbox, sort, and deliver it as part of their duties on Saturdays. All current residents have th potential to be affected by the alleged deficient practice.	vill	
	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITLE		(X6) DATE

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

**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.

08/05/2016

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY
	FCORRECTION	IDENTIFICATION NUMBER:		G	COMPLETED
		345218	B. WING		07/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	P CODE
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMPLETIC D THE APPROPRIATE DATE
F 170			F 17	70	
	start delivering mail to the facility on weekends. During an interview on 07/20/2016 at 4:52 PM the Administrator revealed the facility had a post office box, however they were trying to get mail delivered onsite. He stated the mailman would drop off the mail and facility staff would disburse the mail.			<ul> <li>On 08/05/2016, the Activiresident council meeting, present received information procedure for delivering monosaturdays.</li> <li>Systemic changes made</li> <li>On 07/30/2016, the follow was put in place for mail residents on Saturday. The duty will be responsible formail from the mail box on distributing that mail to the needed. On 07/27/2016, team members were in-standinistrator on the new delivering mail to resident</li> <li>The facility plans to moniperformance by:</li> <li>The Social Worker will measure by:</li> <li>The Social Work</li></ul>	All resident's tion on the new mail to residents were: ving procedure to be delivered to ne manager on pr retrieving the Saturdays, and e residents as the management erviced by the procedure for ts on Saturdays. tor its onitor this issue uality Assurance delivered to e new procedure e completed monthly times 2
				Assurance Committee. R presented to the weekly ( the Administrator or DON corrective action initiated Compliance will be monit ongoing auditing program weekly QA Meeting. The Meeting is attended by th Coordinator, Support Nur	QA committee by to ensure as appropriate. ored and n reviewed at the weekly QA le DON, MDS

Event ID: 93P111

Facility ID: 923329

If continuation sheet Page 2 of 22

						IO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · · ·	E SURVEY IPLETED
		345218	B. WING		0	7/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 170	Continued From page	2	F 17	0 HIM, Dietary Manager and the Administrator.		
F 309 SS=D	483.25 PROVIDE CA HIGHEST WELL BEI		F 30			8/12/16
	provide the necessar or maintain the highe mental, and psychoso	eceive and the facility must y care and services to attain st practicable physical, pcial well-being, in comprehensive assessment				
by: Based on record r interviews, the faci physician ordered Thrush (a fungal ir resident reviewed The findings includ Resident #183 wai 6/21/16 with diagn infection and Bacte Review of the Adm (MDS) Assessmen Resident #183 as 15/15 on the Brief The resident had a Review of the Adm documented Resid Bactrim DS (doubl two tablets, every infection. Review of the Phy		dmitted to the facility on es including Urinary Tract al Infection. sion Minimum Data Set lated 6/28/16 identified gnitively intact with a score of erview for Mental Status.		The statements made on this correction are not an admission not constitute an agreement we alleged deficiencies. To remain compliance with all federal and regulations the facility has take take the actions set forth in this correction. The plan of correct constitutes the facility's allegat compliance such that all alleged deficiencies cited have been of corrected by the date or dates F 309 A corrective action for affected For resident #183, the order for was confirmed and administer resident on 06/26/2016 by the	n to and do ith the d state en or will s plan of tion cion of ed r will be indicated.	

Facility ID: 923329

If continuation sheet Page 3 of 22

#### FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING 345218 B. WING 07/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 MARY GRAN NURSING CENTER CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 309 Continued From page 3 F 309 of the throat. The physician diagnosed Resident All current residents have the potential to #183 with Thrush and listed under the "Plan" to be affected by the alleged deficient order Diflucan (anti-fungal) 200 milligrams by practice. mouth one time daily for three days. The order On 08/02/2016, the Nurse Consultant was placed in the facilities computer system (Point Click Care) by the physician. reviewed the orders portal in Point Click Review of the eMAR (electronic medication Care for any orders pending confirmation. administration record) for June 2016 documented Orders pending confirmation were an order for Diflucan 200 milligrams by mouth confirmed by the charge nurse on one time a day for thrush until 6/27/16. 08/02/2016. Further review of the eMAR documented the medication was started on 6/26/16 and Resident Systemic changes made were: #183 was given two doses; 6/26/16 and 6/27/16. During an interview with the resident on 7/20/16 Beginning on 8/9/2016, the Staff at 9:03am he stated his mouth was full of white Development Coordinator will begin patchy stuff. He stated he was also vomiting in-servicing all FT, PT, and PRN Nurses during those days and it was really sore and he on the order confirmation process, where did not eat much. He stated the Thrush had now to go to check for orders that need resolved. confirming, how often to check the orders During an interview with Unit Manager #2 on portal, and how to confirm the order when 7/19/16 at 2:50pm she stated nurses were present. Daily Monday thru Friday, the in-serviced to check the eMAR every 2 hours for Director of Nursing will check the order orders that needed to be confirmed. She stated portal to ensure that orders are not once an order was confirmed the order would go missed that need confirmation. to the pharmacy. In the computer it read the Completion date for training will be order was to start on 6/24/16 and it appeared the 08/12/2016. This information has been nurse confirmed the order on 6/26/16. She stated integrated into the standard orientation it should not have taken three days for the nurse training for all nurses and will be reviewed to confirm the order and be started. by the Quality Assurance Process to verify During an interview with the Director of Nursing that the change has been sustained. on 7/20/16 at 10:00am she stated that the staff had been in-serviced and should have been looking to see if there were orders that needed to The facility plans to monitor its be confirmed. The medication should have performance by: started on 6/24/16. She also stated that in the morning meetings the Administrator, herself and The Director of Nursing will monitor this the unit managers ' check for outstanding orders issue using the Orders Review Quality and she did not know how this had been missed. Assurance Tool for monitoring orders She further stated she was not aware that the pending confirmation. This will be

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 923329

If continuation sheet Page 4 of 22

DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES				D: 08/09/2016 MAPPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			OMB NC	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345218	B. WING		07/	20/2016
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	missed until the State her attention. During an interview w 7/20/16 at 3:40pm he medication to be conf and given as ordered.	d late or that a dose was Surveyor brought this to ith the Administrator on stated he would expect the irmed by the nurse timely	F 30	completed weekly for 4 weeks then monthly times 2 months or until resolv by Quality Assurance Committee. Re will be presented to the weekly QA committee by the Administrator or DC ensure corrective action initiated as appropriate. Compliance will be monit and ongoing auditing program review the weekly QA Meeting. The weekly QC Meeting is attended by the DON, MDS Coordinator, Support Nurse, Therapy HIM, Dietary Manager and the Administrator.	ports IN to tored ed at QA S	
F 314 SS=D	PREVENT/HEAL PRE Based on the compre resident, the facility m who enters the facility does not develop pres individual's clinical co they were unavoidable pressure sores receiv services to promote h prevent new sores fro	ESSURE SORES hensive assessment of a nust ensure that a resident without pressure sores soure sores unless the ndition demonstrates that e; and a resident having es necessary treatment and ealing, prevent infection and	F 31	14		8/12/16
	by: Based on record revi interviews, the facility assessments for a res contracture and at risk 4 residents reviewed	ew, observations and staff failed to do weekly skin sident with a neck < for pressure ulcers for 1 of		The statements made on this plan of correction are not an admission to an not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or wi take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of	d do II	

Event ID: 93P111

Facility ID: 923329

If continuation sheet Page 5 of 22

							<u>D. 0938-03</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED
		345218	B. WING	_		07/20/2016	
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
MARY GR	AN NURSING CENTER		120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328				
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIC DATE
F 314	Continued From page	9 5	F 31	4			
F 314	Resident #140 was re 5/16/14 and re-admitt diagnoses including A vertebral compression and Coronary Artery I Review of the most re Data Set (MDS) Asse identified Resident #1 impaired with a score for Mental Status. Re extensive, one person mobility, dressing, toi and bathing, transferr twice, walking in the r occur, eating was ind assistance, moving fr position, walking, turr and off the toilet did r had no range of motic extremities and had in lower extremities. She devices. Resident #14	eadmitted to the facility on ted on 7/29/14 with Anemia, Osteoporosis with in fractures, Osteoarthritis Disease. ecent Quarterly Minimum essment dated 5/17/2016 140 as severely cognitively of 3 on the Brief Interview esident #140 required in assistance with bed let use, personal hygiene ring only occurred once or room and corridor did not dependent with one person om a seated to standing hing around and moving on not occur. Resident #140 on limitations of the upper impairment to one side of the	F 31	14	<ul> <li>compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicate</li> <li>F 314</li> <li>A corrective action for affected resider</li> <li>For resident #140, on 07/20/2016, the stage 2 pressure ulcer was identified at the Nurse Practitioner was notified and treatment was initiated by the charge nurse.</li> <li>All current residents have the potentiat be affected by the alleged deficient practice.</li> <li>On 07/22/2016, the hall nurses began performing head to toe skin assessment of all current residents to assess for a new areas of skin breakdown. This was completed on 08/01/2016.</li> <li>Systemic changes made were:</li> </ul>	ed. ht: and d l to ents ny	
	Resident #140 was not receiving physical or occupational therapy. Review of the Care Area Assessments (CAAs) Summary dated 8/15/15 triggered in the area of Pressure Ulcers related to activities of daily living assistance for bed mobility was needed, frequent incontinence and the resident was at risk for developing pressure ulcers.				On 08/04/2016, the nurse manageme team reset the weekly skin check UDA schedules to fire the UDA's according the facility schedule. This will be completed on 08/04/2016. Weekly, the Director of Nursing will monitor the UE Portal to ensure timely completion of weekly skin checks according to the facility schedule.	A to e	
		lan dated 8/15/15 us as at risk for pressure iterventions in meeting the			On 08/09/2016, the Staff Developmen Coordinator will begin in-servicing all I PT, and PRN Nurses on how to comp	FT,	

Facility ID: 923329

If continuation sheet Page 6 of 22

				OMB NO. 0938-03
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
	345218	B. WING		07/20/2016
ROVIDER OR SUPPLIER		ę	STREET ADDRESS, CITY, STATE, ZIP CODE	
AN NURSING CENTER				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETIC
Continued From page	2 6	F 314		
goal of having minimi pressure ulcers include frequent position char pressure reduction are the nurse immediately areas, irritation of the Review of the Weekly assignment sheet doo was to be assessed with shift on Mondays. Review of the Standa Point Click Care compute assessment due: wee overdue. Review of the Nursing 7/18/16 documented area under the chin/n treating with Lanasep area was not improvin attempted to roll a wa neck and head and al Review of the Nursing 7/19/16 documented red and tender. The r was applied under the Review of the Nursing documented the area The resident was not her chest area. The r Nurse Practitioner. Ar area was cleaned witt Xeroform gauze (petr dressing were applied initiated.	zed development of ded, in part, assist with nges and turning for nd comfort and reporting to y if your note: redness, open skin. / Skin Assessment cumented Resident #140 veekly on the 11pm-7am and Assessment tab in the puter system documented then was performed on ter had, written in red, Next ekly skin checks: 93 days g Progress note dated the resident had an existing teck that a sitter had been totic (skin protectant) and the ng. The note read the nurse ashcloth to help support the bsorb moisture. g Progress note dated the area under the chin was note read that a telfa pad e chin to prevent rubbing. g Note dated 7/20/16 to chin was red and moist. ed holding her chin down to resident was seen by the ntibiotics were ordered. The h wound cleanser and coleum gauze) and a dry d. A wound consult was		<ul> <li>a weekly skin UDA (User Definite Assessment) in Point Click Carrin the education was how to pehead to toe skin assessment, hith efindings into the weekly skin UDA, and what to do if new skin conditions are noted. The compfor training will be 08/12/2016. The for training will be 08/12/2016. The for training the training for and will be reviewed by the Quark Assurance Process to verify that change has been sustained.</li> <li>The facility plans to monitor its performance by:</li> <li>The Staff Development Coordin monitor this issue using the Wet Check UDA Quality Assurance monitoring completion of the wet check UDA. This will be complete for 4 weeks then monthly times or until resolved by Quality Ass Committee. Reports will be prethe weekly QA committee by the Administrator or DON to ensure action initiated as appropriate. Compliance will be monitored at ongoing auditing program revieweekly QA Meeting. The weekly Manager and the Administrator.</li> </ul>	e. Included rform a iow to enter in check n bletion date This d into the r all nurses ality at the hator will eekly Skin Tool for eekly Skin tool for eekly skin eted weekly a 2 months urance sented to e e corrective and wed at the y QA N, MDS
F	ROVIDER OR SUPPLIER AN NURSING CENTER SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page goal of having minimi pressure ulcers includ frequent position cha pressure reduction ar the nurse immediatel areas, irritation of the Review of the Weekly assignment sheet doo was to be assessed v shift on Mondays. Review of the Standa Point Click Care com the last skin assessm 4/12/16. The comput assessment due: wee overdue. Review of the Nursing 7/18/16 documented area under the chin/n treating with Lanasep area was not improvia attempted to roll a wa neck and head and a Review of the Nursing 7/19/16 documented red and tender. The r was applied under the Review of the Nursing 0 coumented the area The resident was not her chest area. The r Nurse Practitioner. An area was cleaned wit Xeroform gauze (petr dressing were applied initiated.	DF DEFICIENCIES CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         345218         ROVIDER OR SUPPLIER         AN NURSING CENTER         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 6 goal of having minimized development of pressure ulcers included, in part, assist with frequent position changes and turning for pressure reduction and comfort and reporting to the nurse immediately if your note: redness, open areas, irritation of the skin.         Review of the Weekly Skin Assessment assignment sheet documented Resident #140 was to be assessed weekly on the 11pm-7am shift on Mondays.         Review of the Standard Assessment tab in the Point Click Care computer system documented the last skin assessment was performed on 4/12/16. The computer had, written in red, Next assessment due: weekly skin checks: 93 days overdue.         Review of the Nursing Progress note dated 7/18/16 documented the resident had an existing area under the chin/neck that a sitter had been treating with Lanaseptic (skin protectant) and the area was not improving. The note read the nurse attempted to roll a washcloth to help support the neck and head and absorb moisture.         Review of the Nursing Progress note dated 7/19/16 documented the area under the chin was red and tender. The note read that a telfa pad was applied under the chin to prevent rubbing.         Review of the Nursing Note dated 7/20/16 documented the area to chin was red and moist. The resident was noted holding her chin down to her ch	IDENTIFICATION NUMBER:       A. BUILDING.         345218       B. WING         ROVIDER OR SUPPLIER       J.         AN NURSING CENTER       J.         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       J.         Continued From page 6 goal of having minimized development of pressure ulcers included, in part, assist with frequent position changes and turning for pressure reduction and comfort and reporting to the nurse immediately if your note: redness, open areas, irritation of the skin.       F 314         Review of the Weekly Skin Assessment assignment sheet documented Resident #140 was to be assessed weekly on the 11pm-7am shift on Mondays.       Review of the Standard Assessment tab in the Point Click Care computer system documented the last skin assessment was performed on 4/12/16. The computer had, written in red, Next assessment due: weekly skin checks: 93 days overdue.         Review of the Nursing Progress note dated 7/18/16 documented the resident had an existing area under the chin/neck that a sitter had been treating with Lanaseptic (skin protectant) and the area was not improving. The note read the nurse attempted to roll a washcloth to help support the neck and head and absorb moisture.         Review of the Nursing Progress note dated 7/18/16 documented the area under the chin was red and tender. The note read that a telfa pad was applied under the chin to prevent rubbing.         Review of the Nursing Note dated 7/20/16 documented the area to chin was red and moist. The resident was noted holding her chin down to her chest area. The resident was seen by the Nurse Practitioner. Antibiotics were ordered	CPDEFICIENCIES       (X1) PROVIDERSUPPLIERCLAN.       (X2) MULTIPLE CONSTRUCTION         A BULDING       A BULDING         345218       STREET ADDRESS, CITY, STATE, ZIP CODE         NURSING CENTER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MERT OF DEFICIENCIES (EACH DEFICIENCY MERT OF DEFICIENCIES)       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE         Image: Street ADDRESS, CITY, STATE, ZIP CODE       STREET ADDRESS, CITY, STATE, ZIP CODE </td

Facility ID: 923329

If continuation sheet Page 7 of 22

CENTERS FOR MEDICARE & MEDICAD SERVICES     OMB NO. 0938-0391       INTERLINT OF DEFICIENCIES     IDENTIFICATION NUMBER:     IDENTIFICATION NUMB		-	ID HUMAN SERVICES				FORM	): 08/09/2016 / APPROVED
AND FLAN OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING     COMPLETED       MAKE OF PROVIDER OR SUFFLIER     STREET ADDRESS, CITY, STARE, ZP CODE     07/20/2016       MARY GRAM NURSING CENTER     STREET ADDRESS, CITY, STARE, ZP CODE     07/20/2016       MARY GRAM NURSING CENTER     STREET ADDRESS, CITY, STARE, ZP CODE     00/2000       Image: Complexing of the comparison of the Complexity o								
NMME OF PROVIDER OF SUPPLIER     STREET ADDRESS, CITY, STATE, 2P CODE 128 SOUTHWOOD DRIVE BOX 778 CLUTTON, NC 28232       Image: Control of the Company of C				. ,				
MARY GRAN NURSING CENTER         128 SOUTHWOOD DRIVE BOX 373 CLNTCM, NC 28328           (PA)ID PRETX TAG         SUMMARY STATEMENT OF DEFICIENCIES INCOME.TO PROVIDERS R.N. OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATION OR LSC IDENTIFYING INFORMATION)         Dr.         PRETX INCOME TO NERO SHALL OF CORRECTIVE ACTION SHOULD BE CACH CORRECTIVE ACTION SHOULD BE PRETX TAG         Continued From page 7         F 314         F 314         Continued From page 7         F 314           Resident #140 was referred to PT by Nursing due to a grade 1 or 2 pressure wound on the right anterior neck just above the medial clavicle and an area below the medial clavicle and and contracture. During observations 7/18/16 at 11:38AM resident #14/0 in bed jving on her back with her neck resting on chest. The head and medx was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #14/0 in bed, leaving forward with her neck resting on chest. Sitter #1 was observed in bed, lying on her back with her head and neck titler #1 was observed in the room.     Not besting the area paperade downward. Sitter#1 wa			345218	B. WING			07/	20/2016
MARY GRAM NURSING CENTER     CLINTON, NC 28328       (P(4)) [0] PHETIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE INCICEEDED BY FULL RECOURSE (TW ALT TO A DEFICIENCIES) (EACH OPERCIENCY MIST BE INCICEEDED BY FULL RECOURSE (TW ALT TO A DEFICIENCIES) (EACH DEFICIENCY)     IPROVIDER'S PLAN OF CORRECTION (EACH OPERCIENCY ALT TO A SHOLD BE CORRECTIVE ALT TO A SHOLD BE CORRECTIVE ALT TO A SHOLD BE DEFICIENCY)     COMPTION (EACH OPERCIENCY)       F 314     Continued From page 7 Resident #140 was referred to PT by Nursing due to a grade 1 or 2 pressure wound on the right anterior neck just above the medial clavide and an area below the mental protuberance and a positioning device was an creasary to improve posture. The PT noted without treatment, the resident #44 ow was not bead on on ther back with the re head leaning downwards with her chin resting on her chest. Stiter #1 was observed in the room. Observations 7719/16 at 19:48AM showed Resident #44 owns in bed and neck was titled downwards. Stiter #2 was observed in the room. Observations 7720/16 at 2:03PM showed Resident #140 was in bed on her back with her neck resting on chest. Stiter #3 was observed in the room. During an observation 7720/16 at 2:03PM with the Physical Therapist, Resident #140 was observed in the room. During an observation 7720/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in the room. During an observation 7720/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in the room. During an observation 718/16 at 11:38AM       Resident #140 was in bed on her back with her neck resting on her chest. Observed with what appeared itedded downwards. The chin was observed with what appeared like bilsters with the tops of the skin removed.       During an interview with Sitter #1 on 718/16 at 11:38AM are stated then than dat with the resident fro 3	NAME OF PI	ROVIDER OR SUPPLIER	-	5	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
CHUTON, NC 28328         Continued From Section Sectin Sectin Sectind Section Secting Section Sectin Section Section S				1	20 SOUTHWOOD DRIVE	BOX 379		
Preprint Tx0       IEACH CORFECTIVE ACTION SHOULD BE REGULTIONY OR LSC IDENTIFYING INFORMATION)       Preprint Tx0       IEACH CORFECTIVE ACTION SHOULD BE CROSS-HEERENCED TO THE WHYNORMATION)       CONSTRUCT ACTION SHOULD BE DEFICIENCY)         F 314       Continued From page 7 Resident #140 was referred to PT by Nursing due an area below the mential protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident #140 was in bed and on the right resident #140 was in bed and on the back with the head learning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 14138AM resident #140 was in bed and neb back with her head learning downwards with her chin resident #140 had by long on the back with her neck resting on chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2.03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2.03PM showed Resident #140 in bed, leaving forward with her head and neck tilted downwards. The chin was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed in the room. During an observated in the root in was resting on check. Observation 7/20/16 with Nurse #1 at 2.35FM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed with what appeared like bilsters with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated down the resting three the resident for 3+ years.       If the stath the resthead thred to pull	MARY GR	AN NURSING CENTER			CLINTON, NC 28328			
Preprint Tx0       IEACH CORFECTIVE ACTION SHOULD BE REGULTIONY OR LSC IDENTIFYING INFORMATION)       Preprint Tx0       IEACH CORFECTIVE ACTION SHOULD BE CROSS-HEERENCED TO THE WHYNORMATION)       CONSTRUCT ACTION SHOULD BE DEFICIENCY)         F 314       Continued From page 7 Resident #140 was referred to PT by Nursing due an area below the mential protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident #140 was in bed and on the right resident #140 was in bed and on the back with the head learning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 14138AM resident #140 was in bed and neb back with her head learning downwards with her chin resident #140 had by long on the back with her neck resting on chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2.03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2.03PM showed Resident #140 in bed, leaving forward with her head and neck tilted downwards. The chin was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed in the room. During an observated in the root in was resting on check. Observation 7/20/16 with Nurse #1 at 2.35FM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed with what appeared like bilsters with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated down the resting three the resident for 3+ years.       If the stath the resthead thred to pull	(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'	S PLAN OF CORRECTION		(X5)
Resident #140 was referred to PT by Nursing due to a grade 1 or 2 pressure wound on the right anterior neck just above the medial clavicle and an area below the mental protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:33AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:43AM showed Resident #140 in bed Jwing on her back with her neck resting on chest. The head and neck was tilled downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:03PM with the Physical Therapist, Resident #140 was observed in bed, Jwing on her back with her head tilled downwards. Her chin was resting on her chest. Observation on 7/20/16 at 2:03PM with the Physical Therapist, Resident #140 was observed in be to wai he do on her back with her head and neck tilled downwards. The chin was observed lying on her back with her head and neck tilled downwards. The chin was observed lying on her back with her head and neck tilled downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:33AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated she had tied to pull	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRE CROSS-REFERE	CTIVE ACTION SHOULD B		COMPLETION
Resident #140 was referred to PT by Nursing due to a grade 1 or 2 pressure wound on the right anterior neck just above the medial clavicle and an area below the mental protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:33AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:43AM showed Resident #140 in bed Jving on her back with her neck resting on chest. The head and neck was tilled downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, laving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, Jving on her back with her head tilled downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse # 1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The heapenered in bed, Jving on her back with her head and neck tilted downwards. The chin was observed lying on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:33AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated she had tied to pull	F 314	Continued From page	57	E 214				
to a grade 1 or 2 pressure wound on the right anterior neck just above the medial clavicle and an area below the mental protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. The rew as a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observation 7/20/16 at 2:05PM with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation 7/20/16 with ner beats, with her head and neck tilted downwards. The chin was observed lying on her chest. The rea appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated she had tied to pull	1 014	1.0		F 314				
anterior neck just above the medial clavicie and an area below the mental protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was titled downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. The leaving forward with her neck resting on her back with her her orom. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed lying on her back with her head and neck tilted downwards. The chin was observed lying on her back with her head and neck tilted downwards. The chin was observed lying on her ohest with her head and neck tilted downwards. The chin was observed lying on her ohest with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:33AM she stated that she had stati with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been learning more downward. Sitter #1 stated she had tied to pull								
an area below the mental protuberance and a positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was titted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. Observations 7/20/16 at 2:03PM with the Physical Thereight. Resident #140 was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Thereight. Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observed ling on her back with her head and neck tilted downwards. The chin was observed ling on her check. The area appeared reddened, moist and multiple areas were observed ling on her check. The area appeared reddened, moist and multiple areas were observed ling on her check and sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated sha had tiet to pull			-					
positioning device was necessary to improve posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning domwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:33AM she stated that is he had sit with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaving more downward. Sitter#1 stated she had tied to pull		-						
posture. The PT noted without treatment, the resident was at risk for continued worsening of the wound and contracture. During observations on 7/18//16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was titled downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck titled downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened for 3+ years. Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tied to pull			-					
resident was at risk for continued worsening of the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head filled downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head head head leaning more downward. Sitter #1 stated she had fired to pull								
the wound and contracture. During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Teffa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observations 7/20/16 at 2:03PM with the Physical Therapist, Resident #140 was observed in thed, lying on her back with her hed downwards. Her chin was resting on her chest. Observations 7/20/16 with Nurse #1 at 2:33PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The area appeared reddened, moist and multiple areas were observed lying n her chest. The area appeared reddened, moist and multiple areas were observed lying on her chest. The thin was observed lying on her chest. The thin was observed lying an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull		-						
During observations on 7/18/16 at 11:38AM resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilled downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 if 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			-					
resident #140 was in bed and on her back with her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated she had tried to pull								
her head leaning downwards with her chin resting on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her ohest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull		•						
on her chest. Sitter #1 was observed in the room. Observations 7/19/16 at 9:48AM showed Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
Observations 7/19/16 at 9:48AM showed         Resident #140 in bed lying on her back with her         neck resting on chest. The head and neck was         tilled downward. There was a Telfa pad observed         under chin between chin and chest. Sitter #2 was         observed in the room.         Observations 7/20/16 at 2:03PM showed         Resident #140 in bed, leaving forward with her         neck resting on chest. Sitter #3 was observed in         the room.         During an observation 7/20/16 at 2:05PM with the         Physical Therapist, Resident #140 was observed         in bed, lying on her back with her head illted         downwards. Her chin was resting on her chest.         Observation on 7/20/16 with Nurse #1 at 2:35PM         Resident #140 was in bed on her back with her         head and neck tilled downwards. The chin was         observed lying on her chest. The area appeared         reddened, moist and multiple areas were         observed with what appeared like bilsters with the         tops of the skin removed.         During an interview with Sitter #1 on 7/18/16 at         11:38AM she stated that she had sat with the         resident for 3+ years. Sitter #1 stated over the         past few weeks her head had been leaving more         downward. Sitter#1 stated she had tried to pull		•	•					
Resident #140 in bed lying on her back with her neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
neck resting on chest. The head and neck was tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
tilted downward. There was a Telfa pad observed under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with with appeared like bilsters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
under chin between chin and chest. Sitter #2 was observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull		-						
observed in the room. Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			-					
Observations 7/20/16 at 2:03PM showed Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
Resident #140 in bed, leaving forward with her neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
neck resting on chest. Sitter #3 was observed in the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
the room. During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			-					
During an observation 7/20/16 at 2:05PM with the Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter #1 stated she had tried to pull		-						
Physical Therapist, Resident #140 was observed in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			7/20/16 at 2:05PM with the					
in bed, lying on her back with her head tilted downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull		•						
downwards. Her chin was resting on her chest. Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
Observation on 7/20/16 with Nurse #1 at 2:35PM Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
Resident #140 was in bed on her back with her head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			•					
head and neck tilted downwards. The chin was observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
observed lying on her chest. The area appeared reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
reddened, moist and multiple areas were observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
observed with what appeared like blisters with the tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
tops of the skin removed. During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull			-					
During an interview with Sitter #1 on 7/18/16 at 11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
11:38AM she stated that she had sat with the resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
resident for 3+ years. Sitter #1 stated over the past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
past few weeks her head had been leaning more downward. Sitter#1 stated she had tried to pull								
downward. Sitter#1 stated she had tried to pull		· · ·						
		-	-					
			-					

	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 08/09/2016
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE	D. 0938-0391 SURVEY PLETED
		345218	B. WING		07/	20/2016
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE	· ·	
				120 SOUTHWOOD DRIVE BOX 379		
MARY GR	AN NURSING CENTER			CLINTON, NC 28328		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 314	comfortable but the re #1 stated the resident under her neck and c During an interview w 9:48AM she stated th resident over one yea sort of a humpback " Sitter #2 stated becau the area underneath s irritated. During an interview w 2:03PM she stated th lower towards her che Sitter #3 stated the re head up to eat. During an interview w 7/20/16 at 2:05PM sh been on the PT scheo (2014)but that she ha The PT stated her pos but it was much worse the past no braces or because the resident eat. The PT stated it r with her posture a yea evidence of a contrac muscles were weak. During an interview w 2:35PM she stated sh morning and she real During an interview w 2:35PM she stated th chin bone lays on the would put a rolled up but then that stayed w	esident would moan. Sitter t now had an open area hin. ith Sitter #2 on 7/19/16 at at she has sat with the ir and she had always had " and would lean forward. use her neck stayed down stayed " damp " and it was ith Sitter #3 on 7/20/16 at e resident ' s neck had tilted est over the past few weeks. sident no longer tilted her	F 314			

Facility ID: 923329

If continuation sheet Page 9 of 22

		D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 08/09/2016 APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE	
		345218	B. WING		_	07/	20/2016
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	TATE, ZIP CODE		
MARY GR	AN NURSING CENTER			20 SOUTHWOOD DRIVE I LINTON, NC 28328	BOX 379		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	skin assessment sinc #2 stated weekly skin been done. Unit Man one of the sitters let th open area and the sitt Lanaseptic. Unit Man most definitely related was made aware toda Interview with Treatm 3:10PM she stated th assessments unless t wound. The 11PM - 7AM nurs interview during the s During an interview w on 7/20/16 at 3:35PM expectation that week performed. During an interview w 7/20/16 at 3:40PM he weekly skin checks be 483.25(e)(2) INCREA IN RANGE OF MOTIO Based on the compre resident, the facility m with a limited range of appropriate treatment range of motion and/o	hecks every Monday. ith Unit Manger #2 on e stated she could not find e 4/12/2016. Unit Manager assessments should have ager #2 stated apparently ne nurse know there was an ters had been applying lager #2 stated the area was it to pressure and that she ay of the issue. ent Nurse on 7/20/16 at e hall nurses do all weekly he resident had an active se was unavailable for urvey. ith the Director of Nursing she stated it would be her sly skin checks be ith the Administrator on stated he expected that e done. SE/PREVENT DECREASE DN hensive assessment of a nust ensure that a resident f motion receives and services to increase or to prevent further	F 314				8/12/16

If continuation sheet Page 10 of 22

### FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING 345218 B. WING 07/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 MARY GRAN NURSING CENTER CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 318 Continued From page 10 F 318 Based on record review, observations and sitter The statements made on this plan of and staff interviews, the facility failed to provide correction are not an admission to and do services to prevent a further decrease in range of not constitute an agreement with the motion resulting in a contracture for 1 of 4 alleged deficiencies. To remain in (Resident #140) residents reviewed with compliance with all federal and state diminished range of motion. regulations the facility has taken or will take the actions set forth in this plan of The findings included: correction. The plan of correction constitutes the facility's allegation of Resident #140 was admitted to the facility on compliance such that all alleged 5/16/14 with diagnoses including Anemia, deficiencies cited have been or will be Osteoporosis with vertebral compression corrected by the date or dates indicated. fractures, Osteoarthritis and Coronary Artery Disease and re-admitted on 7/29/14 with F 318 diagnoses including Hip Fracture from mechanical fall. A corrective action for affected resident: Review of the most recent Quarterly Minimum For resident #140, the MDS Coordinator Data Set (MDS) Assessment dated 5/17/2016 updated the residents care plan to include identified Resident #140 as severely cognitively contractures and interventions for ROM impaired with a score of 3 on the Brief Interview daily with care. This was completed on for Mental Status. Resident #140 required 08/02/2016. In addition to this, on extensive, one person assistance with bed 07/21/2016 the resident was evaluated by mobility, dressing, toilet use, personal hygiene OT for contracture interventions and and bathing, transferring only occurred once or picked up on case load. twice, walking in the room and corridor did not occur, eating was independent with one person All current residents have the potential to assistance, moving from a seated to standing be affected by the alleged deficient position, walking, turning around and moving on practice. and off the toilet did not occur. Resident #140 had no range of motion limitations of the upper Beginning on 08/06/2016, the Nursing extremities and had impairment to one side of the Staff will begin assessing all current residents for contractures. If contractures lower extremities. She did not use mobility devices. Resident #140 was always incontinent. are identified, the MDS Coordinator will She had no falls. She was at risk for pressure audit the care plan to ensure the ulcer but had no unhealed pressure ulcers. contractures are care planned and Resident #140 was not receiving physical or interventions included in the care plan as occupational therapy. Section J0200 referring to indicated. In addition to this, each resident should pain assessment be conducted answered identified with contractures will be

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 923329

If continuation sheet Page 11 of 22

### FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER AND PLAN OF CORRECTION COMPLETED A. BUILDING 345218 B. WING 07/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 MARY GRAN NURSING CENTER CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 318 Continued From page 11 F 318 screened by OT for the need of additional yes. There were no answers to the pain assessment interview documented. interventions. This process will be completed by 08/12/2016. Review of the Care Area Assessments (CAAs) Summary dated 8/15/15 triggered in the area of Systemic changes made were: Activities of Daily Living (ADL) function related to decreased ADLs due to decreased functional On 08/08/2016, the Interdisciplinary Care mobility, pathological fractures of the vertebrae Plan Team will be in-serviced by the along with osteoporosis which causes the Nurse Consultant on care planning resident not to be able to do some things for requirements, and updating care plans herself. Problems listed in which resident was at when risk are identified through the CAA risk for because of her functional decline process. On 08/11/2016, the Staff included: complications of immobility, such as Development Coordinator will in-service contractures. all FT, PT and PRN nurses and CNA's on the referral process for referring residents Review of the Care Plan, dated 8/21/15, to nursing and therapy for evaluation of documented the Focus as having an ADL Self new and worsening contractures. Care Performance deficit related to a decrease Completion date for training is 08/12/2016. This information has been functioning related to a hip fracture. Interventions in maintaining the current level of integrated into the standard orientation functioning included, in part, refer to training for MDS Coordinators and hall Physical/Occupational therapy as needed, nurses and will be reviewed by the Quality monitor, document and report to the physician as Assurance Process to verify that the needed any changes and declines in function and change has been sustained. report any redness, broken areas or irritation noted on the skin to the nurse immediately. The facility plans to monitor its performance by: Review of the Care Plan, dated 9/24/15 documented the Focus as using 1/2 length side The Support Nurse will monitor this issue using the Contracture Care Quality rails and Geri-chair with increased risk for associated complications and injuries. Assurance Tool for monitoring residents Interventions in minimizing the risk for with contractures for appropriate complications related to using $\frac{1}{2}$ side rails interventions. This will be completed included, in part, observe for, document and weekly for 4 weeks monitoring 5 residents report to the physician changes regarding then monthly times 2 months or until effectiveness of the device, contracture formation resolved by Quality Assurance and skin breakdown. Committee. Reports will be presented to the weekly QA committee by the Review of the resident 's most recent care plans Administrator or DON to ensure corrective

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 923329

If continuation sheet Page 12 of 22

			0/01 10				D. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>			1 Y /	SURVEY PLETED
		345218	B. WING			07	/20/2016
NAME OF PF	ROVIDER OR SUPPLIER	·		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	OULD BE COM	
F 318	Continued From page	e 12	F 3	18			
		s identified for contractures		-	action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at	the	
	Review of the Quarte dated 5/12/16 docum			weekly QA Meeting. The weekly QA Meeting is attended by the DON, MDS			
	mobility was very limi occasional slight char position but was unat significant changes in			Coordinator, Support Nurse, Therapy, HIM, Dietary Manager and the Administrator.			
	-	ian progress note dated nentation of a contracture.					
	Review of the Nursing 7/18/16 documented under the chin/neck a						
	treating the area with was not improving. The						
	Nurse #1 attempted to support the neck and moisture.	o roll a washcloth to help head and absorb the					
	Review of the Nursing 7/19/16 documented	g Progress note dated the area under the chin was					
	chin to prevent rubbin	fa pad was applied under the ng. g Progress note dated					
	7/20/16 documented	Physical Therapy (PT) was luate for an appliance to lift					
	7/21/16 documented	al Therapy evaluation dated a diagnosis of Contracture ote read, in part, Resident					
	#140 was referred to grade 1 or 2 pressure	PT by Nursing due to a wound on the right anterior nedial clavicle and an area					
	below the mental prof device was necessary	tuberance and a positioning y to improve posture. The ut treatment, the resident					
	-	ued worsening of the wound					

If continuation sheet Page 13 of 22

	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 08/09/2016 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		(X3) DATE	
		345218	B. WING				07/	20/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE	, ZIP CODE		
				1:	20 SOUTHWOOD DRIVE BO	( 379		
MARY GR	AN NURSING CENTER			с	LINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BI D TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
F 318	The PT note of 7/21/1 #140 's joint alignment assessment document extension was initiated minimal movement not poor non-fixed to fixed the right antero-lateral shortening of the anter to poor posture and p pillow was to be place hour or as tolerated w and then applied agai The clinical impressio the "Impact on Burde having complicating fa neck right, anterior-lat resulting in a worsene Precautions: Grade 1 below the mental prot neck above the media During observations of resident #140 was in her head leaning dow on her chest. Sitter # Observations 7/19/16 Resident #140 in bed neck resting on chest tilted downward. Sitte room. Observation 7/20/16 a #140 in bed, leaving fo on chest. Sitter #3 was During an observation Physical Therapist, R in bed, lying on her ba downwards. Her chin Observation on 7/20/7	6 further read, Resident the was assessed. The the Resident #140 's neck d to hold the head up with oted. The PT documented a d contracture of the neck in I flexed posture and chronic erior neck muscle secondary rolonged immobility. A neck ed at the neck area for an rith 30 to 60 minutes break, n. n on 7/21/16 documented en of Care/Daily Life " as actors, including long-term teral flexion posture ed neck contracture; to 2 pressure ulcer on area uberance and right anterior al clavicle. on 7/18/16 at 11:38AM bed and on her back with nwards with her chin resting 1 was observed in the room.	F	318				

Facility ID: 923329

If continuation sheet Page 14 of 22

	-					FORM	0: 08/09/2016 APPROVED
STATEMENT (	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE COMP	
		345218	B. WING			07/:	20/2016
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
			1:	20 SOUTHWOOD DRIVE	BOX 379		
MARY GR	AN NURSING CENTER		c	LINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 318	observed lying on her reddened, moist and i observed with what a tops of the skin remove During an interview with 11:38AM she stated the resident for 3+ years her head had been les sitter stated that she head and tilt it back so it would resident did not repose resident now had an of and chin. During an interview with 9:48AM she stated the resident over one yead always had " sort of a lean forward. Sitter # neck stayed down the damp " from drooling During an interview with 2:03PM she stated the lower towards her che Sitter #3 stated the re- head up to eat. During an interview with 7/20/16 at 2:05PM sh been on the PT scheor rehabilitation for a frac- not been seen since to stated her posture had much worse now. The stated in the past no to used because the res- back to eat. The Physi- that it may have been	r chest. The area appeared multiple areas were ppeared like blisters with the ved. ith Sitter #1 on 7/18/16 at hat she had sat with the and over the past few weeks aning more downward. The had tried to pull her neck up build be more comfortable d moan. Sitter #2 stated the sition herself in bed and the open area under her neck with Sitter #2 on 7/19/16 at at she had sat with the ar and the resident had a humpback " and would i2 stated that because her a area underneath stayed "	F 318				

Facility ID: 923329

If continuation sheet Page 15 of 22

		MEDICAID SERVICES			OMB NO. 0938-03
IATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345218		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING		07/20/2016	
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CO	DE
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETIO DE APPROPRIATE DATE
F 318	Continued From pag	e 15	F 318		
		the neck muscles were			
		Therapist stated usually			
	when changes are no	oted the nursing staff will			
	complete a screening referral. The Physical				
	Therapist stated if the resident 's neck had been evaluated and treated it may not have progressed				
		he stated, it was now			
	probably too late to change the position. The				
	Physical Therapist stated she was unaware of				
	this issue.				
	-	with the NA #1 on 7/20/16 at d the resident was bathed			
		resident really doesn ' t			
	-	#1 stated the resident would			
	hold on the side rail	when staff turned her, but			
	she could not turn he				
		with Nurse #1 on 7/20/16 at at a stated the area affected was			
		laid on the chest. Nurse #1			
		a rolled up pillowcase under			
	-	t stayed wet. Nurse #1 stated			
		' s had been applying			
		ea and when it was not			
		er informed the nursing staff. resident ' s room was			
		n-7am shift for weekly skin			
	checks every Monda	-			
	During an interview v	with the Director of Nursing			
		3:35pm she stated it would			
	-	nursing determined there			
	have been done.	rapy referral that that would			
		with the Administrator on			
	-	e stated he would have			
		eferral to have been made			
	for Resident #140.				
F 329		GIMEN IS FREE FROM	F 329		8/12/16

Facility ID: 923329

If continuation sheet Page 16 of 22

	-	D HUMAN SERVICES					FORM	): 08/09/2016 / APPROVED
STATEMENT O	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>		CONSTRUCTION		(X3) DATE	0. 0938-0391 SURVEY LETED
		345218	B. WING				07/	20/2016
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIF	° CODE		
				1:	20 SOUTHWOOD DRIVE BOX 37	9		
MARY GR	AN NURSING CENTER			С	LINTON, NC 28328			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIA		(X5) COMPLETION DATE
F 329	Continued From page	9 16	F	329				
	unnecessary drugs. A drug when used in ex duplicate therapy); or without adequate mor indications for its use; adverse consequence should be reduced or combinations of the re Based on a comprehe resident, the facility m who have not used ar given these drugs unl therapy is necessary as diagnosed and door record; and residents drugs receive gradual behavioral interventio	es which indicate the dose discontinued; or any easons above. ensive assessment of a nust ensure that residents ntipsychotic drugs are not ess antipsychotic drug to treat a specific condition cumented in the clinical who use antipsychotic I dose reductions, and						
	by: Based on record revi interviews, the facility involuntary movemen sampled resident revi medications (Residen Findings included: Resident #47 was add	is not met as evidenced ew and staff and pharmacist failed to obtain an abnormal t assessment for 1 of 5 ewed for unnecessary t #47). mitted to the facility on is to include Alzheimer's			The statements made or correction are not an adm not constitute an agreem alleged deficiencies. To r compliance with all feder regulations the facility ha take the actions set forth correction. The plan of c constitutes the facility's a compliance such that all	nission to and lent with the remain in al and state is taken or will in this plan of correction illegation of	-	

Event ID: 93P111

Facility ID: 923329

If continuation sheet Page 17 of 22

## FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 345218 B. WING 07/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 MARY GRAN NURSING CENTER CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 329 Continued From page 17 F 329 dementia with behavioral disturbances and deficiencies cited have been or will be corrected by the date or dates indicated. psychosis. Review of the Physician's admission orders dated F329 5/9/16 revealed an order for Risperdal (an antipsychotic medication that can cause side Corrective Action for Resident Affected effect of jerky movements) 0.25 mg (milligrams) by mouth twice daily for psychosis. The order was On 07/20/2016, an AIMS assessment was changed on 5/7/16 to Risperdal 0.5 mg by mouth completed for resident #47 by the at bedtime and Risperdal 0.25 mg by mouth Support Nurse. every morning for Psychosis. All current residents receiving an Review of the monthly Pharmacist Consultant antipsychotic or Reglan have the potential review documented request on 5/18/16, 6/21/16 to be affected by the alleged deficient and 7/14/16 for an AIMS (Abnormal Involuntary practice. Movement Scale) to be done. The pharmacy note of 5/18/16 had a (N) placed next to the All residents receiving antipsychotics and recommendation. Reglan medications have the potential to be affected by this practice. On During an interview with the Unit Manger #1 on 08/02/2016, a report was generated from 7/20/16 at 10:05 am she stated she did not see Point Click Care (PCC) of all residents an AIMS in the medical record. receiving anti-psychotic and Reglan medications. The Nurse Management During an interview with the Director of Nursing Team audited all identified residents for on 7/20/16 at 10:13 am she stated the AIMS the most recent completed AIMS should be done when a resident was on assessment to ensure an AIMS anti-psychotic medication, usually on initiation of assessment had been completed within the medication or on admission to the facility if the past 6 months. This was completed the resident was admitted on an anti-psychotic on 08/02/2016. medication. Systemic Changes made were: During an interview with the Administrator on On 08/08/2016. Nurse Consultant 7/20/16 at 10:46 am he stated when the in-serviced the Director of Nursing, Staff pharmacist recommended an AIMS to be done, Development Coordinator, Unit Manager, the Unit Manager should have acted on the MDS Nurse, and Support Nurse on the recommendation and completed the AIMS. requirements for completion of AIMS assessment on residents that receive an During an interview on 7/20/16 at 3:45pm with the antipsychotic medication or Reglan. An Consultant Pharmacist she stated it was her AIMS assessment must be completed on

EORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Facility ID: 923329

If continuation sheet Page 18 of 22

					OMB NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	(X3) DATE SURVEY COMPLETED 07/20/2016	
		345218	B. WING		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
MARY GR	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379 CLINTON, NC 28328	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETI
F 329	expectation for the Al admission. She state recommendation mea done and given to the complete the AIMS.	e 18 IMS to be completed on ed the (N) on the pharmacy ant the recommendation was e Nursing Unit Manager to	F 32	<ul> <li>admission if the resident is on an antipsychotic or Reglan, when an antipsychotic or Reglan is initiated, a every 6 months thereafter. This information has been integrated into standard orientation training for all Directors of Nursing, Staff Developm Coordinator, Unit Manager, MDS Nu and Support Nurse and will be revier by the Quality Assurance Process to that the change has been sustained</li> <li>The facility plans to monitor its performance by:</li> <li>The MDS Nurse will be responsible auditing five residents receiving anti-psychotic or Reglan for complia with AIMS completion q six months. will be done weekly for one month the monthly times two months or until resolved by Quality Assurance</li> <li>Committee. Reports will be presented the weekly QA committee by the Administrator/ whoever to ensure corrective action initiated as appropriate Compliance will be monitored and ongoing auditing program reviewed weekly QA Meeting. The weekly QA Meeting. The weekly QA Meeting. The weekly QA Meeting is attended by the DON, MI Coordinator, Support Nurse, Therap HIM, Dietary Manager and the Administrator.</li> </ul>	the inent inrse, wed overify in the information of
F 428 SS=D	IRREGULAR, ACT C	DN	F 42	3	8/12/16
		each resident must be ce a month by a licensed			

If continuation sheet Page 19 of 22

	-	D HUMAN SERVICES MEDICAID SERVICES			FORM	: 08/09/2016 APPROVED . 0938-0391
STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE S COMPL	SURVEY
		345218	B. WING		07/2	20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	AN NURSING CENTER			120 SOUTHWOOD DRIVE BOX 379		
				CLINTON, NC 28328		
(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	(X5) COMPLETION DATE
F 428	pharmacist.	19 report any irregularities to	F 42	8		
	the attending physicia					
	by: Based on record revi consultant pharmacis to act on pharmacy re an abnormal involunta assessment for 1 of 5 unnecessary medicat Findings included: Resident #47 was add 5/9/16 with a diagnos Dementia with behavi Psychosis. Review of the Physici dated 5/9/16 revealed 0.25milligrams by mo Psychosis. The order Risperdal 0.5milligram Risperdal 0.25milligram for Psychosis.	mitted to the facility on es to include Alzheimer ' s oral disturbances and an ' s admission orders an order for Risperdal uth twice daily for was changed on 7/15/16 to ns by mouth at bedtime and ms by mouth every morning / Pharmacy Review on 5/18/16, 6/21/16 and o be done. The note had a		The statements made on this plan correction are not an admission to a not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and stat regulations the facility has taken or take the actions set forth in this pla correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will corrected by the date or dates indic F 428 Corrective Action for Resident Affect On 07/20/2016, an AIMS assessme completed for resident # 47 by the Support Nurse. All current residents have the poter be affected by the alleged deficient practice.	and do le te will n of be cated. cted ent was ntial to	

Facility ID: 923329

If continuation sheet Page 20 of 22

# FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 345218 B. WING 07/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTHWOOD DRIVE BOX 379 MARY GRAN NURSING CENTER CLINTON, NC 28328 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 428 Continued From page 20 F 428 During an interview with the Unit Manger #1 on practice. On 08/02/2016 a chart audit was 7/20/16 at 10:05am she stated she did not see an initiated for all current residents for staff AIMS in the medical record. pharmacy recommendations that have not been carried out. This will be completed During an interview with the Director of Nursing by comparing the last three months of on 7/20/16 at 10:13am she stated the AIMS staff pharmacy recommendation reports should be done when a resident is on to the residents chart. Any discrepancies anti-psychotic medications, usually on initiation of noted will be corrected by the Nurse the medication or on admission to the facility if Management Team. This audit was the resident is admitted on an anti-psychotic completed on 08/12/2016. medication. Systemic Changes made were: During an interview with the Administration on 7/20/16 at 10:46am he stated when the Effective 08/12/2016, the following pharmacist recommended an AIMS to be done, procedure was incorporated for following the Unit Manager should have acted on the up on the monthly pharmacy recommendation and completed the AIMS. recommendations for staff. When the Monthly Pharmacist Report is delivered to During an interview on 7/20/16 at 3:45pm with the the Director of Nursing (DON), the DON Consultant Pharmacist she stated it was her will assign a copy of the Monthly expectation for the AIMS to be completed on Pharmacist Recommendations to the Unit admission. She stated the (N) on the pharmacy Manager and Support Nurse within 48 recommendation meant the recommendation was hours. The staff recommendations will done and given to nursing. then be followed up within 14 days of receiving the report. The procedure for responding to the monthly pharmacy staff recommendations will be as follows: The staff recommendations will be addressed as indicated and a response written in the column titled "Follow-Through". Once all staff recommendations are responded to, the report will be given to the Director of Nursing and filed in the Monthly Pharmacy Recommendations Notebook. The Nurse Management Team (DON, Staff **Development Coordinator and Unit** Manager) received education on this new procedure by the Nurse Consultant on 08/08/2016. This information has been

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: 93P111

Facility ID: 923329

If continuation sheet Page 21 of 22

		ND HUMAN SERVICES MEDICAID SERVICES			FO	ED: 08/09/2016 RM APPROVED NO. 0938-0391
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345218	B. WING			7/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		1120/2010
				120 SOUTHWOOD DRIVE BOX 379		
MARY GR	AN NURSING CENTER			CLINTON, NC 28328		
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 428	Continued From pag		F 4	<ul> <li>28 integrated into the standard training for all Directors of N Development Coordinator, U MDS Nurse, and Support Ni be reviewed by the Quality / Process to verify that the ch been sustained.</li> <li>The facility plans to monitor performance by:</li> <li>The QA Nurse Consultant w issue using the "Survey Qua Tool for Monitoring Pharmac Recommendations. The monitor include verifying that the monitor pharmacy review report recommendation a samp resident's a month for 3 monitor resolved by Quality Of Life/C Assurance Committee. Rep given to the monthly Quality committee and corrective are as appropriate. The Quality Committee consists of the A Director of Nursing, Assistant Development Coordinator, B Manager, Health Information Dietary Manager and Social</li> </ul>	lursing, Staff Jnit Manager, urse and will Assurance ange has its will monitor this ality Assurance cist onitoring will onthly ommendations above. This ole of 10 nths or until Quality ports will be of Life- QA ction initiated of Life administrator, nt DON, Staff Jnit Support usiness Office n Manager, Worker.	eet Page 22 of 22

Facility ID: 923329

If continuation sheet Page 22 of 22