PRINTED: 10/25/2016 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345126	B. WING				C 28/2016
	ROVIDER OR SUPPLIER	V.6.120		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	20/2016
MOUNTO	LIVE CENTER			M	OUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 241 SS=D	manner and in an envenhances each reside	note care for residents in a vironment that maintains or ent's dignity and respect in	F2	241			10/12/16
ABODATORY	by: Based on observation interview, and record provide dignity to 1 of continent resident in it the day (Resident #5; Findings included: Resident #5 was admidiagnoses which include affecting left non-dom Review of Resident #Data Set (MDS) dated quarterly assessment assessed as having a status (BIMS) of 14 (#5 was assessed as transfers and totally duse. Resident #5 was continent of bowel and people to assist with the recorded as 60 inche pounds. Review of Resident #7 revealed the resident #7 revealed #7 revealed the resident #7 revealed the resident #7 revealed the	is not met as evidenced n, staff interview, resident review, the facility failed to 4 residents by placing the ncontinence briefs during iitted on 11/13/15 with uded flaccid hemiplegia linant side. 5's most recent Minimum d 7/30/16, coded as a revealed the resident was Brief Interview for Mental cognitively intact). Resident otally dependent for ependent on staff for toilet assessed as always d bladder and required two ransfers. Resident #5 was a tall and weighed 120 5's care plan updated 8/2/16 was care planned for ng (ADL) care related to ase. The goal was that the eeds will be anticipated and ain the highest practicable			This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Mou Olive Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statemen findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge i legal and/or regulatory or administrative proceedings the deficiency, statements facts, and conclusions that form the basis for the deficiency. F 241 Resident # 5 was discharged on 10/7/1 Other residents that may be affected by this practice will be identified by Social Services conducting interviews of residents of a BIMS of 10 and above regarding if they are given a choice of wearing a brief and any other dignity issues and lack of respect that may have occurred. Residents with a BIMS of 10 and below, Social Services will call the responsible party to ask if the residents were given a choice of wearing a brief of the trule of the trule of the residents were given a choice of wearing a brief of the trule of the trul	nt ts, le n e, sis	(X6) DATE

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

Electronically Signed

10/07/2016

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.

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CENTER	STOR WEDICARE &	WEDICAID SERVICES				CIVID INC	. 0930-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						(
		345126	B. WING _			09/	28/2016
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT O	LIVE CENTER			22	28 SMITH CHAPEL ROAD BOX 569		
WOON	LIVE CENTER			M	OUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 241	Continued From page	nued From page 1					
	•	ist with transfers/toileting.			other dignity issues and lack of respect	:	
	Review of Resident #				that may have occurred.		
		she was recorded as			The province staff including week and		
		of the last 26 days on day te of the review. The resident			The nursing staff, including week-end a part time staff, will be re-educated on	and	
	_	s continent for 18 days,			treating the residents with dignity,		
		s and not recorded for 6 days			respecting their individuality and giving		
		uring the evening shift.			resident choices in care by Center		
		on 9/26/16 at 1:55 PM,			Nursing Executive (CNE) on October 7	, 8,	
		he was now being placed in			9, 10, 11, and 12, 2016. The Nursing		
		during the daytime. She			Supervisors, Assistant Center Nursing	-4-	
		e did not like wearing an ring the day but there was			Executive (ACNE) and CNE will comple Dignity rounds on six residents on each		
		about it. She further stated			shift (first, second, and third) including		
	_	et and did not try to hold it			week ends three times weekly for one		
		o point if they were putting			month, then weekly for 2 months. Soci	al	
	her in incontinent brie	efs. Resident #5 stated the			Services will conduct interviews on 10		
	, ,	her she did not want to put			residents with a BIMS of 10 and above		
		ontinence brief but that she			concerning any dignity and lack of resp	ect	
		s. She declined to give the sked how having to wear a			of individuality that may have occurred weekly for 3 months. Five residents with	h a	
		ade her feel, the resident			BIMS below 10, responsible party will be		
		I not like it and it made her			interviewed regarding treatment of fam		
	feel like a baby.				member in center with respect of	•	
	_	n 9/26/16 at 2:25 PM NA #1			individuality and dignity.		
		nt care on the resident. The					
		ed to be in an incontinence			The results of the Dignity rounds will be	9	
	brief at this time.				reviewed by the CNE and any trends presented to QA committee monthly for	. 2	
	In a staff interview on	n 9/26/16 at 2:30 PM, NA #1			months. Results of interviews regarding		
		Resident #5 had to wear			dignity and respect for individuality will		
		that other NAs had told her			presented to the QA committee by Soc		
		ed the resident was able to			Services for 3 months.		
		ne needed to go to the					
	bathroom and was co	ontinent during the day.					
	During another intone	riew on 9/26/16 at 3:00 PM,					
	-	he knew when she needed					
		er stated that before they put					

Facility ID: 923344

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	\ , ,	(X3) DATE SURVEY COMPLETED	
		345126	B. WING			C 9/28/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365		3/20/2010	
(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 ((EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 241	holding it until her can Resident #5 stated to become incontinent month were when she the call bell to be anstate that in the last in incontinent briefs like it. The resident steep want her to weather to let her know wher can usually hold it do stated that in this fact physically lift a resident does not like because the resident mechanical lift to the been put in incontine During a staff intervior Director of Nursing (was alert and oriented she did not know abstated that her expectontinent was that the toilet or the bedside DON further stated to want is for a resident soiling themselves a resident was being put in interview of During an interview of During	week ago, she had been all bell was answered. That the times she had on day and evening shift this he had waited a long time for swered. She continued to week she was being placed during the day and did not stated she does not know why ar a incontinence brief. On 9/26/16 at 4:20 PM NA #2 will document on the ADL was continent or incontinent. If that Resident #5 was able in she needed to go or not and turing the day. She further cility the NAs cannot ent up who cannot stand on nechanical lift. She stated the ethe mechanical lift and the refuses to be lifted by the ethe day. She had	F 24	11			

		(X3) DATE SURVEY COMPLETED			
		345126	B. WING		09/28/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	03/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 241	she was being place because she was ref mechanical lift. The r uses the bathroom a that much was strend	the day. The nurse stated d in an incontinence brief using to be lifted by the nurse dated Resident #5 lot and having to move her	F 24		10/12/16
SS=D	schedules, and healt her interests, assess interact with member inside and outside th about aspects of his are significant to the	right to choose activities, h care consistent with his or ments, and plans of care; so of the community both e facility; and make choices or her life in the facility that resident.			
	Based on observation interview, and record allow 1 of 1 continent choose not to wear inday. Findings included: Resident #5 was addiagnoses which included affecting left non-dorn Review of Resident #Data Set dated 7/30/assessment, revealed as having a Brief Interview of 14 (cognitically dependent on #5 was assessed as	on, staff interview, resident review, the facility failed to tresidents (Resident #5) to incontinent briefs during the nitted on 11/13/15 with uded flaccid hemiplegia ninant side. #5's most recent Minimum 16, coded as a quarterly d the resident was assessed erview for Mental Status vely intact). Resident #5 was dependent for transfers and staff for toilet use. Resident always continent of bowel uired two people to assist		Resident #5 Was discharged on 10. Other residents that may be affected this practice will be identified by Soc Services conducting interviews of residents of a BIMS of 10 and above regarding if they are given a choice wearing a brief and other dignity iss and lack of respect that may have occurred. Residents with a BIMS of and below, Social Services will call responsible party to ask if they were given. The nursing staff, including week-er part time staff, will be reeducated or	d by cial e of ues 10 the

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR MC	<i>).</i> 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING				C / 28/2016	
NAME OF PR	ROVIDER OR SUPPLIER		I	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00.	20,2010	
				228	8 SMITH CHAPEL ROAD BOX 569			
MOUNT O	LIVE CENTER			МС	OUNT OLIVE, NC 28365			
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 242	inches tall and weight Review of Resident # revealed the resident Activities of Daily Livi cerebrovascular disearesident's ADL care in met in order to maintalevel of functioning ar through next review. It to assist with transfer Review of Resident # September revealed continent during 18 or shift including the data was also recorded as incontinent for 2 days of the last 26 days du During an interview or Resident #5 stated the placed in an incontined daytime. She stated the placed in an incontined aytime. She stated the placed in an incontined with the staff Nurse Aide (NA) told Resident #5 in an incontinence brief nothing she could do she had told the staff Nurse Aide (NA) told Resident #5 in an incontinence brief materies are peated that she did feel like a baby. During observation of performed incontinence	ent #5 was recorded as 60 ed 120 pounds. 5's care plan updated 8/2/16 was care planned for ng (ADL) care related to ase. The goal was that eeds will be anticipated and ain the highest practicable nd physical well-being One listed intervention was s/toileting. 5's ADL record for she was recorded as f the last 26 days on day e of the review. The resident continent for 18 days, and not recorded for 6 days ring the evening shift. n 9/26/16 at 1:55 PM, at she was now being	F	242	treating the residents with dignity, respecting their individuality and giving resident choices in care by Center Nursing Executive (CNE) on October 3, 10, 11, and 12, 2016. The Nursing Supervisors, Assistant Center Nursing Executive (ACNE) and CNE will comp Dignity rounds on six residents on each shift (first, second, and third) including week ends three times weekly for one month, then weekly for 2 months. Soo Services will conduct interviews on 10 residents with a BIMS of 10 and above concerning any dignity, lack of respect individuality and being allowed to mak choices in care that may have occurre weekly for 3 months. Five residents will interviewed regarding treatment of fan member in center with respect of individuality and dignity. The results of the Dignity rounds will be reviewed by the CNE and any trends presented to QA committee monthly formonths. Results of interviews regarding dignity and respect for individuality will presented to the QA committee by Soo Services for 3 months.	7, 8, lete h sial e of e d th a be nilly e		
	In a staff interview on	9/26/16 at 2:30 PM NA#1						

stated she was told Resident #5 had to wear

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345126	B. WING _			C 09/28/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	'	03/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 242	both der that. She fur able to let her know bathroom and was a During another interested she needed to urina before they put her a week ago she had bell was answered. times she had becon evening shift this movement waited a long time from answered. She conweek she is now be day and doesn't like was because of the in incontinent briefs stated she does not for her to wear an interview stated that the NAs sheets if a resident. The NA further state to let her know whe can usually hold it distant to let her kn	the stated that other NAs had rither stated the resident was when she needed to go to the continent during the day. Inview on 9/26/16 at 3:00 PM, she was able to know when site. She further stated that in an incontinence brief about it been holding it until her call. Resident #5 stated that the me incontinent on day and both were when she had for the call bell to be tinued to state that in the last ing placed in briefs during the stit. The resident stated that it facility that she was being put during the day. The resident sknow why they are pushing incontinence brief. In on 9/26/16 at 4:20 PM NA #2 will document on the ADL was continent or incontinent. But that Resident #5 was able in she needed to go or not and during the day. She further cility the NAs cannot stand on mechanical lift. She stated the see the mechanical lift and int refuses to be lifted by the see bedside commode, she has	F 2	2.42		
	Director of Nursing	iew on 9/27/16 at 9:00 AM the (DON) stated she did not cline in ADLs and stated that				

Facility ID: 923344

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG	` ´COMI	E SURVEY PLETED
		345126	B. WING _			C / 28/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	1 33	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 242 F 281 SS=D	her expectation for all continent was that the toilet or the bedside of DON further statedt the was for a resident what themselves and was was being placed in it 483.20(k)(3)(i) SERV PROFESSIONAL STOTHE SERVICES PROFESSIONAL STOTHE PROFESSIONAL STO	ny resident who was e resident be placed on the commode when toileting. The he last thing she would want to was continent to be soiling not aware that the resident incontinence briefs. ICES PROVIDED MEET ANDARDS Id or arranged by the facility hal standards of quality. It is not met as evidenced atterview, staff interview, and cility failed to transcribe an enablex as ordered by the P) for 1 of 3 residents Initted on 11/13/15 with the uded flaccid hemiplegial dominant side. It is most recent Minimum (16, coded as a quarterly down the resident was assessed enview for Mental Status wely intact). In physician's order dated desident's Nurse Practitioner	F 2	42	ned by hart hand t 3, 2016. with the 0% ers that on the when ectober e Center	10/12/16
	Review of the resider administration record	nt's medication (MAR) for August revealed		process of 24 hour chart check for house residents which includes re		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С	
		345126	B. WING _		09/	28/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	CODE		
MOUNT	LIVE CENTED			228 SMITH CHAPEL ROAD BOX 5	69		
MOUNTO	LIVE CENTER			MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
F 281	Continued From pag	ge 7	F 2	281			
F 281	the order to disconti transcribed until 8/7/dose being given on Review of the reside hour orders audit da performed by Nurse as discontinued at the During a resident interesident #5 stated to she was still being go Stated she told Nurse the medication and resident reported Nurse discontinued the order medication. During an interview #2 stated that if she Resident #5 then she further stated she remedication once to aware that the medication onc	nue Enablex was not /16 resulting in one extra /18/6/16. ent's chart revealed the 24 ted 8/6/16 at 1 AM had been #3. Enablex was not marked nat time for Resident #5. erview on 9/26/16 at 3:00 PM hat on 8/7/16 she noticed that iven Enablex in the mornings. Se #4 she had been taken off refused to take it. The urse #4 reviewed the chart to discontinue the on 9/27/16 at 2:29 PM Nurse initialed the MAR for e did give medication. She emembered giving the resident #5, and she was not cation had been discontinued. It would not have given a action. on 9/27/16 at 2:35 PM the tated that she intended for nue Enablex for Resident #5 day she signed it which was stated that she doubted the	F 2	handwritten orders and cocharting, order sheets an order to the Medication/T administration records to has been completed by the October 12, 2016. The the nurses will continue to cochart checks nightly. If a by the third shift nurse, respectively be provided by the CNE offense, and then if anoth occurs the progressive disprocess will be implement supervisors and Assistant Executive (ACNE) will corresident scharts for hardays a week to ensure the been transcribed correctl supervisors will audit ord Point Click Care 5 days at that orders are processed. The audits will be reviewed every two weeks for trend presented to the QA Comweeks for 3 months by the week review of results (1 month) will be captured the Ad-Hoc QAPI Meeting cochenter Executive Director CNE, Assistant CNE, NP Managers in attendance	and comparing the creatment and comparing the creatment and content to the CNE on hird shift licensed omplete 24 hour an order is missed e-education will for the first the offense isciplinary and the content of the c		
	8/5/16. She further so order would have be it was a morning me have expected it to so She stated that she written a new order				to review results adjustments to		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345126	B. WING				C / 28/2016
	ROVIDER OR SUPPLIER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 OUNT OLIVE, NC 28365	, 00,	20,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 315 SS=D	Nurse #4 stated on 8 Resident #5 a dose of told her the medication stated she found the discontinued on the Market of the Director of Nursin Practitioner writes the so that it is flagged. The Resident #5's order from 8/5/16 and Resident was discontinual incorrect resulting in being given on 8/6/16 that it was her expectorder would take effer 483.25(d) NO CATHER RESTORE BLADDER Based on the resident assessment, the facil resident who enters to individual incontinent of treatment and service infections and to rest function as possible. This REQUIREMENT by: Based on observation interview, and record	ew on 9/28/16 at 9:05 AM, /7/16 she did attempt to give of Enablex and the resident on was discontinued. She order and marked it as MAR. ew on 9/28/16 at 10:11 AM, og (DON) stated the Nurse order and then folds it over The DON stated that or Enablex was discontinued ent #5's MAR indicated the eed on 8/7/16 and was one extra dose of Enablex 6. The DON further stated tation that a discontinue ct the day it was written. ETER, PREVENT UTI, R		315	F 315 Resident #5 Was discharged on 10/7/1	6	10/12/16

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CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0930-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345126	B. WING				28/2016	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	, , ,		
				22	28 SMITH CHAPEL ROAD BOX 569			
MOUNT O	LIVE CENTER			М	OUNT OLIVE, NC 28365			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 315	Continued From page	a 9	F	315				
		i) to maintain daytime						
	continence.	o) to maintain daytime			Other residents that may be affected b	v		
	Findings included:				this practice were identified by comple	-		
		nitted on 11/13/15 with			a Urinary incontinence evaluation that	-		
		uded flaccid hemiplegia			completed by the unit supervisors and			
	affecting left non-don	· · ·			ACNE on October 7, 2016.			
	_	5's most recent Minimum						
	Data Set dated 7/30/	16, coded as a quarterly			The licensed nurses were reeducated	on		
	,	d the resident was assessed			the completion of the Urinary incontine			
	_	rview for Mental Status			evaluation, Urinary Nursing Intervention			
		vely intact). Resident #5 was			and 3 day continence management dia			
	-	ependent for transfers and			by the CNE on October 7, 8, 9, 10, 11,			
		staff for toilet use. Resident			and 12, 2016. Certified Nursing			
		always continent of bowel			assistants were reeducated on the			
		ired two people to assist			completion of the 3 day continence			
	inches tall and weigh	ent #5 was recorded as 60			management diary by the CNE on October 7, 8, 9, 10, 11, and 12, 2016.			
	_	5's care plan updated 8/2/16			Toileting programs will be implemented	4		
		was care planned for			according to the results of the 3 day	1		
		ng (ADL) care related to			continence management diary by the	unit		
		ase. The goal was that			supervisors and ACNE for identified			
		needs will be anticipated and			residents. Newly admitted residents wi	ll l		
		ain the highest practicable			have the Urinary incontinence evaluati			
	level of functioning ar	nd physical well-being			completed on admission by the admitti	ng		
	through next review.	One listed intervention was			nurses. Resident will be reevaluated			
	to assist with transfer	•			when there is a change in continence			
	Review of Resident #				the licensed nurses. The Unit supervis			
	September revealed				will monitor the completion of the 3 day	/		
		f the last 26 days on day			continence management diary that is			
		e of the review. The resident continent for 18 days,			completed by the certified nursing	ĺ		
		s, and not recorded for 6			assistants. Any Urinary incontinence evaluation completed will be review in			
	-	ays during the evening shift.			clinical stand up 5 days a week by the			
	During observation or	n 9/26/16 at 2:25 PM Nurse at care for the resident. The			Interdisciplinary team.			
		ed to be in an incontinence			The CNE will bring any trends of	ĺ		
	brief at this time.				noncompliance to QA monthly for 3	ĺ		
					months.			

In a staff interview on 9/26/16 at 2:30 PM, NA #1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION IG	, ,	COMPLETED
		345126	B. WING _			C 09/28/2016
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365	·	03/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 315	stated she was told briefs by other staff. resident was able to needed to go to the during the day. During another inter Resident #5 stated she needed to urina before they put her is she had been holding answered. Resident had become inconting this month were whe for the call bell to be state that in the last placed in briefs during the day and she were pushing for he brief. During an interview stated that the NAs sheets if a resident to let her know where can usually hold it dishe doesn't know who cannot stand mechanical lift. Becalifted to the bedside placed in incontinent.	Resident #5 had to wear She further stated the let her know when she bathroom and was continent view on 9/26/16 at 3:00 PM, she was able to know when te. She further stated that in briefs, about a week ago, ig it until her call bell was #5 stated that the times she nent on day and evening shift en she had waited a long time answered. She continued to week she is now being ing the day and doesn't like it. that it was because of the being put in incontinent briefs she does not know why they in to wear an incontinence on 9/26/16 at 4:20 PM NA #2 will document on the ADL was continent or incontinent. d that Resident #5 was able in she needed to go or not and during the day. NA #2 stated in the resident was using it. She further stated this is a not physically lift the resident d on their own without a he resident does not like the ause the resident cannot be commode, she has been	F3	15		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD			,	c	
		345126	B. WING			09/	28/2016	
	ROVIDER OR SUPPLIER			22	TREET ADDRESS, CITY, STATE, ZIP CODE 28 SMITH CHAPEL ROAD BOX 569 OUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 315	Director of Nursing (I to the facility in June, that they were having resident to the bedsic stated the resident w family does not want a mechanical lift. She need to transfer the rolleting, they should transfer the resident. resident and spoke w transferring the resident and they were not has stated she did not kn ADLs and stated that resident who was colbe placed on the toiled when toileting. The D last thing she would is continent to be soil	DON) stated when she came the NAs were telling her a hard time lifting the de commode. She further as alert and oriented and the the resident to be lifted with e stated that any time they resident including, for use the mechanical lift to The staff spoke with the	F	315				
	#1 stated the residen was continent during she had no standing weight on her legs. T mechanical lift but the resident be moved by of tension especially in the facility. The nu placed in an incontine refusing to be lifted be #1 added Resident # and having to move to on anyone. She furth	on 9/27/16 at 9:11 AM, Nurse at was alert and oriented and the day. She further stated abilities and cannot bear he resident should be a se family insists that the yethe NAs which caused a lot with no upper management arse stated she was being ence brief because she was yethe mechanical lift. Nurse 5 used the bathroom a lot ner that much was strenuous er stated the resident had no ot a candidate for a sit to						

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345126	B. WING		C 09/28/2016		
NAME OF PROVIDER OR SUPPLIER MOUNT OLIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 228 SMITH CHAPEL ROAD BOX 569 MOUNT OLIVE, NC 28365			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				BE COMPLETION		
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEME QUARTERLY/PLANS		F 520		10/12/16		
	assurance committee nursing services; a p	ain a quality assessment and e consisting of the director of hysician designated by the 3 other members of the					
	issues with respect to and assurance activi develops and implen	ent and assurance least quarterly to identify to which quality assessment ties are necessary; and thents appropriate plans of tified quality deficiencies.					
		ords of such committee ch disclosure is related to the committee with the					
		by the committee to identify eficiencies will not be used as .					
	by: Based on record reviacilities quality assu to prevent the reoccurelated to failing to triving the resulted in a refindings Included: This tag is cross references.	riew and staff interview, the rance (QA) committee failed urrence of deficient practice anscribe a resident's order epeat citation at F281. Trenced too: Standards: Based on resident iew, and record review, the		F 520 Below is the response to F 281 previor noted above. Significant changes to establish control and accountability include the creation of a series of checklists to be used by the Unit Supervisors to check several facets of daily operations including the transcription.	f		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345126	B. WING		09/28/2016	
NAME OF PI	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE		
MOUNT	LIVE CENTER		2	228 SMITH CHAPEL ROAD BOX 569		
WICONTO	LIVE CENTER		1	MOUNT OLIVE, NC 28365		
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 520	Continued From page 13 facility failed to transcribe an order to discontinue Enablex as ordered by the Nurse Practitioner (NP) for 1 of 3 residents (Resident #5). Review of the facility survey history revealed F281 was cited on 5/26/16 during an annual recertification survey and was recited on the current 9/29/16 complaint investigation survey. During an interview on 9/28/16 at 12:34 PM the Administrator stated that the QA committee meets monthly. He further stated that in regards to professional standards, the steps that had been taken were that the nurses were reeducated about odor transcription. The admitting nurse, who transcribed the order, would have another nurse check the orders behind the nurse. If any errors were found they would educate the staff and try to discern where the miscommunication was. The Administrator stated that the QA for professional standards related to medication transcription was still ongoing and they were looking at new orders and new admissions. He stated he had not seen anything of concern.		F 520		ded i), ant and I be d ew, al eent	
				review of orders that the physician har wrote from July to Sept by the Unit Supervisors the week of October 3, 20 Any missed orders were clarified with a physician and transcribed. The 100% chart audit revealed 6 missed orders thave now been corrected. Licensed nurses were reeducated on the section of th	16. he nat	

	OF DEFICIENCIES CORRECTION						
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		345126	B. WING_			09/	28/2016
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BI -REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	Continued From page	e 14	F	process of thandwritten 7, 8, 9, 10, Nurse Execution licensed nu process of 2 house residual order sheet the Medicat records to ecompleted the 2016. The the continue to checks night the third ship provided for another offer disciplinary. The unit supported to the continue to checks night the third ship provided for another offer disciplinary. The unit support the unit support to the conders 5 day orders have addition responders 5 day orders have also the unitered into week to enscorrectly. The audits of the every two was presented to week for 3 week review month) will ad-Hoc QA Center Execution CNE, Assis Managers in	transcription of orders when by the physician on October 11, and 12, 2016 by the Celectric (CNE). The third shift is seen were reeducated on the 24 hour chart check for all intents which included charting and comparing the order of the 15 ton/Treatment administration and comparing the order of the 16 ton/Treatment administration and the 17 ton October 12, third shift licensed nurses with complete 24 hour chart of the 18 ton October 12, third shift licensed nurses with complete 24 hour chart of the 18 ton October 18, third shift licensed nurses with complete 24 hour chart of the 18 ton October 19, third shift licensed nurses with the 18 ton October 19, third shift licensed nurses with the 19 ton October 19, third shift licensed nurses with the 19 ton October 19, third shift licensed nurses will be implemented process will be implemented by the CNE of the 19 ton October 19 ton Oct	er nter : e n g, to n ill / e if e d. ers sed two f e he lts	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
		345126	B. WING		09/	28/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 007	20/2010	
MOUNTO	LIVE CENTER			228 SMITH CHAPEL ROAD BOX 569			
MOUNTO	LIVE CENTER			MOUNT OLIVE, NC 28365			
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 520	Continued From page		F 520	DEFICIENCY)	ATE	DALE	