PRINTED: 12/15/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345323	B. WING		11/15/2016
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	
DDIAN CT	R HLTH & REHABILITAT	10	6	47 S RAILROAD STREET BOX 966	
DRIAN CI	K HLIH & KEHADILIIAI	10	V	VALLACE, NC 28466	
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 281 SS=E	PROFESSIONAL STA	d or arranged by the facility	F 281		12/9/16
	This REQUIREMENT by: Based on observation review the facility failer regarding 1 of 1 samp #16) with a bubble paused to prevent blood cart but without an ordelectronic medication which was needed to receiving Plavix daily Findings included: Record review reveal admitted to the facility physician order for Plamedication) 75 milligr resident's documente cerebrovascular accid Review of Resident # administration record nursing staff began as 10/01/16, revealed the had not been transcriinto the electronic sys An observation on 11. that resident #16 had 75mg in the medication The bubble pack was pharmacy on 10/28/16 In an interview condurent AM Nurse #2 was unattent with the selection of the substant of the substan	al standards of quality. I is not met as evidenced In, staff interview, and record and to obtain clarification bled residents (Resident lock of Plavix (medication loce to administer it in the loce administration system guarantee the resident was local as ordered by the physician. Bed Resident #16 was local and in order for Plavix local diagnoses included local dent with left hemiparesis. In order for Plavix local from the paper system local f		Resident #16's attending physician wanotified and clarification order written regarding Plavix on 11/10/16 by Regina Smith. The Director of Nursing and other clinic managers will complete audit of facility resident medication to ensure that physician ordered for past ninety days been entered into electronic medical record or discontinue per physician ordered on 11/9/16- 11/11/16. The facility licensed staff will be provide re-education regarding accurately transcribing physician orders/ entering orders into electronic medical record and five rights regarding medication administration on 11/10/16 by Diane Smith. Newly hired licensed nurses will receive the education during orientation. The facility's newly hired licensed nurse that do not receive the re-education by 11/10/16 will receive it prior to working next shift. The Director of Nursing or designee will review the physician orders for previous day to ensure that medications have be	a cal cal chad ers ed chad cal
		However, she stated that Plavix 75 mg to Resident		transcribed and are being given per physician orders for thirty days and	
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Electronically Signed

12/08/2016

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.

Facility ID: 922990

PRINTED: 12/15/2016 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		345323	B. WING_		11	//15/2016
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE	•	
				647 S RAILROAD STREET BO	X 966	
BRIAN CT	R HLTH & REHABILIT	ATIO		WALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 281	Continued From pa	ge 1	F 2	281		
		nyway because the resident "forever." She revealed that		monthly times two.		
	she gave the medice-MAR. She was now orked on the cart. In an interview concast AM with Nurse #3 spassed medications said if there was an resident's drawer e-MAR she would in was in the drawer apharmacy or give it upon the results of commented that subteen conducted for In an interview concast AM with Nurse #4 spive a medication upe-MAR. She reveal	"forever." She revealed that cation without looking at the cot sure if other nurses who were giving the Plavix or not. ducted on 11/10/16 at 11:10 the confirmed that she only is listed on the e-MAR. She medication bubble pack in a that was not listed on the investigate why the medication and either send it back to the to the resident depending the investigation. She chan investigation had not in Resident #16. She stated that she would not in less it was listed on the led that she flagged in the medication cart without		The Director of Nursir of outcome of monitor Quality Assurance and Improvement committed four and monthly time committee will evaluate implement additional inneeded to ensure committee of the c	ring to the facility d Performance tee weekly times es two. The te the results and interventions as	
	could investigate if given. However, sh unaware of such ar conducted for Resid In an interview cond. AM with Nurse #5 s medications listed i would not give a medication and return discontinued. How unaware of such ar conducted for Resid In an interview cond. AM with the facility'	ducted on 11/10/16 at 11:15 she revealed that she passed in the e-MAR. She stated she edication if it was not listed on would investigate the urn it to the pharmacy if it was ever, she commented she was in investigation being				

Facility ID: 922990

OLIVILIV	OT OIT MEDIO, ITE G	WEDIO/ ND CEITTIOEC					7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345323	B. WING			11/	15/2016
NAME OF PI	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				6	47 S RAILROAD STREET BOX 966		
BRIAN CT	R HLTH & REHABILITAT	710		v	VALLACE, NC 28466		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREF	ıy	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION
TAG	,	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE
F 281	Continued From page	e 2	F	281			
		ive Plavix 75 mg daily that					
		the last three years. She					
		was not responsible for the					
		d the facility was responsible					
	for keying information						
		icted on 11/10/16 at 11:45					
	AM with the Director	of Nursing she said the					
		pass those medications listed					
		evealed that the facility had					
	been having trouble a						
	paper charting to the						
	she was unsure how	the Plavix order for Resident					
	#16 was missed durir	ng the transition of orders					
		ctronic system. She stated					
	she would not expect						
		not listed on the e-MAR.					
	•	e nurse to pull the medication					
		t was not listed on the					
		ne would then expect the					
		or to reinstate the order if it					
	had not been discont						
	medication back to the						
		ported the nursing staff clarification when they					
	_	#16 had Plavix on the					
		as without an order to					
	administer it in the ele						
		d not be determined whether					
		d Plavix daily since the					
		etween paper MARs and					
		ce 10/01/16 there was no					
	place to document ar						
		5/16, during a telephone					
		l director and primary					
	' '	nt #16 stated Plavix was					
		it was administered at about					
	the same time daily, a receiving it daily varie	and the side effects of not ed depending on the					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		(X3) DATE S COMPL	
		345323	B. WING			11/1	5/2016
	ROVIDER OR SUPPLIER R HLTH & REHABILITAT	10	•	STREET ADDRESS, CITY, STAT 647 S RAILROAD STREET BO WALLACE, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT) CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	I	(X5) COMPLETION DATE
F 281	whether the resident anti-platelet medication going without the Plat for a couple of weeks cause problems than erratic dosing for long	sident's heart disease and was receiving other ons. Again, she reported vix or having erratic doses would be less likely to going without it or having per periods of time.		281			
F 356 SS=C	483.30(e) POSTED N INFORMATION		F:	356			12/9/16
	a daily basis: o Facility name. o The current date. o The total number are by the following cated unlicensed nursing st resident care per shif - Registered nurs - Licensed practic	aff directly responsible for t: es. al nurses or licensed defined under State law).					
	specified above on a of each shift. Data m o Clear and readable	e readily accessible to					
	make nurse staffing d	n oral or written request, lata available to the public ot to exceed the community					
		ntain the posted daily nurse nimum of 18 months, or as					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345323	B. WING			11/	15/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	13/2010
BRIAN CT	R HLTH & REHABILITA	ATIO		64	47 S RAILROAD STREET BOX 966		
2.1				W	VALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 356	Continued From pag	ge 4 w, whichever is greater.	F	356			
	This REQUIREMEN						
		on and staff interviews, the nursing staffing for 2			Staffing was posted on 11/8/16.		
	consecutive days of				The scheduler/designee will post the staffing sheet at the nurse's station dai	lv	
	Findings included:				Monday through Friday at the beginnin the 7-3 shift. Weekend staffing sheets	g of	
	At 10:06 AM on 11/0	07/16, an observation			be made in advance and placed on the		
	revealed the Posted	Staffing was dated 11/05/16.			clip board. Licensed staff will be educa	ated	
		ed Staffing sheets observed			on the process of changing out the dail	у	
	for 11/06/16 or 11/07	7/16.			staffing sheets by and making any		
	In an interview with	the Director of Neuroine (DON)			adjustments at the beginning of the 7-3		
	at 2:33 PM on 11/9/	the Director of Nursing (DON) 16, she stated that staff done between 8:00 AM and			shift on the weekends. Educated by Lis Sumner 12/8/16.	ia	
		She reported that for weekend			Department managers will be educated	<u>,</u>	
	-	print out the sheets on Fridays			regarding the changes to their duties		
		f would update the census			regarding staff posting documentation	эу	
		tion for each shift, as needed,			Administrator and completed on 12/8/1		
		taffing. The DON stated that			Newly Hired department managers will		
		that staffing be posted each			receive the education during orientation		
		M and 8:30 AM and that the			The facilities department managers that		
	information for each	shift be accurate.			do not receive the education by 12/8/10 will receive it prior to working next shift		
	In an interview with	the Administrator at 5:40 PM			will receive it prior to working next shift	•	
		ed that his expectation was			The Manager on Duty will validate that	the	
		ıld be accurate and posted			staffing is posted and document on the		
	daily.				Manager on Duty checklist. Negative findings will be corrected if noted.		
					Daily monitoring of the staffing sheets	will	
					be conducted by the administrator,	of	
					director of nursing or assistant director nursing. The sheets will be reviewed	UI	
					weekly for 4 weeks and monthly times	2	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3)) DATE SURVEY COMPLETED
		345323	B. WING			11/15/2016
	ROVIDER OR SUPPLIER R HLTH & REHABILITAT	10		STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE
F 356	The drug regimen of a reviewed at least once pharmacist. The pharmacist must the attending physicial	GIMEN REVIEW, REPORT N each resident must be e a month by a licensed report any irregularities to	F 3:	months. The results of all staffing she reviewed monthly for three in Quality Assurance Performal Improvement committee. The will monitor for negative pattern and determine if additional in are necessary to maintain sucompliance.	months by the ince ne committee terns/trends nterventions	12/9/16
	by: Based on consultant interview, and record pharmacists failed to with medication issue medication administration of 6 residents (Reside whose medications with the pharmacists failed to Resident #16 had a pimedication there was	alert the facility to problems s in the electronic ation (e-MAR system) for 3 ent #16, #50, and #129) ere reviewed. The alert the facility that while		Resident #16's attending ph notified and clarification order regarding Plavix on 11/10/16 Smith. Resident #50's attending phy notified on 11/10/16 and clar was written regarding magne by the director of nursing. Resident #129's attending phy	er written 6 by Regina ysician rification order esium oxide	

CENTER	3 FOR WEDICARE &	WEDICAID SERVICES				OIVID INC	7. 0930-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345323	B. WING _			11/	15/2016
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				64	17 S RAILROAD STREET BOX 966		
BRIAN CT	R HLTH & REHABILITAT	по		W	/ALLACE, NC 28466		
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E		(X5) COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	AIE	DATE
F 428	Continued From page	e 6	F	128			
	· -		'-	120	notified regarding incomplete		
	failed to alert the faci	resumed for Resident #50			notified regarding incomplete documentation regarding administration	n of	
	without a physician o				calcium carbonate, cosport solution,	11 01	
	pharmacist failed to a				ambien, and flovent aersol on 11/10/16	3.	
	·	t being initialed as being					
		or Resident #129. Findings			The Director of Nursing and clinical		
	included:	J			managers completed audit of facility		
					resident medication record to ensure the	nat	
	1. Record review rev	vealed Resident #16 was			medication had been initialed as given	for	
	admitted to the facilit	y on 10/23/13 with a			the month of November. Attending		
	physician order for P	lavix (anti-platelet			physician was notified of resident		
	medication) 75 millig			identified with incomplete documentati	on		
	resident's documente			regarding administration of prescribed			
		dent with left hemiparesis.			medication on 11/10/16 by clinical		
		#16's electronic medication			managers.		
		I (e-MAR), by which the					
		administering medications on			Daily medication record will be monitor	ed	
		ne physician order for Plavix			by DON or designee to ensure that		
		ibed from the paper system			physician orders are transcribed		
	into the electronic sys	stem. I/10/16 at 10:06 AM revealed			accurately and will check for missing documentation on the medication		
		d a bubble pack of Plavix			administration record to ensure that		
		on cart with six missing.			medications are given per physician		
	The bubble pack was				orders.		
	pharmacy on 10/28/1				010010.		
		ucted on 11/10/2016 at 10:40			The facility's licensed nurses were		
		able to locate an order for			provided re-education regarding		
	Plavix on the e-MAR	. However, she stated that			documentation of medication		
		Plavix 75 mg to Resident			administration by Diane Smith on 11/9	/16	
		way because the resident			and completed. Newly hired licensed		
		forever." She revealed that			nurses will receive the education durin	g	
	she gave the medica	tion without looking at the			orientation. The facility's newly hired		
	e-MAR. She was no	t sure if other nurses who			nurses that do not receive the education	on	
	worked on the cart w	ere giving the Plavix or not.			by 11/9/16 will receive it prior to working next shift.	ıg	
		ucted on 11/10/16 at 11:10					
		e confirmed that she only			Director of nursing and administrator		
	·	listed on the e-MAR. She			educated pharmacy consultant on		
	said if there was a m	edication bubble pack in a			expectations of monthly visits to include	е	

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OLIVIEIX	O T OIT INLEDIO TITLE OF	WILDIO/ ND OLITATION				<u> </u>	3. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345323	B. WING			11/	/15/2016
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				64	47 S RAILROAD STREET BOX 966		
BRIAN CT	R HLTH & REHABILITAT	ПО		Ιw	VALLACE, NC 28466		
	OLIMANA DV. OT	FATEMENT OF DEFICIENCIES			T		247
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 428	Continued From page	e 7	F	428			
	· -			120	auditing medication records for missir	va.	
	resident's drawer that was not listed on the e-MAR she would investigate why the medication was in the drawer and either send it back to the pharmacy or give it to the resident depending upon the results of her investigation. She				documentation, physician orders chec	-	
					for transcription errors, and duplication	-	
					orders on 12/9/16.	101	
		h an investigation had not			The Director of nursing will report find	ings	
been conducted for					of daily monitoring and pharmacy	J	
	In an interview conducted on 11/10/16 at 11:11				consultant reports to the facility Qualit	y	
	AM with Nurse #4 she stated that she would not				Assurance and Performance		
	give a medication unless it was listed on the				Improvement committee weekly times	,	
	e-MAR. She reveale				four and monthly times two. The		
		the medication cart without			committee will evaluate the results an	d	
		s in the e-MAR until she			implement additional interventions as		
	_	ne medication was to be			needed to ensure continued complian	ce.	
	_	e commented she was					
	unaware of such an i conducted for Reside						
		ucted on 11/10/16 at 11:15					
		e revealed that she passed					
		the e-MAR. She stated she					
		dication if it was not listed on					
	the computer. She w						
	-	n it to the pharmacy if it was					
		ver, she commented she was					
	unaware of such an i	nvestigation being					
	conducted for Reside						
		/16, during a telephone					
		Itant Pharmacist #1 stated					
		nedication reviews she					
		medication administration					
		lectronic record keeping					
		October 2016 reviews she					
		there were orders entered					
	-	ctronic system, there were the electronic system, and					
		he administration records					
	where staff were not						
		s. However, when she					
	provided inculcations		1		I .		1

reviewed her October 2016 pharmacy

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
		345323	B. WING _			1/15/2016	
	ROVIDER OR SUPPLIER	TATIO		STREET ADDRESS, CITY, STATE, ZIP C 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 428	she did not catch to Plavix was not car administration sys on 10/01/16. At 1:28 PM on 11/conversation, Conduring his monthly reviewed orders a documented in the system. During his medication review that resident #16 carried over from to into the electronic commented he did and missing docur he understood the (Consultant Pharmissues with the factorscient's documented to the factorscient's documented to the factorscient's documented to the factorscientic hemosclerotic hemosc	for Resident #16 she reported that the resident 's order for ried over from the paper tem into the electronic system 10/16, during a telephone sultant Pharmacist #2 stated medication reviews he and medication administration electronic record keeping 11/02/16 and 11/03/16 she reported he did not catch sorder for Plavix was not the paper administration system system on 10/01/16. He is not discuss order accuracy mentation with the facility since facility 's usual pharmacist hacist #1) had discussed these sility the month before. Trevealed Resident #50 was cility on 06/04/16. The inted diagnoses included fart disease, history of on, hypertension, and an order specified magnesium mus (mg) twice daily (BID) at PM was to be discontinued, was to be started on magnesium of (QD) at 9:00 AM. A was to be determined for the eks via a lab draw.	F	128			

AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	_	(X3) DATE SURVEY COMPLETED
	345323	B. WING _			11/15/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO		·	STREET ADDRESS, CITY, 647 S RAILROAD STREI WALLACE, NC 28466	ET BOX 966	
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BY BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	
F 428 Continued From page 9 milligrams per deciliter (m range being 1.6 - 2.3 mg/d A 08/04/16 physician order #50's magnesium oxide w Review of Resident #50's September 2016 paper m records (MARs) revealed receive any magnesium or through 09/30/16. Resident #50's 09/22/16 or set (MDS) documented his severely impaired, he exh including rejection of care extensive assistance from dependent on staff for all l living (ADLs) except eating Review of the facility's ele administration record (e-N was documentation in the 09/29/16 orders for both in and QD were "revised." On 10/01/16, when the fact between paper MARs and orders for both magnesiur appeared on the e-MAR for Record review revealed the orders, physician progress notes that documented Re magnesium supplementatives med. Review of Resident #50's documented he received 2	r documented Resident as to be discontinued. August 2016 and edication administration the resident did not xide from 08/05/16 uarterly minimum data is cognition was ibited no behaviors and he required staff to being totally his activities of daily g. ctronic medication IAR) revealed there system that on magnesium oxide BID cility transitioned the e-MAR system, in oxide BID and QD or Resident #50. Here were no physician is notes, or nursing esident #50's ion should have been October 2016 e-MAR	F 4	28		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		345323	B. WING _			11/15/2016
	ROVIDER OR SUPPLIER	гіо	•	STREET ADDRESS, CITY, STATE 647 S RAILROAD STREET BO WALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTI CROSS-REFERENCI	LAN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	DATE
F 428	doses of magnesium from 10/01/16 through 10/01/16 through 11/01/16 through 11/10/00/16 through 11/10/00/16 through 11/01/16 through 11/01/16 through 11/10/16 t	O AM, 21 doses of O mg at 9:00 AM, and 23 oxide 400 mg at 8:00 PM (th 10/31/16.) #50's November 2016 e-MAR ived 9 doses of magnesium O AM, and 8 doses of 0 mg at 9:00 AM from 09/16. #50's movember 2016 e-MAR ived 9 doses of magnesium O AM, and 8 doses of 0 mg at 9:00 AM from 09/16. #50's 2.3 mg/dL with the normal of mg/dL. #60's 3 mg/dL with the normal of mg/dL. #60's 4.50's 8 mg/dL with the normal of mg/dL. #60's 4.50's 8 mg/dL with the normal of mg/dL. #60's 6.50's 8.00's 8.00's 8.00's 9.00's	F			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345323	B. WING		 	11/	15/2016
	ROVIDER OR SUPPLIER	ATIO	•	STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 428	reviewed orders and documented in the system. During his medication reviews that Resident #50's magnesium oxide with physician order to distribute the transitioned from the administration system order accuracy and the facility since he pharmacist (Consult discussed these issisted before. 3. Resident #129 with 10/28/16 with a diagracute cholecystitis, diabetes mellitus, and acute cholecystitis, diabetes mellitus, and acute cholecystitis, diabetes mellitus, and the coronary arted disease, and hypothe A review of physicial showed that Reside following medication. 1. Calcium Carbona 600-200 Mg-Unit: Godo-200 Mg-Unit: G	medication reviews he dimedication administration electronic record keeping 11/02/16 and 11/03/16 he reported he did not catch discontinued order for vas reactivated without a so so when the facility expaper medication em to the electronic system on ented he did not discuss missing documentation with understood the facility's usual tant Pharmacist #1) had uses with the facility the month vas admitted to the facility on gnosis history that included chronic atrial fibrillation, therosclerotic heart disease of erry, stage 3 chronic kidney hyroidism. In orders, dated 10/28/16, ent # 129 was ordered the ens: Inte - Vit D - Min Tablet sive 1 tablet by mouth at ment. 22.3-6.8 mg/ml: Instill 1 drop a day for glaucoma. mg: Give 1 tablet by mouth at a. psol 110 Mcg/act: 2 puff inhale ay for SOB/wheezing.	F	428			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		1, ,	(X3) DATE SURVEY COMPLETED			
		345323	B. WING		11/	15/2016
	ROVIDER OR SUPPLIER	ю		STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466	,	
(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 APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 441 SS=D	administration record revealed that the resicarbonate-vitamin D to Ambien, and Flovent given at bedtime (9:0 11/02, 11/03, 11/04, 1 At 11:18 AM on 11/10 administer PM doses and calcium/vitamin Ecould not figure out headministration in the element of the conversation, Consult during his monthly mereviewed orders and documented in the element of the e	dent's calcium ablet, Cosopt solution, were not initialed off as 0 PM) on 10/31, 11/01, 1/05, 11/06, and 11/08/16. /16 Nurse #1 stated she did of Flovent, Cosopt, Ambien, 0 to Resident #129, but ow to document this e-MAR. 16, during a telephone tent Pharmacist #2 stated edication reviews he medication administration ectronic record keeping 1/02/16 and 11/03/16 ereported he did not catch PM administration of the initialed off on the e-MAR atted he did not discuss order and documentation with the restood the facility's usual not Pharmacist #1) had the with the facility the month control of the provide a migram designed to provide a migram designe	F 42			12/9/16
	of disease and infecti (a) Infection Control F					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345323	B. WING _			11/	15/2016
	ROVIDER OR SUPPLIER	тіо	•	647	REET ADDRESS, CITY, STATE, ZIP CODE S RAILROAD STREET BOX 966 ALLACE, NC 28466	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC 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 441	Program under whice (1) Investigates, cor in the facility; (2) Decides what proshould be applied to (3) Maintains a reconnection related to interpret the spread of isolate the resident. (2) The facility must communicable disease from direct contact will track (3) The facility must hands after each direct contact will track (3) The facility must hands after each direct contact will track (3) The facility must hands after each direct contact will track (3) The facility must hands after each direct contact will track (3) The facility must hands after each direct contact will track (3) The facility must hand washing is independent of the professional practice.	ablish an Infection Control ch it - itrols, and prevents infections an individual resident; and rd of incidents and corrective fections. and of Infection on Control Program asident needs isolation to of infection, the facility must prohibit employees with a ase or infected skin lesions with residents or their food, if ansmit the disease. require staff to wash their ect resident contact for which icated by accepted	F	141			
	by: Based on observative record review the fasign outside a reside who was placed on (Resident #56). Findings included:	on, staff interviews, and cility failed to post an isolation ent's door for 1 of 1 resident isolation precautions			Resident #56 no longer requires isolated Facility resident identified with infection requiring isolation were reviewed to ensure appropriate signage were in plate on 11/8/16 by Lisa Sumner.	า	

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345323	B. WING _		11	/15/2016
NAME OF PF	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE		
BRIAN CT	R HLTH & REHABILITAT	10		647 S RAILROAD STREET BOX 966		
DIMAN OT	K HEITI & KEHADIEHAI			WALLACE, NC 28466		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 441		e 14 sident #56 was on Contact for methicillin-resistant	F 4	The Director of Nursing will observed resident identified with infections		
	staphylococcus aureu An observation on 11 11/8/16 5 at 8:30 AM	us (MRSA) on her chin. /07/16 at 10:30 AM and revealed a Personal		isolation to ensure appropriate s posted times thirty days.	signage	
	outside of Resident #	t (PPE) box hanging on the 56's door. No Contact served on the resident's		The facility licensed nurses will provided re-education regarding signage for residents identified was a signage for residents.	required	
	door or in the residen			infection requiring isolation on 1	1/8/16 and	
		08/16 at 8:41 AM Nurse #2		completed by Lisa Sumner. New	-	
		ave been a Contact Isolation d on Resident #56's door		licensed nurses will receive the during orientation. The facilities		
	starting of 10/28/16, a			hired licensed nurses that do no		
		08/16 at 8:45 AM with the		the re-education by 11/8/16 will	receive it	
		OON) she stated that it was		prior to working next shift.		
	-	Contact Isolation sign sted on Resident #56's door		The director of nursing will repo	rt findings	
		d to Resident #56's hall		of outcome of monitoring to the	-	
	starting on 10/28/16,			Quality Assurance and Performa		
		08/16 at 9:12 AM Nurse #3		Improvement committee weekly		
		vas the only resident in the		four and monthly times two. The committee will evaluate the resu		
	was for MRSA on her	lation precautions, and that chin.		implement additional intervention needed to ensure continued cor	ns as	
F 490	483.75 EFFECTIVE		F4		•	12/9/16
SS=E	ADMINISTRATION/R	ESIDENT WELL-BEING				
	<u> </u>	ninistered in a manner that				
		esources effectively and				
	efficiently to attain or	mental, and psychosocial				
	well-being of each res					
	This REQUIREMENT by:	is not met as evidenced				
		nterview, staff interview, and		Resident #16's attending physic	cian was	
		lity's administration failed to		notified and clarification order w		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				0	MB NO. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	()	X3) DATE SURVEY COMPLETED
		345323	B. WING				11/15/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				64	47 S RAILROAD STREET BOX 966		
BRIANCI	R HLTH & REHABILITAT	Ю		W	ALLACE, NC 28466		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 490	Continued From page	. 15		400			
1 430	· -		F	490	" DI : 4440401 D		
		mplement the conversion			regarding Plavix on 11/10/16 by R	egina	
		n administration records medication			Smith.		
	,	ich resulted in physician			The Director of Nursing and other	clinica	
	` ,	oled residents (Resident			managers will complete audit of fa		'
		latelet medication) not			resident medication to ensure that	-	
	getting transcribed in			physician ordered for past ninety of		ad	
	restarting magnesium			been entered into electronic medic	-		
	physician's order for			record or discontinue per physicial		rs	
		necessary medications, and			on 11/9/16- 11/10/16.		
	in nurses being unabl						
	the administration of				The facility licensed staff will be pr	ovided	I
	residents (Resident #			re-education regarding accurately			
	unnecessary medicat	ions. Findings included:			transcribing physician orders/ ente orders into electronic medical reco	-	ı
	This tag is cross-refe	renced to:			five rights regarding medication administration on 11/10/16 by Diar	ne	
	F281: Based on obse	ervation, staff interview, and			Smith. Newly hired licensed nurse	s will	
	record review the faci				receive the education during orien		
		1 of 1 sampled residents			The facility's newly hired licensed		3
		bubble pack of Plavix			that do not receive the re-education	,	
	'	revent blood clots) on the			11/10/16 will receive it prior to wor	King	
		ithout an order to administer dication administration			next shift.		
		eded to quarantee the			The Director of Nursing or designe	e will	
	,	g Plavix daily as ordered by			review the physician orders for pre		
	the physician.	g r lavix daily ac cracica by			day to ensure that medications ha		en
	, , , , , , , ,				transcribed and are being given pe		
	F329: Unnecessary I	Medications: Based on			physician orders for thirty days and		
	physician interview, s review the facility faile	taff interview, and record ed to discontinue the			monthly times two.		
	_	nesium as ordered by the			The Director of nursing or designe	e will	
		ampled residents (Resident			review medication administration r		
	#50) who was review	ed for unnecessary			daily for missing documentation to	ensur	e
	medications.				that medication is being given per		
					physician orders.		
		Accurate Medical Records:				.	
	Based on staff intervi- facility failed to accura	ew and record review the ately audit orders			The Director of Nursing will report of outcome of monitoring to the factorial and the second		gs

Facility ID: 922990

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OME	3 NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345323	B. WING				11/15/2016
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				64	47 S RAILROAD STREET BOX 966		
BRIANCI	R HLTH & REHABILITAT	10		W	VALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 490	Continued From page	2.16		400			
1 430			F	490	Overlite Assumes as and Deuferman		
	transcribed from a pa				Quality Assurance and Performance		
		(MAR) into the electronic			Improvement committee weekly tim	es	
		ation record (e-MAR), and IAR after the transition to			four and monthly times two. The committee will evaluate the results a	and	
		ere documenting medication			implement additional interventions a		
	administration correc	<u> </u>			needed to ensure continued compli		
		urate medical records for 1			needed to ensure continued compile	aricc.	
	of 1 sampled residen			Resident #129's attending physiciar	ı was		
	order for Plavix was r			notified regarding incomplete			
	paper MAR to the e-N			documentation regarding administra	tion of		
	residents reviewed for			calcium carbonate, cosport solution			
	whose e-MAR docum				ambien, and flovent aersol on 11/10		
		til 11/10/16 when it was			,		
	•	intinued as of 08/04/16, and			The Director of Nursing and clinical		
	for 1 of 5 sampled res	sidents (Resident #129)			managers completed audit of facility	/	
	reviewed for unneces	sary medications who was			resident medication record to ensur	e that	
	not having the admin	istration of his PM doses of			medication had been initialed as giv	en for	
	Ambien, Flovent, Cos	sopt, and calcium/vitamin D			the month of November. Attending		
	documented on the e	-MAR.			physician was notified of resident		
					identified with incomplete document	ation	
		0/16 the director of nursing			regarding administration of prescrib	ed	
	, ,	ne first or second week in			medication on 11/10/16 by clinical		
	October 2016 there w orders, documenting	vere problems with in-putting the administration of			managers.		
		in the e-MAR system, and			The facility's licensed nurses were		
	_	om the paper system to the			provided re-education regarding		
	-	the explained the e-MAR			documentation of medication		
	system "went live" on				administration by Diane Smith on 1		
		came to her in the past			Newly hired licensed nurses will rec		
	week and a half with				the education during orientation. The		
	documenting the adm				facility's newly hired nurses that do		
		. She commented she			receive the education by 11/9/16 wi	II	
	attempted to provide nurses, but was not s	1:1 education to these two sure it was effective.			receive it prior to working next shift.		
	At 12:10 PM on 11/15/16, during a telephone			Resident #50's attending physician			
		I director stated the facility			notified on 11/9/16 and clarification		
	,	ssions before use of the non 10/01/16. However,			was written regarding magnesium of by the director of nursing.	xide	

, ,		IDENTIFICATION NUMBED:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345323	B. WING		11	/15/2016	
	ROVIDER OR SUPPLIER	гіо		STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 490	and the staff were no transition between pa system because ther transcription of order medication administr medical director, she	this training was inadequate, of well prepared for the aper MARs and the e-MAR we were daily problems with a sand documentation of ation. According to the estill felt there were problems which had yet to be worked	F 49	The director of nursing and oth managers will complete audit or resident medication to ensure physician ordered for past nine been entered into electronic mercord or discontinue per physician orders and orders into electronic medical 11/10/16 by Lisa Sumner. New licensed nurses will receive the during orientation. The facility's nurses that do not receive the re-education by 11/10/16 will reprior to working next shift. The Director of Nursing or desireview the physician orders for day to ensure that medication transcribed and being given perorders for thirty days and bill metwo and monthly times one. The Director of nursing or desireview medication administration daily for missing documentation that medication is being given physician orders. The Director of Nursing will report of outcome of monitoring to the Quality Assurance and Perform Improvement committee week four and monthly times two. The Director of Nursing will report and monthly times two. The Director of Nursing will report of outcome of monitoring to the Quality Assurance and Perform Improvement committee week four and monthly times two. The Director of Nursing will report and monthly times two. The Director of Nursing will report and monthly times two. The Director of Nursing will report and monthly times two. The Director of Nursing will report and monthly times two. The Director of Nursing will report and monthly times two. The Director and monthly times two. The Director and monthly times two. The Director and monthly times two.	of facility that ety days had dedical dedical dician orders e provided tely and entering record on vly hired e education is licensed eceive it dignee will reprevious have been er physician conthly times dignee will on record on to ensure per coort findings e facility mance ly times		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3		(X3) DATE SURVEY COMPLETED	
		345323	B. WING		1	1/15/2016	
	ROVIDER OR SUPPLIER R HLTH & REHABILITAT	10		STREET ADDRESS, CITY, STATE, ZIP COL 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 490	Continued From page	e 18	F 49	committee will evaluate the re implement additional interver needed to ensure continued	dditional interventions as		
SS=E	483.75(I)(1) RES RECORDS-COMPLE LE	TE/ACCURATE/ACCESSIB	F5	14		12/9/16	
	resident in accordance standards and practic accurately documente systematically organize						
	resident's assessment services provided; the	the resident; a record of the ats; the plan of care and					
	by: Based on staff interviolation facility failed to accurate transcribed from a paradministration record medication administration administration correction failed to audit the e-Make sure nurses were administration correction for plavix was repaper MAR to the e-Make tresidents reviewed for whose e-MAR documents.	per medication (MAR) into the electronic ation record (e-MAR), and IAR after the transition to the documenting medication atly. This resulted in the urate medical records for 1 the (Resident #16) whose the carried forward from the MAR, for 1 of 5 sampled runnecessary medications		Resident #16's attending phrotified and clarification order regarding Plavix on 11/10/16 Smith. The Director of Nursing and emanagers will complete audiresident medication to ensure physician ordered for past nit been entered into electronic record or discontinue per phyon 11/9/16- 11/10/16. The facility licensed staff will re-education regarding accurrence.	other clinical t of facility e that nety days had medical ysician orders		

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CENTER	S FUR MEDICARE &	MEDICAID SERVICES			UMB NO.		MB NO. 0938-039	<u>11</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		345323	B. WING _				11/15/2016	
NAME OF PR	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			\neg
RDIAN CT	R HLTH & REHABILITAT	10		64	7 S RAILROAD STREET BOX 966			
BRIAN CT	K HEIH & KEHABILIIAI	10		W	ALLACE, NC 28466			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	1
F 514	Continued From page	<u>.</u> 10		514				
	· -	ntinued as of 08/04/16, and		314	transcribing physician orders/ onter	ina		
					transcribing physician orders/ enter orders into electronic medical recor	-		
	for 1 of 5 sampled residents (Resident #129) reviewed for unnecessary medications who was				five rights regarding medication	u anc		
		istration of his PM doses of			administration on 11/10/16 by Dian	e		
	_	sopt, and calcium/vitamin D			Smith. Newly hired licensed nurses			
	documented on the e-MAR. Findings included:				receive the education during orienta			
	Record review revealed Resident #16 was				The facility's newly hired licensed n		;	
	admitted to the facility on 10/23/13 with a				that do not receive the re-education	n by		
	physician order for Plavix (anti-platelet				11/10/16 will receive it prior to work	ing		
	medication) 75 milligrams (mg) daily. The				next shift.			
	resident's documente							
		dent with left hemiparesis.			The Director of Nursing or designed			
		16's electronic medication			review the physician orders for previous		_	
		(e-MAR), by which the			day to ensure that medications have		en	
		dministering medications on e physician order for Plavix			transcribed and are being given pe physician orders for thirty days and			
		bed from the paper system			monthly times two.			
	into the electronic sys				monany amos avo.			
		/10/16 at 10:06 AM revealed			The Director of Nursing will report f	indino	as	
		a bubble pack of Plavix			of outcome of monitoring to the fac	_	,	
		on cart with six missing.			Quality Assurance and Performanc	-		
	The bubble pack was	received from the			Improvement committee weekly tim			
	pharmacy on 10/28/1	6.			four and monthly times two. The			
	In an interview condu	cted on 11/10/2016 at 10:40			committee will evaluate the results	and		
		able to locate an order for			implement additional interventions			
		However, she stated that			needed to ensure continued compli	ance.		
		Plavix 75 mg to Resident						
	,	way because the resident			Resident #129's attending physicia	n was	6	
		orever." She revealed that			notified regarding incomplete	otic:-	of	
		tion without looking at the sure if other nurses who			documentation regarding administration calcium carbonate, cosport solution		OI	
		ere giving the Plavix or not.			ambien, and flovent aersol on 11/10			
		or grang the right of flot.			and notone dollars on 11710	.,		
		cted on 11/10/16 at 11:10			The Director of Nursing and clinical			
		e confirmed that she only			managers completed audit of facilit	•		
	•	isted on the e-MAR. She			resident medication record to ensur			
		edication bubble pack in a			medication had been initialed as given		or	
	resident's drawer that	at was not listed on the			the month of November Attending			

e-MAR she would investigate why the medication

physician was notified of resident

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB N	<u>O. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345323	B. WING			1	1/15/2016
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				64	47 S RAILROAD STREET BOX 966		
BRIAN CT	R HLTH & REHABILITAT	10		۱w	VALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 514	Continued From page	e 20	F	514			
	was in the drawer and	d either send it back to the			identified with incomplete documenta	tion	
		the resident depending			regarding administration of prescribed		
	upon the results of he				medication on 11/10/16 by clinical		
	commented that such			managers.			
	been conducted for R						
	In an interview conducted on 11/10/16 at 11:11				The facility's licensed nurses were		
	AM with Nurse #4 she stated that she would not				provided re-education regarding		
	give a medication unless it was listed on the				documentation of medication		
	e-MAR. She reveale			administration by Diane Smith on 11/			
	medications found in			Newly hired licensed nurses will rece			
	corresponding orders			the education during orientation. The			
	could investigate if th given. However, she			facility's newly hired nurses that do no receive the education by 11/9/16 will	Jί		
	unaware of such an i			receive the education by 11/3/16 will receive it prior to working next shift.			
	conducted for Reside				receive it prior to working flext shift.		
		icted on 11/10/16 at 11:15					
		e revealed that she passed			Resident #50's attending physician		
		the e-MAR. She stated she			notified on 11/9/16 and clarification of	der	
		lication if it was not listed on			was written regarding magnesium ox		
	the computer. She w				by the director of nursing.		
	medication and return	n it to the pharmacy if it was					
	discontinued. Howev	ver, she commented she was			The director of nursing and other clin	cal	
	unaware of such an in	nvestigation being			managers will complete audit of facili	:y	
	conducted for Reside				resident medication to ensure that		
		icted on 11/10/16 at 11:28			physician ordered for past ninety day	s had	
	1	corporate pharmacist he			been entered into electronic medical		
	revealed that there w				record or discontinue per physician o	rders	
		ive Plavix 75 mg daily that			on 11/9/16-11/10/16.		
		the last three years. He was not responsible for the			The facility licensed staff will be provi	dod	
		the facility was responsible			re-education regarding accurately	u c u	
	for keying information				transcribing physician orders and ent	ering	
		icted on 11/10/16 at 11:02			orders into electronic medical record	-	
	AM with the Director				11/10/16 by Lisa Sumner. Newly hire		
		cal record was not accurate			licensed nurses will receive the educa		
	and complete because				during orientation. The facility's licens		
	•	to the resident without an	1 -		nurses that do not receive the		
	_	and its administration was			re-education by 11/10/16 will receive	it	
	not being captured.			prior to working next shift.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345323	B. WING _			11	/15/2016	
	ROVIDER OR SUPPLIER	ATIO		64	TREET ADDRESS, CITY, STATE, ZIP CODE 47 S RAILROAD STREET BOX 966 /ALLACE, NC 28466		. 10/20 10	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 514	2. Record review readmitted to the facil resident's documen atherosclerotic hear myocardial infarction dementia. A 07/21/16 physicial oxide 400 milligrams 8:00 AM and 8:00 Fand the resident wan oxide 400 mg daily magnesium level was resident in two weels. Lab results received Resident #50's magnilligrams per deciliar range being 1.6 - 2. A 08/04/16 physicial #50's magnesium or Review of Resident September 2016 parecords (MARs) review any magnes through 09/30/16. Resident #50's 09/2 set (MDS) document severely impaired, Fincluding rejection of extensive assistance dependent on staff for living (ADLs) exceptions of the facility	evealed Resident #50 was ity on 06/04/16. The ted diagnoses included it disease, history of in, hypertension, and n order specified magnesium is (mg) twice daily (BID) at it is two be discontinued, is to be started on magnesium (QD) at 9:00 AM. A is to be determined for the is via a lab draw. If on 08/04/16 documented in it is it is it is might be in it is	F	514	The Director of Nursing or designee wireview the physician orders for previous day to ensure that medication have been transcribed and being given per physician orders for thirty days and bimonthly tire two and monthly times one. The Director of nursing or designee will review medication administration recordaily for missing documentation to ensure that medication is being given per physician orders. The Director of Nursing will report finding of outcome of monitoring to the facility Quality Assurance and Performance Improvement committee weekly times four and monthly times two. The committee will evaluate the results and implement additional interventions as needed to ensure continued compliance.	s en ian nes I d ure		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345323	B. WING		11/15/2016
	ROVIDER OR SUPPLIER	ATIO		STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 514	O9/29/16 orders for and QD were "revised on 10/01/16, when between paper MAF orders for both mag appeared on the e-It Record review reverorders, physician protes that document magnesium suppler resumed. Review of Resident documented he recoxide 400 mg at 8:0 magnesium oxide 4 doses of magnesium from 10/01/16 through 11/01/16 through 11/11/10/16 lab results magnesium level was range being 1.6 - 2. In an interview conce AM with the Director Resident #50's med because Resident #receiving magnesium revelse.	in the system that on both magnesium oxide BID ed." the facility transitioned Rs and the e-MAR system, nesium oxide BID and QD MAR for Resident #50. aled there were no physician ogress notes, or nursing ted Resident #50's mentation should have been #50's October 2016 e-MAR eived 24 doses of magnesium 0 AM, 21 doses of 00 mg at 9:00 AM, and 23 m oxide 400 mg at 8:00 PM gh 10/31/16. #50's November 2016 e-MAR eived 9 doses of magnesium 0 AM, and 8 doses of 00 mg at 9:00 AM from /09/16. documented Resident #50's as 2.3 mg/dL with the normal	F 514		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345323	B. WING _			1/15/2016	
	ROVIDER OR SUPPLIER	10		STREET ADDRESS, CITY, STATE, ZIP COL 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 514		e 23 nronic atrial fibrillation, erosclerotic heart disease of	F 5	14			
		, stage 3 chronic kidney					
	recent admission, but Status (BIMS) assess	not yet available due to his a Brief Interview for Mental					
	' '	ysician orders, dated 10/28/16, lesident #129 was ordered the					
	bedtime for suppleme 2. Cosopt Solution 22 in left eye two times a 3. Ambien Tablet 5 m bedtime for insomnia	re 1 tablet by mouth at ent. 2.3-6.8 mg/ml: Instill 1 drop a day for glaucoma. g: Give 1 tablet by mouth at old 110 Mcg/act: 2 puff inhale					
	revealed that the resi carbonate-vitamin D Ambien, and Flovent given at bedtime (9:0	(e-MAR) for Resident #129					
	administer PM doses						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345323	B. WING			11/	15/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO				64	REET ADDRESS, CITY, STATE, ZIP CODE 7 S RAILROAD STREET BOX 966 ALLACE, NC 28466		
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 514 F 520 SS=E	at 11:45 AM on 11/10 not consider Residen be complete and accounts she provided PM dos Ambien, and calcium, reported she did not of	ne Director of Nursing (DON) /16 she stated she would t #129's medical record to urate since a nurse claimed es of Flovent, Cosopt, /vitamin D, but this nurse document the administration of figure out how to enter it		514			12/9/16
	assurance committee nursing services; a ph facility; and at least 3 facility's staff. The quality assessme committee meets at le issues with respect to and assurance activit develops and implem action to correct identication and the correct insofar as succept	east quarterly to identify which quality assessment ies are necessary; and ents appropriate plans of diffied quality deficiencies. eary may not require ords of such committee th disclosure is related to the disclosure with the discion. by the committee to identify difficiencies will not be used as					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
		345323	B. WING	-	11	//15/2016
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO			,	STREET ADDRESS, CITY, STATE, ZIP C 647 S RAILROAD STREET BOX 966 WALLACE, NC 28466		
(X4) ID PREFIX TAG	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 520	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility's quality assurance (QA) committee failed to prevent the reoccurrence of deficient practice related to Comprehensive Care Plans and Unnecessary Medications, which resulted in repeat citations at F279 and F329. The citing of F279 and F329 during the 09/29/16 complaint investigation (CI) and the facility's 11/10/16 annual recertification survey showed a pattern of the facility's inability to sustain an effective QA program. Findings included: This tag is cross - referenced to: F279 - Comprehensive Care Plan: Based on medical record review and staff interviews, the facility failed to develop a comprehensive care plan for 1 of 3 sampled residents (Resident #58) whose care plans were reviewed. F329 - Unnecessary Drugs: Based on physician interview, staff interview, and record review the facility failed to discontinue the administration of magnesium as ordered by the physician for 1 of 5 sampled residents (Resident #50) who was reviewed for unnecessary medications. At 1:10 PM on 11/10/16 the administrator stated on 09/29/16 the facility was cited for not implementing a medication dose reduction and for not completing a comprehensive care plan. He reported he was unsure why working these issues through the facility's QA process was not successful and led to F279 and F329 being re-cited.		F 52	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) [C	(X3) DATE SURVEY COMPLETED	
		345323	B. WING			11/15/2016	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN CT	R HLTH & REHABILITAT	IO.		647 S RAILROAD STREET BOX 966			
BINIANOI	K HEITI & KEHADIEHAI	10		WALLACE, NC 28466			
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520			F 52	DEFICIENCY)			