PRINTED: 03/15/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345246	B. WNG				02/2017
NAME OF P	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	00,	OLD MO 17
				10	00 SUNSET STREET		
HICKORY	FALLS HEALTH AND RE	HABILITATION		G	RANITE FALLS, NC 28630		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000	F000 Disclaimer clause:		
F 176	the complaint investig	encies cited as a result of ation. Event ID# RWOE11 NT SELF-ADMINISTER SAFE	F	176	F176-483.10 (c)(7) RESIDENT SELF- ADMINISTER DRUGS IF DEEMED SAFE		
SS=D	(c)(7) The right to self the interdisciplinary te §483.21(b)(2)(ii), has practice is clinically at This REQUIREMENT by: Based on observation resident interview, the administration of med who were identified as self-administer medic #128). The findings included 1. Review of the facilitieself-administration of December 2012 state review the bedside m	determined that this oppropriate. is not met as evidenced in, record review, staff, and efacility failed to monitor the lication for 2 of 2 residents being able to ations (Resident's # 75 and experience) ty policy and procedure for medications dated d in part, "Nursing staff will edication record on each			Preparation and or execution of this does not constitute admission or agreement by the Provider of the tru facts alleged or conclusion set forth of statement of deficiencies. The plan is prepared and executed solely because required by the provisions of State and Federal law. On March 2 nd , 2017, Medication administration records were placed in Resident #75 and Resident #128 were educated on how to properly utilize the record to record each time they self-medicated themselves by the Assistan Director of Nursing. An audit of all resident rooms checking the state of the state of the self-medicated themselves by the Assistan Director of Nursing.	th of on the see it is and on the om.	
	information to the merecord (MAR) kept at appropriately noting the self-administrated." Review of the medical #75 had been admitted.				any bedside medications was comple the Nursing Administration Team on 2 nd , 2017. All resident rooms were fr from medications. All nurses were in-serviced by the Dir of Nursing and Assistant Director of N on March 2 nd and March 3 rd , 2017 reg	March ee ector	
		m Data Set (MDS) t dated 12/12/16 revealed			the procedure for verifying proper documentation of self-administration medication records.) 	(X6) DATE

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.

2/21

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		tation and otherwise the conditions of the desired to a desired production of the desired	A. BOILDI	NO_		(
		345246	B. WNG			03/	02/2017
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HICKORY	FALLS HEALTH AND RE	HABILITATION		807	00 SUNSET STREET		
				G	RANITE FALLS, NC 28630		
(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 176		e 1 en identified as cognitively	F	176	To ensure quality assurance, Nursing Administration or designee will make rounds to ensure each resident with	, I	
		are plan dated 10/03/16 for d that self-administration of been identified.			bedside medications has a properly completed self-administration medic record for a minimum of twelve wee		
	dated 01/06/17 revea	stration of med assessment led Resident #75 had been disciplinary team to be able icial tears.			Findings from these rounds will be presented in the Quality Assurance N for a minimum of three consecutive meetings.	Meeting	
	(MAR) dated Februar 0.65% spray instill two needed every 4 hours indication on the MAF self-administered. Fur				All corrective action will be completed March 28 th , 2017.	ted by	
	(TAR) for February 20	ent administration record 017 revealed preparation H shift as needed, may					
	(1) tube of hemorrhoid	/28/17 at 10:14 AM revealed d cream, and a full bottle of a clear storage drawer on the dresser.			i.		
	Medication Aide reveathat Resident #75 had saline spray, and artif She stated they were container, on the bed when Resident #75 w	6/17 at 10:45 AM with the aled she had been aware di hemorrhoid cream, nasalicial tears at the bedside. stored in the clear side night stand. She stated was feeling well he could lications himself. She stated					

	o . o	INEDIO (ID CEITVICE)			<u> </u>	IVID IVO	. 0300-0331
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1084 1040	IPLE CONSTRUCTION	0	(X3) DATE SURVEY COMPLETED	
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		345246	B. WNG_	_		03/02/2017	
NAME OF PROVIDER OR SUPPLIER HICKORY FALLS HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET STREET GRANITE FALLS, NC 28630	•		
0/11/0	CHMMADVOT	ATEMENT OF DEFICIENCIES			FOTION	T	144-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	E	(X5) COMPLETION DATE
F 470	0 " 15			3			
F 176	Continued From page	2	F 1	76			
	she had not been awa	are of where to document					
	self-administered med	dications.					
	High Fact Mark Makes Actual Sales - articles - setting publicas	1/17 at 10:59 AM with the	1				
		aled Resident #75 had				1	
		sessments for the nasal					
	spray and hemorrhoid	i cleani.					
	An interview on 03/01	/17 at 4:35 PM with Nurse					
		ot known Resident #75 was					
		r any medications, and had					
		een in his room. He stated	1			1	
		er told him when he took	- 1				
	his self-administered i	medications. He further				1	
	stated he had only wo	rked at the facility 6 days.				1	
		/17 at 1:33 PM with the				1	
	The second secon	ON) and Administrator					
	revealed their expects						1
	medications that were						
	residents would be to	at the residents' bedside					
		what the resident had					
	D 25	dminister stated they had	İ	14			
		monitoring tool, and would					-
		as they had not had one in					
		nedications for residents					
		ed for self-administration.					
1		aled the nurse doing the					
	self-administration ass						
	educated because she	e had not entered the					
	medications into the c	omputer correctly, so they					
		MAR for Residents' #75					
		es had not monitored when		1			
	they took the medicati	ons in their room.					
	2 Review of the facilit	y policy and procedure for					
1	self-administration of r					1	
1		d in part, "Nursing staff will					
		e in party i toronig oton tilli	1	1			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	143 - 5-5-450-400-400-400-4		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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WALE OF D	223 1050 05 01001150	345246	B. WNG		TOTAL TRADESCO CITY CTATE 719 CODE	03/	02/2017
	PROVIDER OR SUPPLIER FALLS HEALTH AND RE	:HABILITATION		1	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET STREET GRANITE FALLS, NC 28630		
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F 176	review the bedside m nursing shift, and they information to the mer record (MAR) kept at appropriately noting the self-administrated". Review of the medica #128 had been admittion on the medica #128 had been admittion of the Minimu Quarterly assessmention Resident #128 had be intact. Review of a current can Review of a current can Resident #128 reveals medications had not be intact. Review of the administic dated 01/06/17 reveal approved by the interest of self-administer robi magnesia, pepto-bismic cream. Review of the medica (MAR) for the month of robitussin dm, mylanta pepto-bismol, ibuprofeshad not been listed on An observation on 02/2 Resident #128 had (1) bottle of pink bismuth, cough drops, and (1).	edication record on each y will transfer pertinent dication administration the nursing station, hat the doses were If record revealed resident ted to the facility on ses of hypertension and Im Data Set (MDS) to dated 01/06/17 revealed sen identified as cognitively are plan dated 09/21/16 for ed that self-administration of seen identified. In the dated of the facility on seen identified as cognitively are plan dated 09/21/16 for ed that self-administration of seen identified. In the facility on seen identified as cognitively are plan dated 09/21/16 for ed that self-administration of seen identified. In the facility on seen identified as cognitively are plan dated 09/21/16 for ed that self-administration of seen identified. In the facility on seen identified as cognitively are plan dated 09/21/16 for ed that self-administration of seen identified. In the facility on sees of seen identified as cognitively are plan dated of seen identified as cognitiv	F	176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR MEDICARE &	MEDICAID SERVICES				OMR M	0. 0938-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	THE STREET STREET		NSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 176	the medications when he had not told the numedications, and he fasked him when he hinterview revealed he medications either on next to the bed, or on An interview on 02/28 Medication Aide reveathat Resident #128 has been provided by the Resident #128 would taken it to him. She st been able to apply it hnot known he had any room. She further stat of where self-administ documented. An interview on 02/28 Unit Coordinator revealed he had not was able to self-administration as medications in his room. An interview on 03/01. #1 revealed he had not was able to self-administered in self-administered in self-administered in stated he had only woo.	chair. 2/17 at 8:59 AM with ed his family had brought in he needed them. He stated broses when he had taken the curther stated they had not ad taken them. Further had always kept the the seat of his wheelchair his bedside table. 2/17 at 10:45 AM with the aled she had been aware ad silvadene cream that had treatment nurse. She stated ask for it, and the nurse had ated Resident #128 had himself. She stated she had of other medications in his led she had not been aware tered medications were 2/17 at 10:59 AM with the aled Resident #128 had beessments for the	F1	76					

OLIVILIV	OT ON WEDIOANE &	WILDICAID SLIVIOLS			THE THE COURT COURT
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
V		345246	B. WNG_		C
		343246	B. W. NO _		03/02/2017
	ROVIDER OR SUPPLIER FALLS HEALTH AND RE	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET STREET	
	.,,,,,			GRANITE FALLS, NC 28630	
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F 176	administration record bedside every shift to had taken that shift. Thad developed a beds would be implementin one in place to monitoresidents that were apself-administration. Further than the self-ahad been educated bethe medications into the they had not printed to #75 and #128, so the when they took the medications when they took the medications into the self-ahad been educated bethe medications into the self-ahad been educated bethe medications into the self-ahad been educated bethe when they took the medications into the when they took the medications in the self-ahad been educated bethe when they took the medications in the residen results of the assessments complete months in the residen results of the assessment residen residen the resident plan. 483.21 (b) Comprehensive Comprehensive Comprehensive personal resident, consist set forth at §483.10(c) includes measurable of the self-ahad taken the self-ahad took includes measurable of the self-ahad taken the self-ahad took includes measurable to had a self-ahad took includes measurable to had took includes measura	ations for monitoring a self-administered by check the medication that is at the residents' monitor what the resident The Administer stated they side monitoring tool and up that, as they had not had for the medications for proved for unther interview revealed the interview revealed the interview revealed the interview self-amount of the MAR for Residents' nurses had not monitored edications in their room. I) DEVELOP CARE PLANS st maintain all resident ed within the previous 15 t's active record and use the ments to develop, review the comprehensive care are Plans evelop and implement a n-centered care plan for tent with the resident rights (2) and §483.10(c)(3), that objectives and timeframes	F 17	6	as #128's n orming erly elf-
		nedical, nursing, and mental		Director of Nursing.	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	91.15		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER FALLS HEALTH AND RE	HABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SUNSET STREET FRANITE FALLS, NC 28630		
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F 279	and psychosocial need comprehensive assess care plan must descrii (i) The services that a or maintain the resided physical, mental, and required under §483.2 (ii) Any services that wunder §483.24, §483.3 provided due to the reunder §483.10, included treatment under §483.3 (iii) Any specialized services provide as a result of recommendations. If a findings of the PASAR rationale in the resident's representationale in the resident's representational in the resident's representational in the resident's prefuture discharge. Facili whether the resident's community was assess local contact agencies entities, for this purposition, as appropriate, in plan, as appropriate, in	ds that are identified in the sment. The comprehensive be the following - re to be furnished to attain nt's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not sident's exercise of rights ing the right to refuse .10(c)(6). PASARR a facility disagrees with the ER, it must indicate its nt's medical record. In the resident and the five (s)- als for admission and ference and potential for lities must document desire to return to the sed and any referrals to and/or other appropriate se.	F2	279	The Nursing Administration Team will review electronic order entries for all admitted residents and/or any resider requests to self-administer medication are deemed safe. They will compare the electronic orders to the hospital disches summaries to ensure accuracy for any administration medications within two four hours. This information will be reto the MDS nurse to ensure proper instruction is placed in the resident's plan. All resident's care plans will be reviewed and updated if needed at least quarted the MDS nurse and/or the Interdiscip Care Plan Team to ensure all care plan person-centered and accurate. To ensure quality assurance, the MDS Coordinator will audit all care plans or residents performing self-administrat monthly for a minimum of three mon Findings from this audit will be present the Quality Assurance meeting for a minimum of three months. All corrective action will be completed March 28 th , 2017.	newly nt that ns and o the harge / self- enty elayed care / ed erly by linary ns are f ion ths. nted in	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	P. C. L. C.		CONSTRUCTION		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER	UTOLTO			TREET ADDRESS, CITY, STATE, ZIP CODE	1 03	/02/2017
HICKORY	FALLS HEALTH AND RE	EHABILITATION		62865 Asoc	00 SUNSET STREET RANITE FALLS, NC 28630		
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F 279	section. This REQUIREMENT by: Based on observation resident interview, the comprehensive care purposed whose care plan was and #128). The findings included 1. Review of the meding resident #75 had been to 10/03/16 with diagnost and heart failure. Review of the Minimu Quarterly assessment Resident #75 had been intact. Review of a current care resident #75 revealed medications had not be the second to the second to self-administer artification. Review of the administer artification on 02/10 tube of hemorrhoid saline nasal spray in a resident #75's bedsident #75's bedsident #75's bedsident #75's bedsident #75's had been that Resident #75's bedsident #75's bedsident #75's bedsident #75's had been that Resident #75's had been that	is not met as evidenced n, record review, staff, and e facility failed to develop a plan for 2 of 21 residents reviewed (Resident's #75 : ical record revealed en admitted to the facility on ses of Parkinson's disease m Data Set (MDS) t dated 12/12/16 revealed en identified as cognitively are plan dated 10/03/16 for d that self-administration of open identified. stration of med assessment led Resident #75 had been disciplinary team to be able icial tears. //28/17 at 10:14 AM revealed d cream, and a full bottle of a clear storage drawer, on	F	279			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 8		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE 00 SUNSET STREET FRANITE FALLS, NC 28630	1 03	/02/2017
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F 279	She stated they were container, on the beds when Resident #75 has could administer those stated she had not be document self-administration assignay and hemorrhoid. An interview on 02/28. Unit Coordinator reveaself-administration assignay and hemorrhoid. An interview on 03/01/41 revealed he had not been able to self-adminad not known they has stated Resident #75 had taken his self-administrator on 0 revealed self-administrator on 0 revealed self-administrator on 0 revealed self-administrator on 0 revealed self-administration of revealed self-administration of the nurs self-administration of the nur	stored in the clear side night stand. She stated ad been feeling well he emedications himself. She en aware of where to stered medications. If at 10:59 AM with the aled Resident #75 had sessments for the nasal cream. If at 4:35 PM with Nurse of known Resident #75 had inister any medications, and ad been in his room. He ad never told him when he annistered medications. He only worked at the facility 6 Director of Nursing (DON) 03/01/17 at 4:45 PM ration of medications for ident #128 had not been night (2/28/17) when they not been care planned er stated it was the see that had completed the medications assessment to each of hypertension and	F	279			

-	TO TOTT WILD TO TITLE OF	WEDIO/ IID OLIVIOLO				CIVID	10.0930-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER HICKORY FALLS HEALTH AND REHABILITATION			1	STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET STREET GRANITE FALLS, NC 28630			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	Resident #128 had be intact. Review of a current car Resident #128 reveals medications had not be review of the administ dated 01/06/17 reveal approved by the interest to self-administer robin magnesia, pepto-bism cream. An observation on 02/Resident #128 had (1) bottle of pink bismuth, cough drops, and (1)-dm in his room, in a basis wheelchair. An interview on 02/28/Resident #128 revealed the medications when he had not told the numedications, and he for asked him when he had interview revealed he interview revealed he interview revealed he interview revealed he interview on 02/28/Medication Aide reveal that Resident #128 had been provided by the tresident #128 would asked that Resident #128 would asked that Resid	gen identified as cognitively are plan dated 09/21/16 for ed that self-administration of een identified. Stration of med assessment ed Resident #128 had been disciplinary team to be able tussin dm, mylanta, milk of ellipsion in the self-administration of en identified. 28/17 at 8:59 AM revealed bottle of advil, (1)- 4 ounce (2) packages of (Zarbees) 4 ounce bottle of robitussin easket, sitting on the seat of ellipsion in the seat of ellipsi	F	279				
		mself. She stated she had other medications in his						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	345246	B. WING			0:	3/02/2017
	FALLS HEALTH AND RE			100	REET ADDRESS, CITY, STATE, ZIP CODE 0 SUNSET STREET RANITE FALLS, NC 28630		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	i TE	(X5) COMPLETION DATE
F 279	Continued From page room. She further stat of where self-administ documented. An interview on 02/28/Unit Coordinator reveaself-administration ass medications in his room. An interview on 03/01/#1 revealed he had now was able to self-administration and not known they we Resident #128 had new his self-administered in stated he had only wor and Administrator on 00 revealed self-administr Resident #75 and Resident #75 and Resident #75 and Resident #75 and Resident #75 furthed in previously. They furthed expectation of the nurs	ed she had not been aware ered medications were /17 at 10:59 AM with the aled Resident #128 had sessments for the m. /17 at 4:35 PM with Nurse at known Resident #128 ister any medications, and ere in his room. He stated ever told him when he took an edications. He further red at the facility 6 days. /// Director of Nursing (DON) // (3/01/17 at 4:45 PM) // (ation of medications for ident #128 had not been night (2/28/17), when they ot been care planned		279		TE	DATE

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