PRINTED: 04/12/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С	
		345258	B. WING		03/03/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD		
TRANSITI	ONAL HEALTH SERVICE	ES OF KANNAPOLIS		KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 000	INITIAL COMMENTS	;	F 00	0		
	A complaint investiga 03/01/17 through 03/	ation was conducted from 03/17.				
	Immediate Jeopardy	was identified at:				
	CFR 483.25 at tag F3	323 at a scope and severity				
		520 at a scope and severity				
		began on 02/26/17 and was '. An extended survey was				
F 309 SS=D	483.24, 483.25(k)(l) F FOR HIGHEST WEL	PROVIDE CARE/SERVICES L BEING	F 30	9	4/3/17	
	applies to all care and residents. Each residents facility must provide the services to attain or a practicable physical, well-being, consisten	mental, and psychosocial				
	applies to all treatment facility residents. Base assessment of a resident residents received accordance with profipractice, the comprehence in th	Indamental principle that Int and care provided to It is deed on the comprehensive It is dent, the facility must ensure It is treatment and care in It is essional standards of It is nensive person-centered It is is dents' choices, including				
ABORATORY	 DIRECTOR'S OR PROVIDER/:	SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE	TITLE	(X6) DATE	

Electronically Signed 03/21/2017

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.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345258	B. WING		C 03/03/2017	
	ROVIDER OR SUPPLIER ONAL HEALTH SERVIC	ES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	1 03/03/2017	
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F 309	provided to residents consistent with profe the comprehensive pand the residents' go (I) Dialysis. The facil residents who require services, consistent of practice, the compcare plan, and the repreferences. This REQUIREMENT by: Based on staff interview, the facility fair pain for 1 of 4 sample pain. (Resident # 4). The findings are: Resident #4 was admo7/29/16 at 4:00 PM included: primary late myelopathy, neuroge pain. The Admission 07/29/16 assessed than oriented to person revealed the resident Record review reveal discharged from the approximately 7:00 Admission/Readmiss Notes (not dated but Documents dated 07 #4 had been prescrib	t. ure that pain management is who require such services, ssional standards of practice, erson-centered care plan, als and preferences. ity must ensure that e dialysis receive such with professional standards rehensive person-centered sidents' goals and it is not met as evidenced riew and medical record led to assess and recognize ed residents reviewed for mitted to the facility on with diagnoses which eral sclerosis, cervical enic bladder, and chronic Data Collection Form dated he resident as being alert on, place and time and it was cognitively intact. led resident #4 was facility on 07/30/16 at	F 30	F309- QOC-Pain assessment/interventions 1.)Resident #4 discharged from the AMA (Against Medical Advice) on 7/3 2.)By 3/14/17, licensed nurses compa "Pain Evaluation" of current reside assess residents current pain score, acceptable level of pain, pain descripincluding; quality, frequency, onset, pattern, contributing factors, alleviatifactors, effects and current pain treatment. Treatments and comprehensive care plans for pain management were also updated as appropriate. 3.)By 3/15/17, the DCS (Director of Clinical Services) and registered nur supervisors reeducated licensed nur on Policy N-850 "Pain Assessment" Policy N-860 "Pain Management" regarding the assessment of resider	30/16. pleted ints to ption ing rse rses and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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				NA.	ANNAPOLIS, NC 28083			
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F 309	Continued From pa	ge 2	F3	309				
F 309	were: Oxycodone 2 release - 3 tablets of Oxycodone 20 mg of 4 hours PRN Pain, medications were of to be started on 07/2 Nurse's Notes writter resident's admission medications had be pharmacy. However been completed by the resident. The Phad been included packet, but had not been completed on indicated the resident aching pain "all over as being a level #7 #10 being the worstreceived PRN Oxychis discharge and conference of the resident who stated at the time of there was a lot going of the resident who stated at the time of there was a lot going a level was a lot going the least the lime of there was a lot going the least the lime of the least the lea	oral every 12 hours and oral tablet - 1 tablet oral every Moderate (4-7). The ordered on 07/29/16 and were 1/29/16. en on 07/29/16 at time of on to the facility indicated the en ordered from the oral every moderate from the oral even ordered from the facility upon admission of ain Assessment document with the resident's admission been completed (was blank). In on a pain scale of 1 to 10, with the pain on a pain scale of 1 to 10, with the pain. Resident #4 had codone HCL 20 mg just prior to departure from the facility on oral. In order with nurse #5 on 03/03/17 or to sure (and could not recall) or the oral even oral eve	F3	309	pain upon admission (CNS-030 Admission Data Collection), quarterly (CNS-031 Quarterly Data Collection) with significant change in condition (CNS-019 Pain Evaluation) to evaluat residents pain score, acceptable leve pain, pain description including; locati quality, frequency, onset, pattern, precipitating/aggravating factors, side effects and current pain treatment, as as, implementing and revising non-pharmacologic and pharmacologi interventions to manage residents pain per their comprehensive plan of care. Additional education to licensed nurse included the use of CNS-020 "Pain FI Record" to assess and document new worsening pain and the implementation interventions to alleviate pain per the residents' comprehensive plan of care. By 3/15/17, the DCS and registered in supervisors reeducated CNA's (Certif Nursing Assistants) on utilizing the Interact "Stop and Watch" tool to communicate a residents new or worsening pain to the licensed nurse further assessment and implementation interventions to alleviate residents' patternation of the licensed nurse further assessment and implementation interventions to alleviate residents' patternation of the licensed nurse further assessment and implementation of the licensed nurse further assessment and implementation of the licensed nurse will assess reside for pain upon admission (CNS-030 Admission Data Collection), quarterly (CNS-031 Quarterly Data Collection) with significant change in condition	e of on, well ic n es ow or on of e. urse ied for on of in. nts		
					(CNS-019 Pain Evaluation) to evaluat residents pain score, acceptable leve pain, pain description including; locati quality, frequency, onset, pattern,	of		

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETI		
C C		
345258 B. WING 03/03/2	3/2017	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS		
KANNAPOLIS, NC 28083		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309 Continued From page 3 F 309 precipitating/aggravating factors, side effects and current pain treatment, as well as, implementing and revising non-pharmacologic interventions to manage residents pain per their comprehensive plan of care. The licensed nurse will also utilize CNS-020 "Pain Flow Record" to assess and document new or worsening pain and the implementation of interventions to alleviate residents' pain per the residents' comprehensive plan of care. The CNA to utilize the Interact "Stop and Watch" tool to communicate a residents new or worsening pain to the licensed nurse for further assessment and implementation of interventions to alleviate residents pain. 4.)The DCS/Registered Nurse Supervisor will conduct Quality Assurance Monitoring of 5 random residents for pain assessment and interventions of pain 3 times a week for 4 weeks, 1 time a week for 8 weeks, then monthly. Schedule for QI monitoring will be modified based on findings. The results of QI monitoring will be reported to the Quality Assurance Performance Improvement Committee monthly by the Administrator and/or designee. The Quality Assurance Performance Improvement Committee monthly by the Administrator and/or designee. The Quality Assurance Performance Improvement Committee monitoring/observation tools for making changes to the corrective action if necessary to maintain substantial		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		345258	B. WING _			03/	03/2017
	ROVIDER OR SUPPLIER DNAL HEALTH SERVICE	S OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 110 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
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F 309	Continued From page	÷ 4	F3	309	compliance. The Quality Assurance Improvement Committee members consist of, but not limited to, the Administrator, Director of Clinical Services, Medical Director, and at least three other members.	i	
F 323 SS=J	CAAAAAAAA		F3	323	AOC Date- 4/3/17		4/3/17
		ed's dimensions are sident's size and weight.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ` '	PLE CONSTRUCTION B	COMPLETED	
		345258	B. WING		C 03/03/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083	03/03/2017
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F 323			F 32	<u> </u>	for s has wing: #1 was nd l was sing n. ed ng com r a walk on nistered
				with intentions of reassessing effectiveness. On 2/26/17 at 10:21am, Resident # observed walking outside the rear lot by another residents family mer who then called out to alert the lice nurse. The licensed nurses immed ran outside where they found her or grassy surface just beyond the par area. The licensed nurse physically assessed Resident #1 and due to residents complaint of ankle pain, not move resident and another lice nurse received an order and called at approximately 10:45am for transhospital for further evaluation. Lice	parking mber ensed diately on the king y she did ensed d EMS sfer to

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TRANSITI	ONAL HEALTH SERV	/ICES OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
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F 323	Continued From p	page 6	, F3	23			
	· ·	ositioned herself in bed without		nurses remained with Reside EMS arrived and transported hospital at approximately 11:0	her to the		
	An Elopement Risk Assessment was not available for review in the medical record after admission. Review of the initial care plan for a problem of mood/behavior (no initial date, but an update of 12/15/16) included impaired or inappropriate behaviors, ineffective coping skills, violence to others, wandering and exit seeking behavior. The approaches for exit seeking behavior included to anticipate and address resident needs, psychiatry consult as needed, and safety checks as indicated. Review of the Admission Minimum Data Set (MDS) dated 9/21/16 indicated Resident #1 had short and long term memory problems, no behaviors were exhibited or assessed and she required limited assistance of one staff for activities of daily living. Review of a nurse's note dated 11/5/16 on the "3-11 pm" shift revealed the resident was walking with a cane, was concerned about seeing her sister. She was outside and the aides were assisting her back in the facility. A wanderguard in place. Review of a telephone order dated 11/5/16 at			Upon Resident #1's return to 2/26/17 at 5:10pm, Resident was properly secured by the Director to allow only a 4 inch continuous 1:1 supervision w	facility on #1's window Maintenance n opening and as		
				immediately provided by certi assistants until her discharge approximately 1:15pm as mu by the facility and residents fa On 2/27/17, the Interdisciplina	on 3/1/17 at tually agreed amily.		
				(IDT), consisting of the Execu Director of Clinical Services, Director of Clinical Services, licensed nurses, Social Servi- Activities Director, Admission Human Resources, Dietary M Environmental Services Directors and revise Resident # care and additional intervention	utive Director, Assistant MDS ces, s Director, Manager and ctor, met to 1's plan of		
				initiated to maintain safety, to updated "Elopement Risk Ass completed, 2.) residents room closer to nurses station with the from secured window, 3.) nor footwear applied and 3.) Soci initiated transfer to a facility we secured unit.	o include 1.) sessment" m moved oed away n-skid ial Services		
	A communication 6:15 PM, used to the resident was of	I a wanderguard was to be dent. form (SBAR) dated 11/5/16 at notify the physician, indicated observed outside without staff. locumented as used was		2.)On 2/26/17, the Maintenan visually and manually inspect exit doors and 17 wander guathe wander guard monitoring ensure proper placement and	ted facility ards utilizing system to		

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TRANSITI	ONAL HEALTH SERVIC	ES OF KANNAPOLIS		KANNAPOLIS, NC 28083	
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F 323	Continued From page	e 7	F 32	3	
	"wanderguard." An Elopement Risk Assessment was not available for review in the medical record after this incident. Review of a nurse's note dated 11/27/16 indicated Resident #1 was agitated around 3:00 PM and tried to go out the front door. The note documented "wants to find her sister." The resident was redirected and had increased agitation. Staff redirected Resident #1 to her room. Around 3:00PM the "C N A (aide) hollers for nurse. And res (resident) was found to be climbing out of window. Staff redirect and res states she wants to go for a walk outside. Staff take res outside and walk with her 1 on 1 staff with res this shift." Review of the communication form dated 11/27/16 to the physician indicated the resident attempted to go out bedroom window. Interventions initiated included 1 on 1 for one shift, then every 30 minute checks. The unit manager and maintenance supervisor were notified. An Elopement Risk Assessment was not			On 2/26/17- 2/27/17, the Maintenan Director manually secured all facility windows that open to only allow a 4 opening to ensure resident safety.	y · inch
				On 2/28/17, licensed nurses comple "Elopement Risk Assessment" of a census of 85 residents to identify residents currently at risk for eloping validated appropriate interventions a place. On 2/28/17, the IDT completed a que monitoring of residents footwear by inspection to validate safe footwear place i.e; wander guards, redirection psychological services, 1:1 supervise and rooms near nurses station for covisualization and monitoring. On 3/2/17, the IDT conducted a Quarter of the conducted a Quarter	g and are in uality visual was in n, sion
				Assurance Performance Improveme (QAPI) Meeting to review, investigatinitiate a Root Cause Analysis (RCA Root Cause Analysis determined 1. Windows were not properly secured prevent elopement and 2.) residents exhibiting exit-seeking behaviors we	ent tate and A).) d to s ere not
	this incident. Review of the update included impaired or ineffective coping ski wandering and exit s approaches for exit s anticipate and address	ed care plan of 12/15/16 inappropriate behaviors, lls, violence to others, eeking behavior. The eeking behavior included to es resident needs, psychiatry		properly reassessed and reviewed from additional safety interventions as into prevent elopement and maintain resident safety. On 3/2/17, MDS and social services reviewed and/or revised safety care for 11 identified residents at risk for elopement to ensure the plan reflection.	dicated s e plans eted
	consult as needed, a indicated.	nd safety checks as		appropriate interventions to maintain resident safety. Identified changes were	

Facility ID: 923060

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NAME OF D	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		/03/2017	
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TRANSITI	ONAL HEALTH SER	VICES OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
				KANNAPOLIS, NC 28083			
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F 323	Continued From p	nage 8		323			
1 020	Continued From p	bage o			1 1		
	Davison of the No.	D		documented in the medical re			
		rse Practitioner's initial visit		updated on the TAR, Care Pla	in and		
		icated her group of physicians		Kardex.			
		re of the resident from another		On 3/2/17, the DCS reviewed	rooidonto		
		. The "Assessment and Plan" 1. Vascular Dementia-pt (patient)		currently receiving psychologi			
		k for eloping. Continue		and on 3/3/17 psychological e			
		nsure wanderguard is in place.		orders were received by the p			
	Defer to MH (mer			ensure residents at risk for eld			
	,	,		being evaluated for the need of			
	A nurse's note da	ted 1/17/17 at 4:20 PM indicated		services to maintain the well-b	eing and		
		eviewed by the care plan team.		safety of residents.			
		inued to have exit seeking					
	behaviors and wa	is easily redirected by staff.		On 3/2/17, the Licensed Nurse			
		1 14/40/47 1 0 00 PM		Coordinator/Human Resource	_		
		ted 1/19/17 at 2:00 PM		Coordinator and Medical Reco			
		rm sounding upon entering orm(ed) this nurse that resident		completed an audit of 87 residence of the physician orders from 1/1/17-3			
		ne door. Staff members outside		validate that 1.) physician order			
		esident without success. Staff		psychological evaluations we			
		ect resident and escort her back		completed timely as indicated			
	into facility. Resid	dent was upset, wanted to talk to		physicians' orders for wander			
	her friend. Allowe	ed resident to talk to friend at		in place and transcribed onto	the		
	another facility via	a telephone. After conversing		Treatment Administration Rec	ord (TAR)		
		ent calm down with no further		with Q shift monitoring for place			
	exit seeking noted facility and inform	d. NP (nurse practitioner) in ed."		daily function by licensed nurs	ses.		
				On 3/2/17, Elopement Books			
		ted 1/19/17 at 6:00 PM "RP		by the DCS to validate that cu			
		ty) in facility, informed RP of		assessments, face sheets, de			
		nt attempt. RP inquired again		and photographs were availab	ole for quick		
	-	to unit that's secured. Informed		reference.			
		working on placing resident to a		2 \On 2/2/17 the DN augentic	or		
	memory care faci	iity.		3.)On 3/2/17, the RN supervis completed an Elopement drill			
	The care plan bar	d updates of 1/19/17 regarding		department staff in the facility			
		npts to exit the building.		licensed nurses, certified nurs			
		ded wanderguard alarm and to		assistants, dietary staff, maint	-		
		every shift and function. There		staff, activities staff, laundry st			

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NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03/	03/2017
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TRANSITION	ONAL HEALTH SERVIC	CES OF KANNAPOLIS					
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F 323	Continued From page	ge 9	F	323			
	were no new interve	entions. The care plan had a			and department heads on 2nd and 3rd		
		king behavior" with the one			shift and again on 1st first shift on 3/3/		
		ate and address resident			to ensure facility staff were educated o		
		nted approaches for this			the elopement procedure in the event		
		entified as an approach,			resident elopement.	-	
	•	pement risk assessment,					
		ring as needed, personal			On 2/27/17, the DCS reeducated the II	DΤ	
		device check for placement			including certified nursing assistants or		
		on daily, remove the resident			the Elopement Guideline, Missing		
	from the area and E	stablish behavior			Resident Search, identifying and		
	management progra	m Specify(blank)."			responding to residents with exit-seeki	ng	
					behaviors and interventions for resider		
	Review of the Quart	erly Minimum Data Set dated			at risk for elopement which may include	е	
	2/9/17 indicated Res	sident #1 had long and short			but, is not limited to 1:1 supervision,		
	term memory impair	ment, with a Brief Interview			providing activities, back bub or exercise	se,	
		IMS) of 3. She was required			music, snacks, repositioning, medication	n	
	supervision of one p	erson for activities of daily			review and relaxation techniques to		
	living. The MDS ass	sessed Resident #1 with			include utilizing the Interact "Stop and		
	verbal behaviors tov	vards others and no			Watch" tool to communicate changes in	า	
	wandering behavior	or rejection of care.			residents behaviors to the nurse		
					supervisor for further assessment.		
		olan dated 2/9/17 revealed no			Residents at risk for elopement will be		
		lems or approaches for falls			supervised by licensed nurses and		
	or elopement risk.				certified nursing assistants Q 15 minut		
					and documented on the "Resident Safe	ety	
		none orders revealed mental			Check" form to monitor and supervise		
		made on 1/7/17, 1/16/17 and			residents for exit seeking behaviors an	d to	
	again on 2/8/17.				identify and implement appropriate		
	D :: 1 . 1.1/4				interventions to maintain safety. All oth	er	
		en by mental health on			present department staff including	41	
		/17. Review of their progress			certified nursing assistants were educa		
		dent #1 was seen by a			by 3/3/17. Employees will not be permi	цеа	
	psychologist for mer				to work until education requirement is		
	_	stic interview. Visits were			met. Newly hired staff will be educated		
		ue to depression, agitation,			upon hire.		
		of psychiatric medications. on included "The patient is at			On 2/27/17 the DCS and BN Symania	or	
		There were no changes			On 2/27/17, the DCS and RN Supervision began reeducation to licensed nurses		
	•	s, and no plan provided to the			completed by 3/3/17 on completing	ai IU	

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NAME OF FI	NOVIDER OR SUFFLIER							
TRANSITI	ONAL HEALTH SER\	ICES OF KANNAPOLIS			810 CONCORD LAKE ROAD			
				K	(ANNAPOLIS, NC 28083			
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F 323	Continued From p	age 10	F3	323				
	·	r management for Resident #1.			"Elopement Risk Assessments",			
	lability on bonavio	management for recoldent # 1.			implementation and validation of			
	Review of a nurse	's note dated 2/26/17 at 11:30			appropriate interventions to prevent			
		dent #1 was found outside on			elopement i.e; wander guards,			
		umentation included "Prior to			redirection, psychological services, 1:1			
		at church services and left			supervision and rooms near nurses			
		o front redirected to 400 hall.			station for closer visualization and			
		ident agitated offered to walk			monitoring., obtaining and transcribing			
	with resident, she	refused. Wanted to find pocket			timely psychological evaluations orders			
	(sic) was going on about missing money/and				wander guard placement with Q shift			
	pocketbook. Never seen resident with				monitoring orders and updating the			
	pocketbook. Adm	inistered Ativan at 10:15 (AM)			residents plan of care to maintain safe	ty.		
	of .5mg x1 po (hal	f a milligram one time orally).			Newly hired licensed nurses will not be	÷		
	Resident's family	reported resident outside. She			permitted to work until education			
	immediately ran o	utside. Resident on ground in			requirement is met.			
		nk outside. Asked what happen						
	Speech unclear p	ointing to top of hill 'walked up			In addition to shift-to-shift visual			
	and I fell down.' L	Inable to measure pain but			inspections of wander guard for proper	ſ		
	_	rsing when moving left arm and			placement and functioning by licensed			
	_	Il transferred via ambulance.			nurses, the Maintenance Director or			
		open and screen on ground of			trained designee will also inspect that			
	resident room."				doors remain properly secured and			
					windows remain properly secured allow	wing		
		rgency room report dated			only a 4 inch for residents' safety.			
		she had fall with a forearm						
		ius. A cast was applied to the			4.)The Administrator and/or Registered	נ		
	arm and she was	discharged back to the facility.			Nurse designee will conduct Quality			
	A 1151				Assurance Monitoring of 5 cognitively			
		sk Evaluation" was completed			impaired residents to ensure appropria	ite		
		determination Resident #1 was			interventions are in place to prevent			
	at risk for elopeme				elopement 5 times a week for 4 weeks			
Review of the Social Worker's notes dated 2/27/17 indicated she had called several facilities				times a week for 8 weeks, then monthl	у.			
				Schedule for QI monitoring will be				
	_	ory care bed. The Social			modified based on findings.			
		d 2/28/17 indicated placement e resident was transferred to			The results of OI menitoring will be			
		1:30 PM on 2/28/17. The family			The results of QI monitoring will be reported to the Quality Assurance			
	•				Performance Improvement Committee			
	facility.	quested placement in a secure			monthly by the Administrator and/or			
	iaciiity.				monthing by the Authinistrator and/or		1	

Facility ID: 923060

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345258	B. WING			C 5/03/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		703/2017	
				1810 CONCORD LAKE ROAD			
TRANSIT	ONAL HEALTH SERVIC	CES OF KANNAPOLIS		KANNAPOLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	revealed Resident # remembered the resident Aide #1 ex was in her room, but Aide #1 added the reand staff would try to knew the resident has aide care plan. Who monitor those reside behavior, aide #1 ex them frequently and Interview with Admir revealed the book wwere at risk for elope Interview with the Di 3/1/17 at 5:05 PM resident started on 2/26 getting out the windocompleted at this timbeing presented with during staff meeting had been conducted Interview with Nurse revealed the Elopembe completed on a conthe floor. She did incident on 2/26/17 to Interview with aide # revealed she worked and was assigned to the resident could did a cane and went to the staff in the resident could did a cane and the staff in the resident could did a cane and the staff in the resident	th, on 3/1/17 at 4:15 PM If was usually calm, and she sident had a wander guard explained the resident usually at could go about the facility. The sident would get agitated, to calm her down. Aide #1 and a wander guard by the men asked how she would ents with exit seeking explained she would check on their whereabouts. Inistrator 3/1/17 at 5:00 PM with pictures of residents that the ment was not correct. In the correct of Nursing (DON) on expealed an action plan had both their whereabouts. In the inservices were in the last one on 3/2/17 If A drill for missing resident the last one on 3/2/17 If A drill for missing resident the last one on 3/2/17 at 10:35 AM ment Risk Assessment would guarterly basis by the nurses de the assessment after the	F 32	designee. The Quality Assur Performance Improvement C evaluate the effectiveness of monitoring/observation tool for changes to the corrective act necessary to maintain substate compliance. The Quality Assumprovement Committee mer consist of, but not limited to, and Administrator, Director of Clir Services, Medical Director, and three other members. AOC Date- 4/3/17	ommittee will the or making ion if intial curance mbers the		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILD			(2
		345258	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER ONAL HEALTH SERVI	ICES OF KANNAPOLIS		181	REET ADDRESS, CITY, STATE, ZIP CODE O CONCORD LAKE ROAD NNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	not stay in the active hall. She was stopp assisted the reside nurse #3 that Reside of the building. The stayed with Reside the resident down. Her pocket book are for the item. After Resident #1 and won the hall compute been 10 minutes latelling a nurse a result building and was usus and heard yelling. Outside with her. Ton the ground and found behind the offenced in, lying on Resident #1 was active doing and she replipocketbook." Aide resident then said stay there." The resident the nurses. Reside and would grab he assessed the reside could not move her swelling. Interview with nurs revealed a family now was outside. She aback of the facility the ground around outside and called resident was not metally assisted the sident was not metally assisted to the facility the ground around outside and called resident was not metally assisted to the sident was not metally assisted to the facility the ground around outside and called resident was not metally assisted to the sident was no	age 12 at 10:00 AM. The resident did vity and was coming down the bed by nurse #2. Aide #2 nt to her room and informed dent #1 was going to the front e aide further explained she out #1 for a while and calmed Resident #1 was looking for aid aide #2 assisted in looking a few minutes, aide #2 left ent down the hall to document er. She explained it may have ster, a family member was sident was walking outside the nsteady. Aide #2 went outside Nurses #2 and #3 went They found Resident #1 outside was yelling. Resident #1 was xygen storage tank that was her left side face down. sked by aide #2 what was she ided "Looking for my #2 further explained the she went up the hill to see "up nt was assessed for injuries by ent #1 attempted to stand up, or left arm. EMS arrived and ent. They (EMS) said she or fingers and her wrist was e #3 on 3/2/17 at 12:00 PM nember told them a resident and aide #2 went out to the and found Resident #1 lying on 10:23 AM. Nurse #4 came 911 from her phone. The loved and complained of arm up independently. The EMT	F	323			

NAME OF PROVIDER OR SUPPLIER TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083 D PROVIDER'S PLAN OF CORRECTION	3/2017 (X5) COMPLETION DATE
TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 (Continued From page 13 (Emergency Medical Technician) arrived and checked the resident. Nurse #3 gave the time frames of when she saw the resident as: Resident #1 was at church at 10:00 AM, she was at her room and received an Ativan at 10:15 AM. Continued Interview on 3/2/17 at 12:05 PM revealed Nurse #3 explained she saw the window screen "pushed out" and the window was open. A pad was across the window track ledge. Resident #1 informed her she had gone out the	(X5) COMPLETION
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 13 (Emergency Medical Technician) arrived and checked the resident. Nurse #3 gave the time frames of when she saw the resident as: Resident #1 was at church at 10:00 AM, she was at her room and received an Ativan at 10:15 AM. Continued interview on 3/2/17 at 12:05 PM revealed Nurse #3 explained she saw the window screen "pushed out" and the window was open. A pad was across the window track ledge. Resident #1 informed her she had gone out the	COMPLETION
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Interview with Resident #7 on 3/2/17 at 1:45 PM revealed he was looking out his window and saw a woman walking back and forth on the driveway pavement. He then saw her walk "cross ways" up the hill above the tank (oxygen). The woman then fell and rolled down the hill. His family member left to let the nurses know someone may be hurt outside. He did not know what time this occurred, he stated "It was before lunch." Interview with Resident #7's family member on 3/2/17 at 1:47 PM revealed she saw the woman outside and walking unsteady. She saw the woman try to climb the hill and fall down. She was only able to see her feet at that point because she was behind the fenced in tank. She did not know the time she was outside, it might have been 10:30 going on 11:00 AM. Interview with the DON on 3/2/17 at 2:00 PM revealed she would expect the nurses to do an elopement risk assessment if a resident was outside the facility and they had not had "eyes on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
345258	B. WING			C 03/03/2017	
		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD		03/03/2017	
BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
ard. The DON all be implemented are assistant staff on the had not received attempted to exit her 6. AM with the nurse the physician group for Resident #1 in the property of	F 32	23			
		A. BUILDING 345258 B. WING TOF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION) F 32 SSMENT WAS NOT ON A WITH THE NUTSE BE physician group Or Resident #1 in hilliar with Resident garding the fall on notified of any other king behavior prior to call was notified at the saw the resident on visit, she ordered de by her on 1/16/17 sident had vascular seed risk for eloping. Oring and ensure Her plan was to was referred to ained the resident staff more so than with sually were able to be association with the from the resident's lot, up the hill behind s measured on 3/3/16 if member using their and measured 111 feet. ed window was	A BUILDING 345258 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083 FOF DEFICIENCIES BE PRECEDED BY FULL TAG TAG PREFIX TAG PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) F 323 SSMENT WAS NOT OROSS-REFERENCED TO THE ADERICATION IN THE DON Ince assistant staff on ne had not received attempted to exit her 6. AM with the nurse e physician group or Resident #1 in iilliar with Resident garding the fall on notified of any other ting behavior prior to tiall was notified at the saw the resident on visit, she ordered de by her on 1/16/17 sident had vascular sed risk for eloping, oring and ensure Her plan was to was referred to ained the resident taff more so than with sually were able to e association with the from the resident's lot, up the hill behind is measured on 3/3/16 f member using their dd measured 111 feet. ed window was	A BUILDING 345258 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083 FOR DEPICIENCIES 346 PRECEDED BY FULL TITIFYING INFORMATION) FREFIX TAG TO DEPICIENCY TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 SEMENT WAS NOT THE APPROPRIATE F 324 F 325 SEMENT WAS NOT THE APPROPRIATE F 326 AM with the nurse ephysician group or Resident #1 in initiar with Resident garding the fall on notified of any other ining behavior prior to tall was notified at the saw the resident on visit, she ordered de by her on 1/16/17 sident had vascular ised risk for eloping, oring and ensure Her plan was to was referred to ained the resident taff more so than with sually were able to e association with the from the resident's lot, up the hill behind is measured on 3/3/16 if member using their did measured 111 feet. Led window was	

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURV	
	345258	B. WING			017
ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		03/03/2017	
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	ILD BE COM	(X5) MPLETION DATE
3:10 PM. The windowidth and 44 inches was at waist height ground. On 3/2/17 the Admin Immediate Jeopardy Administrator provio allegation of complia initiated and/or com On 2/26/17 at 10:05 observed leaving ch towards the front do the certified nursing distraction. On 2/26/17 at 10:10 observed the certified Resident #1 in her routside for a walk in agitation however, r 10:15am, the licens 0.5mg orally x 1 dos of reassessing effect On 2/26/17 at 10:21 observed walking or another resident's facut to alert the licen nurses immediately her on the grassy starea. The licensed r Resident #1 and du ankle pain, she did to the district of the start of the	ow measured 41 inches in a in height. The window ledge or about 36 inches from the shistrator was notified of at 25:50 PM. The led the following credible ance on 3/3/17 at 6:00 PM: cy, THC of Kannapolis has pleted the following: fam, Resident #1 was furch service and walking for and was then redirected by assistant to her room for for the following assistant with foom offering to take resident from an attempt to reduce her esident refused. And at fed nurse administered Ativant for a gitation with intentions stiveness. am, Resident #1 was for a gitation with intentions stiveness. am, Resident #1 was for a gitation with intentions the for a gitation with intentions the for a gitation with intentions the for a gitation with the called sed nurse. The licensed from outside where they found for a gitation with a gitation of the formal was sessed to resident's complaint of not move resident and	F 32	23		
	CONAL HEALTH SERVICE SUMMARY S (EACH DEFICIEN REGULATORY OF SITE OF S	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 3:10 PM. The window measured 41 inches in width and 44 inches in height. The window ledge was at waist height or about 36 inches from the ground. On 3/2/17 the Administrator was notified of Immediate Jeopardy at 5:50 PM. The Administrator provided the following credible allegation of compliance on 3/3/17 at 6:00 PM: To remove immediacy, THC of Kannapolis has initiated and/or completed the following: On 2/26/17 at 10:05am, Resident #1 was observed leaving church service and walking towards the front door and was then redirected by the certified nursing assistant to her room for	ROVIDER OR SUPPLIER ONAL HEALTH SERVICES OF KANNAPOLIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 3:10 PM. The window measured 41 inches in width and 44 inches in height. The window ledge was at waist height or about 36 inches from the ground. On 3/2/17 the Administrator was notified of Immediate Jeopardy at 5:50 PM. The Administrator provided the following credible allegation of compliance on 3/3/17 at 6:00 PM: To remove immediacy, THC of Kannapolis has initiated and/or completed the following: On 2/26/17 at 10:05am, Resident #1 was observed leaving church service and walking towards the front door and was then redirected by the certified nursing assistant to her room for distraction. On 2/26/17 at 10:10am, the licensed nurse observed the certified nursing assistant with Resident #1 in her room offering to take resident outside for a walk in an attempt to reduce her agitation however, resident refused. And at 10:15am, the licensed nurse administered Ativan 0.5mg orally x 1 dose for agitation with intentions of reassessing effectiveness. On 2/26/17 at 10:21 am, Resident #1 was observed walking outside the rear parking lot by another resident's family member who then called out to alert the licensed nurse. The licensed nurse immediately ran outside where they found her on the grassy surface just beyond the parking area. The licensed nurse physically assessed Resident #1 and due to resident's complaint of ankle pain, she did not move resident and another licensed nurse received an order and called EMS at approximately 10:45am for transfer	ROWIDER OR SUPPLIER ONAL HEALTH SERVICES OF KANNAPOLIS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPOISON MUST BE PRECEDED BY PULL RESULATORY OR LSC IDENTIFING INFORMATION) COntinued From page 15 3:10 PM. The window measured 41 inches in width and 44 inches in height. The window ledge was at waist height or about 36 inches from the ground. On 3/2/17 the Administrator was notified of Immediate Jeopardy at 5:50 PM. The Administrator provided the following: On 2/26/17 at 10:05am, Resident #1 was observed leaving church service and walking towards the front door and was then redirected by the certified nursing assistant to her room of distraction. 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WING SITERET ADDRESS, CITY, STATE, 2P CODE 1510 CONCORD LAKE ROAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) COntinued From page 15 3-10 PM. The window measured 41 inches in width and 44 inches in height. The window ledge was at waist height or about 36 inches from the ground. On 3/2/17 the Administrator was notified of Immediate Jeopardy at 5:50 PM. The Administrator provided the following: On 2/26/17 at 10:05am, Resident #1 was observed leaving church service and walking towards the front door and was then redirected by the certified nursing assistant with Resident #1 in her room offering to take resident outside for a walk in an attempt to reduce her agitation however, resident refused. And at 10:15am, the licensed nurse administered Advan 0.5mg orally x 1 dose for agitation with intentions of reassessing effectiveness. 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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345258	B. WING			1	03/2017
	ROVIDER OR SUPPLIER ONAL HEALTH SERVICE	ES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 310 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	1 03/	03/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 323	transported her to the 11:00am. Upon Resident #1's r 2/26/17 at 5:10pm, R properly secured by fallow only a 4 inch opsupervision was immursing assistants unapproximately 1:15pr facility and residents On 2/27/17, the Interconsisting of the Exe Clinical Services, Ass Services, MDS licens Activities Director, Ac Resources, Dietary M Services Director, mander #1's plan of interventions were in include 1.) updated "Assessment" complemoved closer to nurs from secured window applied and 3.) Sociato a facility with a sec On 2/26/17, the Main and manually inspective wander guards utilizing monitoring system to and functioning. On 2/26/17- 2/27/17, manually secured all only allow a 4 inch opsafety. On 2/28/17, licensed	ent #1 until EMS arrived and e hospital at approximately return to the facility on resident #1's window was the Maintenance Director to be ening and continuous 1:1 rediately provided by certified atil her discharge on 3/1/17 at m as mutually agreed by the family. disciplinary Team (IDT), cutive Director, Director of sistant Director, Director of sistant Director, Human Manager and Environmental et to review and revise for care and additional itiated to maintain safety, to Elopement Risk ted, 2.) residents room es station with bed away (1, 3.) non-skid footwear all Services initiated transfer cured unit. Itenance Director visually ted facility exit doors and 17	F	323			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		ATE SURVEY OMPLETED		
		345258	B. WING _			C 03/03/2017	
	ROVIDER OR SUPPLIER	CES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		•	
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 323	Continued From page	ge 17	F 3	23			
	_	residents currently at risk for ed appropriate interventions					
	monitoring of reside inspection to validate inspection of validate i	ance Improvement (QAPI) Investigate and initiate a Root IA). Root Cause Analysis ows were not properly elopement and 2.) residents ing behaviors were not if and reviewed for additional as indicated to prevent intain resident safety. It social services reviewed by care plans for 11 identified elopement to ensure the plan interventions to maintain intified changes were medical record and updated diministration Record (TAR), ex. reviewed residents currently ical services and on 3/3/17 ation orders were received by sure residents at risk for g evaluated for the need of o maintain the well-being and					
	On 3/2/17, the Licer	nsed Nurse/Activities					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED
		345258	B. WING		C 02/02/2017
	ROVIDER OR SUPPLIER ONAL HEALTH SERVI	CES OF KANNAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		03/03/2017
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 323	Medical Records or residents' physician validate that 1.) phy evaluations were or and 2.) physicians' in place and transor Administration Recompliance and transor and	Resources Coordinator and ompleted an audit of 87 an orders from 1/1/17-3/2/17 to visician orders for psychological ompleted timely as indicated orders for wanderguards were ribed onto the Treatment ord (TAR) with Q (every) shift sed nurses for proper ctioning. Lent Books were verified by the at current assessments, face hics and photographs were reference. Supervisor completed an an all department staff in the lensed nurses, certified nursing staff, maintenance staff, dry staff, MDS and department 3rd shift and again on 1st first insure facility staff were openent procedure in the	F 32		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345258	B. WING			C 03/03/2017
	ROVIDER OR SUPPLIER	ES OF KANNAPOLIS		STREET ADDRESS, CITY, STA 1810 CONCORD LAKE ROA KANNAPOLIS, NC 28083	.D	03/03/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTION CROSS-REFERENCE	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIAT EFICIENCY)	
F 323	documented on the 'to monitor and super seeking behaviors an appropriate intervent other present depart nursing assistants w Employees will not be education requireme will be educated upo On 2/27/17, the DCS reeducation to licens "Elopement Risk Assand validation of apprevent elopement is redirection, psycholosupervision and roor closer visualization at transcribing timely porders, wanderguard monitoring orders and of care to maintain sonurses will not be pereducation requiremental in addition to shift-to wanderguard for profunctioning by licens Director or trained do doors remain proper remain properly securesidents' safety. The validation of the completed on 3/3/17 A review of the audit of a wanderguards worthe elopement risk of the el	Resident Safety Check" form vise residents for exit and to identify and implement itions to maintain safety. All ment staff including certified ere educated by 3/3/17. The permitted to work until and its met. Newly hired staff in hire. So and RN Supervisor began and ed nurses on completing essments", implementation propriate interventions to the experimental interventions to the experimental interventions to the experimental interventions and monitoring., obtaining and expendituding the residents plan affety. Newly hired licensed rmitted to work until and is met. -shift visual inspections of	F	323		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345258	B. WING				C 03/2017
	ROVIDER OR SUPPLIER	ES OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 310 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	1 00/	00/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 425 SS=D	inservice information and interviews were of three shifts on the infonotebook was review the wanderguard list. Checked on each hall screw to allow a 4 indicated interviews were of implemented their crecompliance. 483.45(a)(b)(1) PHAFACCURATE PROCE (a) Procedures. A fact pharmaceutical service that assure the accurdispensing, and admit biologicals) to meet the pharmacist who (1) Provides consultate employ or obtain the pharmacist who (1) Provides consultate provision of pharmacist who (1) Provides consultated provision of pharmacist who (1) Provides consultated provision of pharmacist who	colan updates. Review of the and staff signature sheets conducted with staff from all ormation. The elopement ed for current residents on Random windows were for the placement of the ch gap. After these reviews conducted, the facility had edible allegation of RMACEUTICAL SVC -DURES, RPH cility must provide ces (including procedures ate acquiring, receiving, inistering of all drugs and the needs of each resident. ion. The facility must services of a licensed tion on all aspects of the y services in the facility; is not met as evidenced riews and medical record led to obtain a newly ordered than agement for 1 of 4 a pain management 4).		425	F425- Pharmaceutical Services 1.)Resident #4 discharged from the factor AMA (Against Medical Advice) on 7/30/ 2.)By 3/14/17, licensed nurses reviewe current residents with orders for pain medication to ensure medication availability by physical observation of medication in medication cart per physicians' orders. No discrepancies were supported to the control of th	/16.	4/3/17

		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 ti Boilebii			c	
		345258	B. WING _		0:	3/03/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•	770072017	
				1810 CONCORD LAKE ROAD			
TRANSITI	ONAL HEALTH SERV	ICES OF KANNAPOLIS		KANNAPOLIS, NC 28083			
(X4) ID	SUMMARY	/ STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIE	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG		ON SHOULD BE HE APPROPRIATE	COMPLETION DATE	
F 425	Continued From p	age 21	F 4	25			
	included primary la	ateral sclerosis, cervical		identified.			
		ogenic bladder, urinary					
	retention, chronic	pain and depression. The		3.) By 3/15/17, the DCS or	RN		
		ollection Form dated 07/29/16		Supervisor reeducated licen			
		dent as being alert and oriented		the policies and procedures	•		
		nd time and revealed resident		administering and documen			
		others and others could		medications. Education inclu			
		nt. The Admission Data		process for faxing routine or			
		evealed resident #4 was on a		calling in STAT orders to pha			
		s needed" (PRN) pain regimen, assessment had been		well as, the use of back-up I	• .		
	· •	facility upon admission.		medications and the use of after hours pharmacy to ens	•		
	Completed by the	racility upon aumission.		administration of pain medic	•		
	Hospital discharge	e medications included orders		residents on a pain manage			
		codone 20 mg ER (extended		program.			
		en by mouth three times a day					
		start on 07/29/16. Orders for		The licensed nurse will	be responsible		
	"as needed" (PRN) pain medication of		for ordering pain medication	s timely per		
	Oxycodone 20 mg	had also been prescribed.		physicians orders by faxing	routine orders		
		eceive 1 tablet by mouth every 4		and calling in STAT orders to	•		
		or moderate pain on a pain		as well as, using back-up Er			
		h 7 being the more severe pain.		medications and the using b			
		dication was also to be started		hours pharmacy to ensure to			
	on 07/29/16.			administration of pain medic			
	The feeth to Medi	antina Administration Decord		residents on a pain manage	ment		
		cation Administration Record 9/16 through 07/30/16 indicated		program.			
		in medication had been		In the event that the me	diagtion is not		
	'	e resident on 07/29/16 as		available timely from the bac			
		records revealed the		pharmacy or back-up E-kit for	•		
		ation was unavailable until the		administration, the nurse wil			
		16. Resident #4 did not receive		physician for additional treat			
	_	on ordered until 07/30/16 at		to alleviate pain until medica			
	6:10 AM, just prior	to the resident leaving the		available.			
	facility against me	•					
				4.)The DCS or Registered N	lurse		
		3/17 (3:20 PM) with nurse #4		designee will conduct Qualit	•		
		y received their medications		Monitoring of 5 random resid			
	from the contract p	oharmacy. She stated if a		ensure timely processing a	nd	1	

OE. TIEIT	O T OIT MEDIO TITLE OF	WEDIO/ ND CEITVICEC					0. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	\ · · /	E SURVEY PLETED
				_			С
		345258	B. WING				/03/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	, , ,	
	0.141 11541 511 0551//01			18	810 CONCORD LAKE ROAD		
IRANSIII	ONAL HEALTH SERVICE	ES OF KANNAPOLIS		K	ANNAPOLIS, NC 28083		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	I	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 425	Continued From page	e 22	F	425			
		from a hospital, the facility			administration of pain medications as		
	_	of the resident 's discharge			ordered 3 times a week for 4 weeks, 1		
		ained medication orders and			time a week for 8 weeks, then monthly		
	_	vould then begin the process			Schedule for QI monitoring will be		
		ent 's medications. The			modified based on findings.		
	nurse stated the unit	coordinator would work on					
	-	(paperwork) while the floor			The results of QI monitoring will be		
		d on the floor assisting			reported to the Quality Assurance		
		eeds. She relayed that			Performance Improvement Committee		
	nurses did not order i			monthly by the Administrator and/or			
	residents until the res			designee. The Quality Assurance			
	facility. She mentione			Performance Improvement Committee evaluate the effectiveness of the	WIII		
		of narcotics were stored and vere "double-locked". Nurses			monitoring/observation tool for making		
		btain controlled medications			changes to the corrective action if		
	from the narcotic bac				necessary to maintain substantial		
		stock. The nurse explained			compliance. The Quality Assurance		
		ave the proper medications			Improvement Committee members		
	in stock for the reside	ent, the nurses would contact			consist of, but not limited to, the		
	the pharmacy and ha				Administrator, Director of Clinical		
		n. She stated nurses could			Services, Medical Director, and at leas	t	
		pager" which went directly to			three other members.		
		That way, the physician			AOC 4/2/47		
		medication that may be in illy ordered medication			AOC- 4/3/17		
		macy. She stated if the					
		dered from the pharmacy					
		medications would usually					
		from the pharmacy (11:30					
		e mentioned if a medication					
		m the pharmacy and did not					
	arrive with the other r	medications ordered, the					
	-	pharmacy back and "stat the					
	medication out" (re-o						
	· · ·	ated if that happened, it					
		another 2 or 3 hours to get					
		nurse stated she had					
	_	since August of 2016 and					
	⊢was not aware of anv	problems concerning a			1		1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG		ATE SURVEY OMPLETED	
		345258	B. WING _			C 03/03/2017
	ROVIDER OR SUPPLIER	EES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		00/00/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 425	Continued From page	ge 23	F 4	25		
	resident not getting Nurse #4 explained assisted with new ac resident 's medicati nurses could order t An interview on 03/0 #1 revealed when not for an emergency or "on-call" physician a with the pharmacy. until the medication was not aware of an that were not able to time. Nurse #1 revealed s the backup narcotic	their medications on time. that unit nurses often dmissions and ordered ons, but stated any of the				
	obtaining medication around February of the physicians empl The nurse stated the pharmacy for 72 hou orders instead of hat the primary pharmacy nurse would contact primary pharmacy and arrangicked up or delivered. An interview conduction	ted with the director of				
	she expected medic in a timely manner a been verified by the nurses to have the r to the pharmacy as	3/03/17 at 4:30 PM revealed ation orders to be processed as soon as the orders had physician. She expected the nedications verified and faxed soon as possible. The DON tions were ordered from the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
					С		
		345258	B. WING			03/	03/2017
	ROVIDER OR SUPPLIER ONAL HEALTH SERVICE	S OF KANNAPOLIS		18	TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083		
(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 425	pharmacy, she expect receive the medication something the facility away, she stated it concern the facility assessment the facility away, she stated it concern the facility assessment th	sted it to take 3 or 4 hours to ons. If the facility ordered or resident needed right ould still take about 3 or 4 or stat orders were not. If route. The DON stated she when a resident did not get in time or when it took an ime to get the medications. Backup narcotics box on revealed the facility did not 20 mg medication(s) 44. (i)(ii)(h)(i) QAA ERS/MEET Int and assurance. Intain a quality assessment interesting at a sing services; For or his/her designee; For members of the facility's who must be the a board member or other ship role; and eessment and assurance		520			4/3/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
	345258		B. WING		C 03/03/2017			
NAME OF PI	ROVIDER OR SUPPLIER	0.0200	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	03	5/03/2017		
				1810 CONCORD LAKE ROAD				
TRANSITI	ONAL HEALTH SERVICE	ES OF KANNAPOLIS		KANNAPOLIS, NC 28083				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 520	Continued From page	e 25	F 5	20				
	identifying issues with assessment and assi necessary; and	n respect to which quality urance activities are						
		ement appropriate plans of tified quality deficiencies;						
	Secretary may not re records of such comm	rmation. A State or the quire disclosure of the nittee except in so far as						
		ated to the compliance of the requirements of this						
	(i) Sanctions. Good factoristics committee to identify deficiencies will not be	and correct quality						
	sanctions.	「 is not met as evidenced						
	Based on record rev	iews and staff interviews the ssment and Assurance		F520- QA				
	Committee failed to reprocedures and monithe committee put int	naintain implemented itor these interventions that o place. This was for one it was cited on 6/12/15,		1.)To remove immediate jeopare F323 on 3/3/17, THC of Kannar initiated and/or completed the fo	oolis has			
	complaint survey. Th	tion surveys and in February 2017 on a ne deficiency was in the area vent accidents (F323). The		On 2/26/17 at 10:05am, Reside observed leaving church service walking towards the front door at then redirected by the certified it	e and and was			
	continued failure of the federal surveys of reconstruction	ne facility during three cord show a pattern of the ustain an effective Quality		assistant to her room for distraction on 2/26/17 at 10:10am, the lice	ction.			
	Assessment and Ass	urance Program. Resident re of her left forearm (radial).		nurse observed the certified nur assistant with Resident #1 in he offering to take resident outside	rsing er room			
	AM when facility staff	pegan on 2/26/17 at 10:21 failed to monitor Resident er exit seeking behavior had		in an attempt to reduce her agit however, resident refused. And 10:15am, the licensed nurse ad	ation at			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		345258	B. WING			C	
NAME OF DE	ROVIDER OR SUPPLIER	0-10200	1	STREET ADDRESS, CITY, STATE, ZIP CO		3/03/2017	
NAME OF F	NOVIDER OR SUFFLIER				DDE		
TRANSITION	ONAL HEALTH SERVICI	ES OF KANNAPOLIS		1810 CONCORD LAKE ROAD			
				KANNAPOLIS, NC 28083			
(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 ((EACH CORRECTIVE ACTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 520	Continued From page	e 26	F 52	20			
	lifted on 3/3/17 when credible allegation of The facility will remai	Immediate jeopardy was the facility's acceptable compliance was verified. n out of compliance at a evel D (no actual harm with		Ativan 0.5mg orally x 1 dose with intentions of reassessir effectiveness. On 2/26/17 at 10:21am, Res	ng		
		an minimal harm that is not		observed walking outside th			
	•	to allow the facility time to		lot by another residents fam			
		lement the new procedures		who then called out to alert	•		
		nts with elopement behaviors		nurse. The licensed nurses			
	and providing immed			ran outside where they foun	•		
	and providing infined	nate interventions.		grassy surface just beyond			
	The findings included	١٠		area. The licensed nurse ph			
		eferenced to F:323: Based		assessed Resident #1 and o	-		
	on record review, resident interview, family			residents complaint of ankle			
		titioner interview and staff		not move resident and anoth	•		
	interviews the facility			nurse received an order and			
		dent #1, to prevent an		at approximately 10:45am for	or transfer to		
		7 out a facility bedroom		hospital for further evaluation			
	-	e sampled residents with exit		nurses remained with Resid			
		esident #1 had attempted an		EMS arrived and transporte	d her to the		
	_	16 out the same window.		hospital at approximately 11			
	Resident #1 exited th	ne window, walked 111 feet,					
		ine and fell down the incline.		Upon Resident #1's return to	o facility on		
	Resident #1 sustaine	ed a fracture of the left		2/26/17 at 5:10pm, Residen	t #1's window		
	forearm.			was properly secured by the			
				Director to allow only a 4 inc	ch opening and		
	During the recertifica	tion of 5/19/16: Based on		continuous 1:1 supervision	was		
	observations, record	review and staff interviews		immediately provided by cer	rtified nursing		
	the facility failed to su	upervise 1 of 3 residents		assistants until her discharg	e on 3/1/17 at		
	assessed as an unsa	ife smoker.		approximately 1:15pm as m	utually agreed		
				by the facility and residents	family.		
	During the recertifica	tion of 6/12/15: Based on					
	record review, reside	nt interview and staff		On 2/27/17, the Interdiscipli	nary Team		
	interview the facility f	ailed to manage		(IDT), consisting of the Exec	cutive Director,		
		ors and implement effective		Director of Clinical Services	, Assistant		
	interventions for 1 of	1 sampled residents		Director of Clinical Services	, MDS		
		exposed himself to a		licensed nurses, Social Serv	vices,		
	resident (Resident #5	59) and inappropriately		Activities Director, Admissio	ns Director,		
	touched residents			Human Resources, Dietary	Manager and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BOILDIN					
		345258	B. WING _			,)3/2017		
NAME OF P	ROVIDER OR SUPPLIER	1	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CO		13/2017		
				1810 CONCORD LAKE ROAD				
TRANSITI	ONAL HEALTH SER	/ICES OF KANNAPOLIS		KANNAPOLIS, NC 28083				
				·				
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
F 520	Continued From p	page 27	F 5	20				
	pm revealed the fithat met on a regular accident/incidents through Friday in facility had monitodid not have a QA elopements. On 3/2/17 the Adr Immediate Jeopal Administrator provallegation of compon 2/26/17 at 10:: observed walking another resident's out to alert the lice nurses immediate her on the grassy area. The licensee Resident #1 and cankle pain, she dianother licensed in the property of the second seco	Administrator on 3/2/17 at 2:05 acility had a QA and A program ular basis. The were reviewed Monday their morning meeting. The ored accidents and incidents but a plan in place for resident ministrator was notified of redy at 5:50 PM. The vided the following credible oliance on 3/3/17 at 6:00 PM: 21 am, Resident #1 was outside the rear parking lot by family member who then called ensed nurse. The licensed ly ran outside where they found surface just beyond the parking dinurse physically assessed due to resident's complaint of dinot move resident and proximately 10:45am for transfer		Environmental Services Dire review and revise Resident care and additional interven initiated to maintain safety, the updated "Elopement Risk Asteompleted", 2.) residents root closer to nurses station with from secured window, 3.) not footwear applied and 3.) So initiated transfer to a facility secured unit. 2.) On 2/26/17, the Maintena visually and manually insperent to doors and 17 wander gut the wander guard monitoring ensure proper placement are On 2/26/17- 2/27/17, the Maintena windows that open to only a opening to ensure resident set Elopement Risk Assessment.	#1's plan of tions were to include 1.) ssessment" om moved bed away on-skid cial Services with a ance Director cted facility uards utilizing g system to not functioning. aintenance all facility llow a 4 inch safety.			
	to hospital for further evaluation. Licensed nurses remained with Resident #1 until EMS arrived and transported her to the hospital at approximately 11:00am. Upon Resident #1's return to facility on 2/26/17 at			census of 85 residents to ideresidents currently at risk for validated appropriate interverplace.	entify r eloping and			
	5:10pm, Resident secured by the Ma a 4 inch opening a was immediately passistants until he approximately 1:1 facility and reside	#1's window was properly aintenance Director to allow only and continuous 1:1 supervision provided by certified nursing or discharge on 3/1/17 at 5pm as mutually agreed by the		On 2/28/17, the IDT comple monitoring of residents foots inspection to validate safe for place i.e; wander guards, repsychological services, 1:1 and rooms near nurses stativisualization and monitoring	wear by visual potwear was in direction, supervision ion for closer			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	ULTIPLE CONSTRUCTION			SURVEY
			71. 501251	_		,	С
		345258	B. WING			03/	03/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
TRANSITI	ONAL HEALTH SERVICE	ES OF KANNAPOLIS			810 CONCORD LAKE ROAD (ANNAPOLIS, NC 28083		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 520	Continued From page	e 28	F	520			
	consisting of the Exe	cutive Director, Director of			Assurance Performance Improvement		
		sistant Director of Clinical			(QAPI) Meeting to review, investigate	and	
	Services, MDS licens	sed nurses, Social Services,			initiate a Root Cause Analysis (RCA).		
	Activities Director, Ac	lmissions Director, Human			Root Cause Analysis determined 1.)		
	Resources, Dietary M	lanager and Environmental			windows were not properly secured to		
	Services Director, me	et to review and revise			prevent elopement and 2.) residents		
	Resident #1's plan of				exhibiting exit-seeking behaviors were	not	
	interventions were ini			properly reassessed and reviewed for			
	include 1.) updated "I			additional safety interventions as indica	ated		
	Assessment" comple			to prevent elopement and maintain			
	moved closer to nurs			resident safety.			
		v, 3.) non-skid footwear					
	applied and 3.) Socia			On 3/2/17, MDS and social services			
	to a facility with a sec				reviewed and/or revised safety care pla	ans	
	The Regional Directo				for 11 identified residents at risk for		
	reeducated the IDT o				elopement to ensure the plan reflected appropriate interventions to maintain		
	_	garding the expectations			resident safety. Identified changes wer	•	
	regarding maintaining				documented in the medical record and	C	
		rmance Improvement			updated on the TAR, Care Plan and		
		QAPI Committee consists			Kardex.		
		ctor, Director of Clinical			raidox.		
		ector and at least 3 other			On 3/2/17, the DCS reviewed residents	3	
	· ·	at least monthly (Medical			currently receiving psychological service		
		terly). Education also			and on 3/3/17 psychological evaluation		
		es and procedures of			orders were received by the physician		
	-	ring and revising ongoing			ensure residents at risk for elopement		
		s of deficiency that have			being evaluated for the need of additio		
		ain and maintain substantial			services to maintain the well-being and		
	regulatory compliance	e and provide the highest			safety of residents.		
	level of care to reside	ents. Newly hired IDT					
	employees will be ed	ucated upon hire. The			On 3/2/17, the Licensed Nurse/Activitie	es es	
		Clinical Services or the			Coordinator/Human Resources		
		ent of Operations will attend			Coordinator and Medical Records		
	_	ninimum of quarterly to			completed an audit of 87 residents'		
	assure compliance w	ith Federal Regulation F 520			physician orders from 1/1/17-3/2/17 to		
		ain compliance with Federal			validate that 1.) physician orders for		
	Regulation F 323-Res	sident Safety to include			psychological evaluations were		
-		nd revisions to the plan as			completed timely as indicated and 2.)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	345258		B. WING			C 03/03/2017		
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL HEALTH SERVICES OF KANNAPOLIS					TREET ADDRESS, CITY, STATE, ZIP CODE 810 CONCORD LAKE ROAD ANNAPOLIS, NC 28083	1 03/	03/2017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE	
F 520	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	520	physicians' orders for wander guards win place and transcribed onto the Treatment Administration Record (TAR with Q shift monitoring for placement a daily function by licensed nurses. On 3/2/17, Elopement Books were veriby the DCS to validate that current assessments, face sheets, demograph and photographs were available for quireference. 3.)On 3/2/17, the RN supervisor completed an Elopement drill with all department staff in the facility including licensed nurses, certified nursing assistants, dietary staff, maintenance staff, activities staff, laundry staff, MDS and department heads on 2nd and 3rd shift and again on 1st first shift on 3/3/1 to ensure facility staff were educated on the elopement procedure in the event or resident elopement. On 2/27/17, the DCS reeducated the IE including certified nursing assistants on the Elopement Guideline, Missing Resident Search, identifying and responding to residents with exit-seeking behaviors and interventions for resident at risk for elopement which may include but, is not limited to 1:1 supervision, providing activities, back bub or exercismusic, snacks, repositioning, medication review and relaxation techniques to include utilizing the Interact "Stop and Watch" tool to communicate changes in residents behaviors to the nurse supervisor for further assessment. Residents at risk for elopement will be	nd fied fied fics fick fick fich fich fich fich fich fich fich fich		

		IDENITIEICATION NI IMPED:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
345258			B. WING _			C 03/03/2017		
	ROVIDER OR SUPPLIER ONAL HEALTH SERVIC	ES OF KANNAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH C	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B EFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 520	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	supervised by certified nursi and documen Check" form to residents for exidentify and in interventions in present depart certified nursi by 3/3/17. Enter to work until exidente met. Newly his upon hire. On 2/27/17, the began reeduce completed by "Elopement Rimplementation appropriate in elopement i.e. redirection, possupervision as station for clomonitoring., on timely psychologous wander guard monitoring or residents plar Newly hired lipermitted to we requirement is lin addition to inspections of placement an nurses, the Mitrained design	y licensed nurses and ing assistants Q 15 minuted to the "Resident Safe to monitor and supervise exit seeking behaviors an implement appropriate to maintain safety. All other them the staff including ing assistants were educated ployees will not be permited to staff will be educated the DCS and RN Supervise the staff will be educated the DCS and RN Supervise the staff will be educated the DCS and RN Supervise the staff will be educated the DCS and RN Supervise the staff will be educated to the DCS and RN Supervise the staff will be educated the staff	ety d to er ated itted or and		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
	245250 P WING			С		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE,				03/03/2017	
TRANSITI	ONAL HEALTH SERVIC	ES OF KANNAPOLIS		1810 CONCORD LAKE ROAD KANNAPOLIS, NC 28083		
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F 520	Continued From pag	ge 31	F 52	windows remain properly secured al only a 4 inch for residents' safety. The Regional Director of Clinical Sereeducated the IDT on 3/3/17 on Fe Regulation F520 and Consulates QA Committee Policy regarding the expectations regarding maintaining a ongoing Quality Assurance and Performance Improvement (QAPI)program. The QAPI Committe consists of the Executive Director, Director of Clinical Services, Medical Director and at least 3 other membe and meets at least monthly (Medical Director at least quarterly). Education also included the process and procedures of implementing, reviewing and revising ongoing actic plans for areas of deficiency that have been identified to attain and maintain substantial regulatory compliance ar provide the highest level of care to residents. Newly hired IDT employed be educated upon hire. 4.)The Administrator and/or Register Nurse designee will conduct Quality Assurance Monitoring of 5 cognitive impaired residents to ensure appropinterventions are in place to prevent elopement 5 times a week for 4 weet times a week for 8 weeks, then 1 times a week for 9 months. Schedule for Q monitoring will be modified based or findings. The results of QI monitoring will be	rvices deral API an ee I rrs es on ve n d des will red fy rriate ks, 2 ne a	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
	245050		D WING	R WING			С		
345258			B. WING _	B. WING			03/2017		
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TRANSITI	ONAL HEALTH SERVICE	ES OF KANNAPOLIS		1810 CONCOR	RD LAKE ROAD				
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F 520	Continued From page	æ 32	F 5	reported Performs monthly designed Performs evaluate monitoric changes necessa complian Improve consist of Administ Services three oth The Reg or the Ri Operatio minimum assure th and Assi impleme these int into plac to the pla and/or d	It to the Quality Assurance ance Improvement Committee by the Administrator and/or e. The Quality Assurance ance Improvement Committee at the effectiveness of the ing/observation tool for making to the corrective action if any to maintain substantial ince. The Quality Assurance ament Committee members of, but not limited to, the trator, Director of Clinical s, Medical Director, and at least her members. Igional Director of Clinical Service egional Vice President of ons will attend QAPI meetings and in of quarterly to monitor and the facility's Quality Assessment urance Committee maintains and corrections that the committee in	will ces at a nt put			