PRINTED: 09/06/2017 FORM APPROVED OMB NO. 0938-0391

AND BLAN OF CORRECTION LINES IN THE CATION NUMBERS		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345014	B. WING _			1	C / 31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND REF	HABILITATION CENTER		1201 (ET ADDRESS, CITY, STATE, ZIP CODE CAROLINA STREET ENSBORO, NC 27401		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENT	S	FO	000			
	1	aint investigation survey was 6/17 through 7/31/17. v was identified at:					
	(J)	F282 at a scope and severity F323 at a scope and severity					
	The tag F323 consti Care.	tuted Substandard Quality of					
F 282 SS=J	removed on 7/31/17 was conducted.	began on 7/22/17 and was A Partial extended survey VICES BY QUALIFIED RE PLAN	F 2	82			8/30/17
		ve Care Plans ed or arranged by the facility, omprehensive care plan,					
	care. This REQUIREMEN	ualified persons in ch resident's written plan of					
	emergency medical review, and observa follow nursing care pextreme heat and to of 3 sampled resided resulted in extreme duration of 2 hours.	technician interviews, record tions, the facility failed to plan interventions to avoid anticipate the needs for one nts, Resident #1, which outdoor heat exposure for a Resident #1 fell from his outdoor patio, had an altered		of ac th cc de pr it	Preparation and/ or execution of this part of correction does not constitute disconsisted the provided the statement of facts alleged of the conclusions set forth in the statement of efficiencies. The plan of correction is reparred and/or executed solely because required by the provisions of federand state law.	er of of use	
I ABORATORY	 DIRECTOR'S OR PROVIDER	WSUPPLIER REPRESENTATIVE'S SIGNATU	RF		TITLE		(X6) DATE

Electronically Signed 08/24/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245044	B. WING		С	
		345014	B. WING		07/31/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
FISHER D	ARK HEALTH AND REH	ARII ITATION CENTER		1201 CAROLINA STREET		
TIOTILIXI	ANTICALITIAND NEID	ABIEITATION GENTER		GREENSBORO, NC 27401		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
F 282	Continued From page	e 1	F 28	2		
F 282	mental status when ha body temperature of upon assessment by technicians. Residen hospital with a primar heat stroke and was. The Immediate Jeopa when Resident Care discovered Resident pation near his wheeled a blood pressure of surresponsive. Resident pation has been been been been been been been bee	the was discovered, and had of 104.1 degrees Fahrenheit emergency medical that was admitted to the ry diagnosis of sepsis versus hospitalized for 2 days. Tardy began on 07/22/2017 Specialist (RCS) #1 #1 lying on the courtyard chair with a pulse rate of 113, 19/39, and verbally ent #1 was transported by all hospital where he was ed heat stroke. The was removed on 07/31/2017 facility provided an allegation of compliance. In out of compliance at a fino actual harm with the chan minimal harm that is not D). The facility was in the mentation of corrective action ally admitted to the facility on oses which included, in part, dent, hypertension, diabetes ia. Try minimum data set (MDS) 15/18/2017 revealed Resident is short term memory oderate impairment with	F 28.	1. The alleged Resident was admi Fisher Park HR on 1/20/2004 with p diagnosis of Alzheimer □s, Type 2 Diabetes, seizures, hemiplegia and depression disorder. On 7/22/17 at 1:14pm, resident fell out of wheelchathe enclosed courtyard (per courtyary video camera). A certified Nursing Assistant went to the facility enclose courtyard at 1:17pm (per courtyard camera) after being alerted by a visithat a resident was on the ground in courtyard. The Nursing Assistant immediately responded and went to courtyard. The certified Nursing Assidetermined that the resident had a pand was breathing but that the resid seemed to have a decrease level of consciousness. The Nursing Assistatyed with the resident and summor for assistance. The licensed nurse immediately responded. The nurse immediately responded. The nurse imitial assessment revealed and recovital signs of Temperature of 100.9, 113, BP 59/39. 911 was called by the licensed nursing staff and based on camera video footage, EMS arrived 1:30 pm. The resident □s temperature was recorded by EMS of 104.2. The resident was transported to the hosp and subsequently admitted with a diagnosis of Sepsis versus heat strodue to presenting with fever and beioutside for a 2 hour period. Additio	rimary major air in rd ad video tor the the istant oulse ent ant oned ls orded pulse ne the at ure oital	
		ily decision making. I behaviors of rejection of ays during the assessment		diagnoses during the resident ☐s hospitalization included hypotension history of stroke, generalized rash, a		

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		345014	B. WING				31/2017
NAME OF P	ROVIDER OR SUPPLIER	0.001.	1		REET ADDRESS, CITY, STATE, ZIP CODE	1 077	31/2017
NAME OF T	NOVIDER OR SOLT LIER						
FISHER PA	ARK HEALTH AND REHA	ABILITATION CENTER			01 CAROLINA STREET		
				GI	REENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 282	Continued From page	e 2	F 2	282			
F 282	look back period, and with locomotion both same MDS assessme a prosthesis. Extensifor transfers and pers #1 used a wheelchair list of diagnoses inclucerebrovascular disearight leg amputation a hypertension, periphe aphasia, hemiparesis The nursing care plar on 01/18/2017 and la revealed a problem o goal to be free of sign hyperglycemia. An in was, "Avoid exposure Further review of the on 02/27/2017, a prol was added with a goa of falls through the reinterventions to achie and meet the residen a behavior problem o of the sun/refusing to The goal related to the would be fewer episoout of the sun. One in "Anticipate and meet Another was, "Allow the within the individual's A nurse's note of 07/2 Resident #1 was four courtyard on his back	I that he was independent on and off the unit. The ent indicated he did not use ive assistance was required conal hygiene, and Resident of or his mobility. His partial ded late effects of ase, diabetes mellitus, a at the right knee, eral vascular disease, and seizure disorder. In for Resident #1, initiated st revised on 07/05/2017, of diabetes mellitus with a many sand symptoms of attervention to reach this goal et to extreme heat or cold." Inursing care plan revealed belief of high risk for falls all for Resident #1 to be free view date. One of the ve this goal was, "Anticipate this goal was, "Anticipate this needs." On 06/21/2017, of refusing to come inside out wear sunscreen was added. It is problem was that there des of refusing to come in intervention included, the resident to make choices decision making abilities."		282	kidney injury, diabetes mellitus, and ace encephalopathy related to fevering notified and of the event around 1:40 p. The responsible party was notified at approximately 2:00pm. The resident returned to the facility on 7/24/17 with active problems of sepsis, (HCC) Type 2 diabetes mellitus with neurological manifestations, Dementia without behavioral disturbance, Derma of multiple sites, and leukocytosis. The resident was admitted for suspected he stroke as he presented with fever and leukocytosis fever, elevated lactic acid, he was started on IV antibios for suspected aspiration and then changed to Augmentin. A repeat chest ray for suspected aspiration showed not active disease. Resident was treated w. IV fluids for hydration, BP improved and discharge exam from hospital show BF was 134/47. The resident has not been as interested sitting in the courtyard since return to the facility, but he is tolerating being in wheelchair short period of times. The resident was re-assessed using the BIMS (Brief Interview for Mental Status assessment tool on 7/28/17; his scoring was 0-severe impairment. Based on the BIMS score, the resident care plans we revised by the MDS coordinator on 7/31/17 to include providing supervision when in the courtyard. Resident also he been provided a hat for courtyard use. The diabetic Mellitus and Impaired	m. titis eat had districts cith description of the property o	
	pulse was 113, and h	is temperature was 100.9.			Cognitive function / dementia careplan was revised on 7/31/17 by the MDS		

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		345014	B. WING _				31/2017	
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 077	31/2017	
	10 115211 011 001 1 21211				201 CAROLINA STREET			
FISHER PA	ARK HEALTH AND REH	IABILITATION CENTER						
					GREENSBORO, NC 27401			
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F 282	Continued From pag	1e 3		282				
. 202	· ·	JC 0	1 2	202				
	A	1/			coordinator. The MDS coordinator			
	_	d/assessment/recommendati			implemented a resident care plan for a	t		
	on (SBAR) note date	and lying on his back beside			risk for heat exhaustion on 7/31/17.			
		courtyard, and that the			The licensed nurse assigned to the			
		to say what was happening.			resident on 7/22/17 no longer works at	the		
		nat since the incident			facility. The certified nursing assistant			
		tion had gotten worse, and			assigned to the resident on 7/22/17 at			
		nsive for his mental status.			time of the incident was provided one of			
	·	insferred to the hospital and			one re- education regarding sign and			
		y care clinician was notified			symptoms of heat exhaustion to include	e		
	at 1:40 PM. The resident's guardian was notified at 2:00 PM.				sweating, fatigue, headache, pale clarr			
					skin, thirst, rapid heartbeat, dizziness,	-		
					fainting, nausea, vomiting, muscle and			
	Review of the facility	's courtyard/patio camera			abdominal cramps, temperature elevat	ion,		
	footage dated 7/22/1	17 revealed the following:			and weakness and contact nursing sta			
					symptoms occur. The nursing assistan			
		at 11:13 AM, Resident #1 was			education also included offering hydrat			
		entering the enclosed			to residents that are outside more than			
	courtyard area via th				thirty minutes by district director of clini	cal		
	side of the building.				services on 7/31/17.			
		e courtyard on the sidewalk			0 11 11 1 7/00/47 1 1			
		y propelling himself with his			2. It was determined on 7/26/17 during	ıg		
	-	partial shade in the courtyard			an IDT ADHOC QAPI meeting that the resident had been assessed and identi	fied		
	from a tree located of	r to the south side of the			with severely impaired cognition based			
		bles were located on the part			BIMS assessment on 11/22/16. During			
	of the patio closest to				staff interviews on 7/24/17 it was identi			
		it #1 navigated to one of the			that the resident routinely went to the	licu		
	-	d sat in his wheelchair.			court yard unsupervised and refused to	,		
					come inside for extensive periods of tir			
	By 12:00 noon o	on 07/22/2017, the resident			After review of the resident care plans,			
	•	elf to another table on the			investigation of alleged event and staff			
	patio which was in p				interviews it was identified that the faci			
		ntering the patio from the			had failed to follow resident care plans	,		
	north entrance door	at this time and approaching			relates to	ĺ		
		with him, and then exiting the			a. Diabetic Mellitus care plans state	d to		
	patio area via the no	orth door. There were no			avoid extreme heat or cold	ĺ		
	other staff members	seen in the courtyard until			b. Impaired cognitive function/deme	ntia		

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	201/1252 02 01/221/152	345014	B. WING		TDEET ADDRESS SITV STATE TIP SODE	07/	31/2017
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
FISHER PA	ARK HEALTH AND REH	ABILITATION CENTER			201 CAROLINA STREET		
				G	GREENSBORO, NC 27401		
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F 282	Continued From page	e 4	F:	282			
	a vending machine we entrance to the courty member did not approvide him. At 12:48 PM, Reanother table in the coshade. There were recourtyard other than outside at 12:00 noon accessed the ven No one was seen proto drink between 11:14 PM, Reserventrance to the courty and the courty are to drink between 11:14 PM, Reserventrance to the courty are the courty are to the courty are the	sident #1 navigated to ourtyard that was in partial to staff members seen in the the staff member who came and the staff member who inding machine at 12:20 PM. sividing fluids to Resident #1 3 AM and 1:14 PM. ident #1 was seen falling out to the patio. No further			or impaired thought processes related determine residents needs and supervision as needed c. The care plan goal related to resident sehavior problem of refusin to come inside out of the sun and will rewar sunscreen intervention of anticipate and meet the resident senate (initiated 6/21/17) The facility MDS coordinator initiated a audit of the facility residents care plansensure that each residents identified we desire to sit in the enclosed court yard was care planned for at risk for heat exhaustion on 7/31/17	ng not eds n s to	
	entering the courtyand visitor) and finding Ropatio. The staff memoresident, then stood a of the building. The pation table away walking back into the member remained wistaff member entered 1:22 PM, a third staff courtyard with a vital. At 1:30 PM, parathe courtyard. (The oview of the resident's treatment or stimulation.)	ber stooped down to the and pointed to the south side be "visitor" was seen pulling from the resident and building. The staff th the resident. Another If the patio at 1:18 PM. At member entered the signs monitor. It medics were seen entering camera angle did not allow a response to any on by staff or paramedics.)			3. The facility staff (nursing, housekeeping and administrative staff) will be provided education regarding the risk of heat exhaustion for facility residents that are outside in the enclose courtyard. This education included recognizing signs and symptoms of he exhaustion to include sweating, fatigue headache, pale clammy skin, thirst, rapheartbeat, dizziness, fainting, nausea, vomiting, muscle and abdominal crampelevated temperatures, and weakens a contact nursing staff if symptoms are observed. The education also included basic supervision and knowing where assigned residents are. The education include assessing the residents in the court yard every thirty minutes for signs and symptoms of heat exhaustion and document on the courtyard monitoring	eed at s, bid os, and d will	

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		345014	B. WING _			1	C 31/2017
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	31/2017
					201 CAROLINA STREET		
FISHER PA	ARK HEALTH AND REH	ABILITATION CENTER			GREENSBORO, NC 27401		
(V4) ID	QUMMARY 9	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 282	Continued From pag	e 5	F 2	282			
	facility's location was	93.9 degrees Fahrenheit			and offering fluids appropriate hydratio	n.	
	with a heat index of				The education was initiated on 7/30/17		
		•			and will be completed on 7/31/17 by th	e	
	A review of the Emer	gency Medical Services			assistant director of nursing. Staff		
	(EMS) Report dated	07/22/2017 revealed the			members who have not received the		
		Technicians (EMTs) arrived			education will not work until they comp	lete	
		PM on 07/22/2017, and at			the education to include agency staff.		
		letermined Resident #1 was					
		At 1:52 PM, the EMTs			The facility staff (nursing, housekeepin	g	
		t1's temperature to be 104.2,			and administrative staff, agency staff)		
		ls were administered at 1:57			were provided education to refer to the		
		report indicated the EMTs 1's clothing to assist in			resident care card to ensure that reside identified with desire to sit outsider care		
		:59, a cold wet towel was			plan are being followed on 7/31/17 by		
	_	nt's chest and abdomen, and			Assisted Director of Nursing .		
	-	ed under the axilla (under			Acoloted Birector of Marching.		
		was transported at 1:58 PM					
	to the hospital.	•			The facility newly admitted or re-admitt	ted	
	·				residents that are identified with desire		
	The hospital discharge	ge summary dated 7/24/17			sit outside in the enclosed courtyard	will	
		diagnosis during Resident			be care planned for at risk for heat		
		vas sepsis versus heat			exhaustion by MDS coordinator. The		
		agnosis, the summary			resident care card will be updated to		
		as admitted for suspected			reflect care plans for resident at risk fo	r	
		due to leukocytosis, fever, cid, the resident was started			heat exhaustion		
		e suspected reason for			4.New admissions will have BIMs		
		n. His blood cultures were			reviewed and will be educated on heat		
		, and his urinalysis dated			exhaustion on admission. Careplans w		
	-	o bacteria. The second			be completed to indicate if supervision		
	diagnosis during the				required when the resident is outside.	*	
	_	od pressure), suspected due			Auditing will be done to monitor new		
	• •	fluid volume.) The seventh			admits, cognitively impaired residents,		
	• • • • • • • • • • • • • • • • • • • •	hospital course was acute			and residents with significant change.		
		pected to be related to fever.			Audit to include the completion of BIMS	3,	
		spitalized from 7/22/17 until			careplan (r/t) heat exhaustion, and if		
	•	4/17 and he was prescribed			resident is supervised or not while		
		otic), one tablet by mouth edischarge medication list.			outside. Auditing will be done Monday Friday for 12 weeks. BIMs will be	-	

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NAME OF D	DOVIDED OD CUIDDUED	343014	D. WING		TREET ARRESCO CITY STATE ZIR CORE	07/	31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND REHA	ABILITATION CENTER		12	TREET ADDRESS, CITY, STATE, ZIP CODE 201 CAROLINA STREET BREENSBORO, NC 27401		
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F 282	#1 on 07/27/2017 at 9 the RCS assigned to the 7:00 AM to 3:00 F when the courtyard in was not present wher RCS #1 stated she re (Kardex) for residents was not familiar with to do for them. She a Resident #1 and there care card and she kne RCS #1 stated she provided to the hall near the side of the building. Sprovided care for her then checked on Res (not sure of the exact Resident #1 in the hall outside. RCS #1 stated did not talk much, but what people said to he feed himself. He was facility very well in his himself with his feet a outside. RCS #1 add navigate to the courty and she had a concernicident because it was him outside; however and she did not know he refused offers to coreported to the nurse	esident care specialist (RCS) 2:38 AM, she stated she was care for Resident #1 during 2M shift on 07/22/2017, decident occurred, but she in the incident occurred. Eviewed the care card is if they were new or she is them in order to know what idded that she knew is was no need to refer to his is we he wore sunscreen daily. It is ovided morning care to akfast on 7/22/2017, then wheelchair and rolled him inurse's station on the south She explained she then other assigned residents, ident #1 again. At that time time of day) she did not see Ilway but later noted he was ed that Resident #1 typically is he seemed to understand im and that he was able to is also able to get around the is wheelchair by scooting and he enjoyed sitting ied that he was able to is ard whenever he wanted, in for him the day of the is so hot. She said she saw the generally rejected care, how to deal with him when ome inside. She stated she that he was outside during 07/22/2017, but she was	F	282	completed by Social Worker. Careplan will be updated during Clinical Start-up the IDT. The audits will be reviewed by the Dire of Nursing and the Administrator. The findings will be presented to the QAPI committee for monitoring of ongoing compliance.	by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD			,	C	
		345014	B. WING				31/2017	
	ROVIDER OR SUPPLIER ARK HEALTH AND RE	HABILITATION CENTER	•	120	REET ADDRESS, CITY, STATE, ZIP CODE 01 CAROLINA STREET REENSBORO, NC 27401			
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F 282	AM with Nurse #1 Nesident #1 during on 07/27/2017, she staffing agency and the past and was fa Nurse #1 explained medications about the next time she snoon. She explained reporting to her the added she had to lefind him in his room she found him outs noon. Nurse #1 inchis capillary blood gat that time to deter dose. She stated Fhis blood glucose leno," and that he also when she offered he Resident #1 outside again later, althoug Nurse #1 stated absummoned her to the remember who it womenbers on the past who was lying on the unresponsive. She her supervisor whill remained with the remained with the remained with the remained on Sature #1 was found on the patio. The NP statut or bring the resident #1 outside with the resident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the patio. The NP statut or bring the resident #1 outsident #1 was found on the pation.	who was assigned to care for the 7:00 AM to 3:00 PM shift e stated she worked for a d had cared for Resident #1 in amiliar with his behavior. If she provided the resident his 8:00 AM on 7/22/17, and that aw him was around 12:00 ed she did not recall RCS #1 resident was outside. She book for him and was unable to an, the dining room or lobby, but side in the courtyard at 12:00 dicated she needed to check glucose level (by finger stick) rmine his sliding scale insulin Resident #1 refused to have evel checked, saying, "No, no, so refused to come inside him his lunch, so she left e and decided to check on him this lunch, so she left e and decided to check on him the courtyard (could not eas) and she found 2 other staff atio assessing Resident #1 ne patio and appeared e stated she immediately got e the 2 staff members	F	282				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 282	Continued From page	e 8	F:	282			
	Resident #1 at times very often. She state knowing how to deal inside. The NP explainecessary to be creat when a resident refusionake appropriate december well-being. The NP stool drink or a snack resident inside. In an interview with R 07/27/2017 at 12:00 Inot want the resident length of time without	with his refusals to come nined that it was sometimes tive and "act as a parent" sed care or were unable to cisions for their own suggested that offering a might be used to coax the desident #1's physician on PM, she stated she would to stay outside for any thydration and she would on him every 30 minutes to					
	stated she was the st Resident #1 was in the patio on 07/22/2017 vabout it. She stated Fassigned to her care familiar with him becat the previous week, Rehad often enjoyed be indicated that she know assigned residents by She stated when she she checked his radia pulse, and it was very the visitor to go inside time later, a nurse an with a vital signs more was unable to get a be his left arm, so she re	aff member who discovered the courtyard lying on the when a visitor alerted her Resident #1 was not on 07/22/2017, but she was ause she had cared for him CS #2 added she knew he ing outside. She also the whow to care for her or referring to the care plant found Resident #1 outside, all pulse, then his carotid or faint and weak. She told the to get a nurse, and a short of another nurse aide came witor. RCS #2 stated she blood pressure reading on the smoved the blood pressure his right arm below the					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345014	B. WING			C 07/31/2017		
	ROVIDER OR SUPPLIER	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, Z 1201 CAROLINA STREET GREENSBORO, NC 27401	ZIP CODE	0770172017		
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F 282		blood pressure and it was	F	282				
	responding to her ve							
	Assistant Director of District Director of C DDCS stated Reside the courtyard for about the courty are considered for the courty are considered for about the courty are considered for about the courty are considered for a courty and courty are considered for a courty are co	Director of Nursing (DON), the Nursing (ADON), and the linical Services (DDCS.) The ent #1 was on the ground in but 3 minutes before he was						
	the DDCS reviewed plan and acknowled the intervention put i heat or cold, and did	The DON, the ADON, and Resident #1's nursing care ged the staff did not follow n place to avoid extreme not anticipate and meet the t related to his problem of						
	him to remain in the area for a two hour p	ide out of the sun by allowing facility's outdoor courtyard period. She acknowledged any hydration according per						
	conducted with MDS #2. MDS Nurse #1: meetings held each acute episodes that	:30 AM, an interview was S Nurse #1 and MDS Nurse stated that there were clinical weekday to discuss any have taken place with the on Mondays, they would						
	discuss any acute epover the weekend. Sinterdisciplinary team daily basis depending	oisodes that had taken place She stated the n updated care plans on a g on acute events that had						
	responsible for upda Kardex and for comi information to the nu	rses and resident care						
	unit managers were	urse #1 explained that if the not present, then the MDS ble for the communication, so						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		345014	B. WING _			C 07/31/2017		
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 1201 CAROLINA STREET GREENSBORO, NC 27401		0770172017		
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F 282	in place for the reside that there was an in care plan for him to as well as intervention the resident's needs make choices within She also acknowled risk for falls with a gethe next review date intervention to antice needs. MDS Nurse staff did not follow to the DDCS (present Administrator), the Inotified of Immediate 12:25 PM. On 07/31/17 at 6:35 credible allegation at 1. The alleged Resiperk HR on 1/20/20 Alzheimer's, Type 2 hemiplegia and maj 7/22/17 at 1:14pm, in the enclosed courd camera). A certified facility enclosed courd courty and video can visitor that a resider courty and went the second of the Nursesponded and went the second courd of the Nursesponded and went the second camera of the Nursesponded and went the second courd of the Nursesponded and went the second camera of the Nursesponded	dent. MDS #1 acknowledged tervention on Resident #1's avoid extreme heat and cold, ons to anticipate and meet s, and to allow the resident to his decision making abilities. Idged that the resident was at loal to be free of falls through e, and that it also included an ipate and meet the resident's #1 did not offer a reason why he care plan. I during the absence of the DON, and the ADON were e Jeopardy on 07/28/2017 at	F	282				
	the resident seemed consciousness. The	e and was breathing but that d to have a decrease level of e Nursing Assistant stayed d summoned for assistance.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
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F 282	nurse's initial assess Vital signs of Temporary BP 59/39. 911 was staff and based on EMS arrived at 1:30 temperature was regident was transpossed unity admit versus heat stroke and being outside for diagnoses during the included hypotensic generalized rash, a mellitus, and acute fevering notified and The responsible parapproximately 2:00. The resident return with active problem diabetes mellitus with active problem diabetes active problem d	immediately responded. The isment revealed and recorded erature of 100.9, pulse 113, called by the licensed nursing the camera video footage, 0 pm. The resident's ecorded by EMS of 104.2. The corted to the hospital and sted with a diagnosis of Sepsis due to presenting with fever or a 2 hour period. Additional ne resident's hospitalization on, history of stroke, cute kidney injury, diabetes encephalopathy related to d of the event around 1:40 pm. rty was notified at pm. ed to the facility on 7/24/17 if the neurological mentia without behavioral stitis of multiple sites, and esident was admitted for oke as he presented with fever de for a 2-hour period prior. osis, fever, elevated lactic d on IV antibiotics for an and then changed to	F2	282				
	aspiration showed a was treated with IV improved and discharge BP was 134/47. The resident has not in the courtyard sin	at chest x ray for suspected no active disease. Resident fluids for hydration, BP harge exam from hospital show of been as interested in sitting the return to the facility, but he have wheelchair short period of						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		(X3) DATE SURVEY COMPLETED		
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ROVIDER OR SUPPLIER ARK HEALTH AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401	1 01/01/2017		
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times. The resident was re (Brief Interview for I tool on 7/28/17; his impairment. Based resident care plans coordinator on 7/31 supervision when ir has been provided The diabetic Mellitu function / dementia 7/31/17 by the MDS coordinator implem at risk for heat exhat The licensed nurse 7/22/17 no longer was resident on 7/22/17 provided one on on and symptoms of his weating, fatigue, his thirst, rapid heartbe vomiting, muscle ar temperature elevation nursing staff if sympassistant education hydration to resider thirty minutes by disservices on 7/31/17 2. It was determine ADHOC QAPI mee assessed and identicognition based on	e- assessed using the BIMS Mental Status) assessment scoring was 0- severe I on the BIMS score, the were revised by the MDS /17 to include providing in the courtyard. Resident also a hat for courtyard use. Is and Impaired Cognitive care plan was revised on Scoordinator. The MDS ented a resident care plan for austion on 7/31/17. assigned to the resident on works at the facility. The sistant assigned to the at the time of the incident was he re- education regarding sign heat exhaustion to include headache, pale clammy skin, hat, dizziness, fainting, nausea, had abdominal cramps, hon, and weakness and contact botoms occur. The nursing halso included offering hats that are outside more than hatrict director of clinical forms also included offering hats that are outside more than hatrict director of clinical forms also included offering hats that the resident had been hatrict with severely impaired BIMS assessment on	F 28				
	ROVIDER OR SUPPLIER SUMMARY (EACH DEFICIET REGULATORY OF The resident was resident care plans coordinator on 7/31 supervision when in has been provided. The diabetic Mellitu function / dementia. 7/31/17 by the MDS coordinator implem at risk for heat exhall the resident care plans coordinator implem at risk for heat exhall the resident care plans coordinator implem at risk for heat exhall the resident care plans coordinator implem at risk for heat exhall the resident on 7/22/17 provided one on on and symptoms of his sweating, fatigue, his thirst, rapid heartbe vomiting, muscle are temperature elevation in the resident of the resid	ROVIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12	ROVIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 fimes. The resident was re- assessed using the BIMS (Brief Interview for Mental Status) assessment tool on 7/28/17; his scoring was 0- severe impairment. Based on the BIMS score, the resident care plans were revised by the MDS coordinator on 7/31/17 to include providing supervision when in the courtyard. Resident also has been provided a hat for courtyard use. The diabetic Mellitus and Impaired Cognitive function / dementia care plan was revised on 7/31/17 by the MDS coordinator. The MDS coordinator implemented a resident care plan for at risk for heat exhaustion on 7/31/17. The licensed nurse assigned to the resident on 7/22/17 at the time of the incident was provided one on one re- education regarding sign and symptoms of heat exhaustion to include sweating, fatigue, headache, pale clammy skin, thirst, rapid heartbeat, dizziness, fainting, nausea, vomiting, muscle and abdominal cramps, temperature elevation, and weakness and contact nursing staff if symptoms occur. The nursing assistant education also included offering hydration to residents that are outside more than thirty minutes by district director of clinical services on 7/31/17. 2. It was determined on 7/26/17 during an IDT ADHOC QAPI meeting that the resident had been assessed and identified with severely impaired cognition based on BIMS assessment on 11/22/16. During staff interviews on 7/24/17 it was identified that the resident routinely went to the	ROWIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY THE APPROVIDER'S PLAN OF CORRECTION SHOULD REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 times. The resident was re- assessed using the BIMS (Brief Interview for Mental Status) assessment tool on 7/28/17; his scoring was 0- severe impairment. Based on the BIMS score, the resident care plans were revised by the MIDS coordinator implemented a resident care plan for at risk for heat exhaustion on 7/31/17. The licensed nurse assigned to the resident care plan for at risk for heat exhaustion on 7/31/17. The licensed nurse assigned to the resident care plan of registent assigned to the resident care plan separation and symptoms of heat exhaustion to include sweating, fatigue, headache, pale clammy skin, thirst, rapid heartbeat, dizziness, fainting, nausea, vomiting, muscle and abdominal cramps, temperature elevation, and weakness and contact nursing sassistant education also included offering hydration to residents that are outside more than thirty minutes by district director of clinical services on 7/31/17. 2. It was determined on 7/26/17 during an IDT ADHOC QAPI meeting that the resident routinely went to the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTR A. BUILDING			(X3) DATE COMP	SURVEY LETED					
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F 282	Continued From page	e 13	F2	282					
	of the resident care p alleged event and sta that the facility had fa plans as relates to	eriods of time. After review lans, the investigation of off interviews it was identified illed to follow resident care are plans stated to avoid							
	residents needs and c. The care plan goal behavior problem of the sun and will no	cesses related to determine supervision as needed related to resident's refusing to come inside out twear sunscreen - ate and meet the resident's							
	the facility residents of each residents identified	rdinator initiated an audit of care plans to ensure that fied with desire to sit in the was care planned for at risk on 7/31/17							
	administrative staff) v regarding the risk of I residents that are out courtyard. This educa signs and symptoms include sweating, fati skin, thirst, rapid hea nausea, vomiting, mu elevated temperature nursing staff if symptomeducation also include knowing where assig education will include	ation included recognizing							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		· ,	(X3) DATE SURVEY COMPLETED			
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F 282	the courtyard monit appropriate hydratic initiated on 7/30/17 7/31/17 by the assis members who have will not work until th include agency staff. The facility staff (nu administrative staff, education to refer to ensure that residen outsider care plan by Assisted Director. The facility newly acresidents that are iccountied in the encloplanned for at risk for coordinator. The resupdated to reflect conformation on 7/31/17 at 7:45 allegation was evidenurses, resident carunit supervisors who was evidenurses, resident carunit supervisors who was evidents.	exhaustion and document on coring tool and offering fluids on. The education was and will be completed on stant director of nursing. Staff on the received the education ey complete the education to f. Trising, housekeeping and agency staff) were provided to the resident care card to the identified with desire to sit are being followed on 7/31/17 of Nursing. Idmitted or re-admitted lentified with desire to sit sed courtyard will be care for heat exhaustion by MDS sident care card will be are plans for resident at risk	F2	282		
	are outside on a ho exhaustion. Each sable to names signs demonstrated they care plans. An obsthe courtyard area place, and an alarm	on and fluids to residents who at day, and the signs of heat staff member interviewed was as of heat exhaustion and knew to follow the resident's ervation of the facility's door to revealed a keypad was in a sounded when the door was a no residents observed in the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345014	B. WING _		C 07/31/2017	
	ROVIDER OR SUPPLIER ARK HEALTH AND REH	ABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401			
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F 282	Continued From pag	e 15	F 2	82		
	credible allegation. 483.25(d)(1)(2)(n)(1)	time of validation of the -(3) FREE OF ACCIDENT	F 3	23	8/30/17	
SS=J	(d) Accidents. The facility must ens					
	(1) The resident envi	ronment remains as free ls as is possible; and				
	` '	eeives adequate supervision ees to prevent accidents.				
	appropriate alternation bed rail. If a bed or smust ensure correct	rails, including but not limited				
	(1) Assess the reside from bed rails prior to	ent for risk of entrapment o installation.				
	` '	and benefits of bed rails with ent representative and obtain or to installation.				
	This REQUIREMENty: by: Based on physician, emergency medical treview, and observation provide supervision aresidents, Resident #	ed's dimensions are esident's size and weight. Γ is not met as evidenced nurse practitioner, staff, and echnician interviews, record cions, the facility failed to and hydration for 1 of 3 ±1, which resulted in extreme re for a duration of 2 hours.		 The alleged Resident was a Fisher Park HR on 1/20/2004 wi diagnosis of Alzheimer □s, Type Diabetes, seizures, hemiplegia a depression disorder. On 7/22/17 1:14pm, resident fell out of whee 	th primary 2 and major ′ at	

AND BLAN OF CORRECTION IN TREMETED ATTOM NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345014	B. WING			C 7/31/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		770172017
				1201 CAROLINA STREET		
FISHER P	ARK HEALTH AND REH	ABILITATION CENTER		GREENSBORO, NC 27401		
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F 323	Continued From pag	e 16	F 3	23		
F 323	Resident #1 fell from outdoor patio, had an he was discovered, a of 104.1 degrees Fal emergency medical was admitted to the diagnosis of sepsis whospitalized for 2 day. The Immediate Jeopwhen Resident Care discovered Resident patio near his wheeld a blood pressure of sunresponsive. Resident pation to the local admitted for suspect Immediate Jeopardy at 6:35 PM when the acceptable credible at The facility will remascope and severity opotential of no more immediate jeopardy process of full implement that time. Findings included: Resident #1 was initial 1/20/2004 with diagral late effects of cerebral hemiplegia, diabetes disease, and an amplication of the suspect of the sus	his wheelchair onto the naltered mental status when and had a body temperature prenheit upon assessment by technicians. Resident #1 prospital with a primary tersus heat stroke and was ye. ardy began on 07/22/2017 Specialist (RCS) #1 #1 lying on the courtyard chair with a pulse rate of 113, 59/39, and was verbally tent #1 was transported by teal hospital where he was ted heat stroke. The was removed on 07/31/2017 facility provided an allegation of compliance. In out of compliance at a fino actual harm with the than minimal harm that is not (D). The facility was in the mentation of corrective action ally admitted to the facility on oses which included, in part,	F 3:	the enclosed courtyard (per covideo camera). A certified Nursh Assistant went to the facility encourtyard at 1:17 pm (per courcamera) after being alerted by that a resident was on the grocourtyard. The Nursing Assista immediately responded and wordermined that the resident hand was breathing but that the seemed to have a decrease leconsciousness. The Nursing stayed with the resident and sofor assistance. The licensed roinitial assessment revealed and Vital signs of Temperature of 113, BP 59/39. 911 was called licensed nursing staff and base camera video footage, EMS at 1:30 pm. The resident was trathe hospital and subsequently with a diagnosis of Sepsis versitroke due to presenting with feeing outside for a 2 hour perinurse practitioner on call was 911 being notified and of the encountry of 1:40 pm. The responsible part notified at approximately 2:00 pm. The resident returned to the far 7/24/17 with active problems of (HCC) Type 2 diabetes mellitude neurological manifestations, Dowithout behavioral disturbance of multiple sites, and leukocytes.	sing inclosed rityard video ra visitor und in the eant ent to the eg Assistant ad a pulse resident evel of Assistant ummoned nurse surse sid recorded 100.9, pulse d by the ed on the rrived at ansported to admitted sus heat fever and od. The notified of event around y was om. accility on of sepsis, so with ementia e, Dermatitis	
	assessment dated 0: #1 had long term and	5/18/2017 revealed Resident		resident was admitted for susp stroke as he presented with fe been outside for a 2 hour perior	pected heat ever and had	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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		345014	B. WING _			07/31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, Z 1201 CAROLINA STREET GREENSBORO, NC 27401	IIP CODE	
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F 323	cognitive skills for Resident #1 also I care present 1 to a look back period, with locomotion be same MDS asses a prosthesis. Exterior transfers, persidressing, and Reshis mobility. His publicates mellitus, vascular disease, seizure disorder. The nursing care on 01/18/2017 and indicated Residen a goal to be free on hyperglycemia. A was for the reside cold. Further revirevealed on 02/27/2015 added on 02/27/2015 to confusion, hem communication/counawareness of sinterventions to ac "Anticipate and mo 06/21/2017 a behadom of the sun, and "Anticipate and mo Another was to all choices within the abilities.	daily decision making. nad behaviors of rejection of 3 days during the assessment and that he was independent oth on and off the unit. The sment indicated he did not use ensive assistance was required onal hygiene, toilet use, and sident #1 used a wheelchair for partial list of diagnoses included hypertension, peripheral aphasia, hemiparesis, and plan for Resident #1, initiated d last revised on 07/05/2017, t #1 had diabetes mellitus with of signs and symptoms of an intervention to reach this goal int to avoid extreme heat or ew of the nursing care plan 6/2017 another problem was 017 for high risk for falls related	F3	Due to the leukocytosis, lactic acid, he was starte for suspected aspiration changed to Augmentin. diagnoses during the reihospitalization included history of stroke, general kidney injury, diabetes mencephalopathy related repeat chest x ray for suaspiration showed no ac Resident was treated with hydration, BP improved exam from hospital show. The resident has not be sitting in the courtyard's facility, but he is tolerating wheelchair short period. The resident was re-ass BIMS (Brief Interview for assessment tool on 7/28 was 0- severe impairmed BIMS score, the resident revised by the MDS coomory. The licensed nurse assessive in the courtyard. For the licensed nurse assessive in the courtyard of the incident was one re-education regard symptoms of heat exhaus sweating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting and weakness and continued in the courty of the sident time of the incident was one re-education regard symptoms of heat exhaus weating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting abdominal cramps, tempand weakness and continued in the courty of the sident to the resident time of the incident was one re-education regard symptoms of heat exhaus weating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting abdominal cramps, tempand weakness and continued in the courty of the sident time of the incident was one re-education regard symptoms of heat exhaus sweating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting abdominal cramps, tempand weakness and continued in the courty of the sident time of the incident was one re-education regard symptoms of heat exhaus sweating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting and weakness and continued in the courty of the resident time of the incident was one re-education regard symptoms of heat exhaus sweating, fatigue, heads skin, thirst, rapid heartof fainting, nausea, vomiting and weakness and continued in the courty of the resident time of the incide	ed on IV antibion and then Additional sident shypotension, alized rash, acut mellitus, and acut to fever. A uspected ctive disease. ith IV fluids and discharge w BP was 134/4 en as interested cince return to thing being in of times. sessed using the r Mental Status 8/17, his scoring ent. Based on the care plans we ordinator on ding supervision Resident also has courtyard use. isigned to the onger works at rsing assistant to n 7/22/17 at the provided one of ding sign and ustion to include ache, pale clameat, dizziness, ng, muscle and perature elevation.	tics te t

AND DI AN OF CODDECTION DISTRICT ATION NI IMPED:		` ′			` ′	SURVEY LETED
	345014	B. WING			07/	31/2017
ROVIDER OR SUPPLIER ARK HEALTH AND REH	ABILITATION CENTER		12	201 CAROLINA STREET		
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		F 323		- ·		
seen entering the enfacility's door on the He navigated in his v	On 07/22/2017 at 11:13 AM, Resident #1 was seen entering the enclosed courtyard area via the facility's door on the north side of the building. He navigated in his wheelchair about the courtyard on the sidewalk and on the patio by			thirty minutes by district director of clin services on 7/31/17.	ical	
propelling himself with his left leg. There was partial shade in the courtyard from a tree located on the side of the courtyard closer to the south side of the building. Outdoor tables were				resident had been assessed and ident as severely impaired based on BIMS assessment on 11/22/16. During staff		
on the north side of	building. Resident #1			the resident routinely went to the court yard unsupervised and refused to com inside for extensive periods of time. A	e	
had navigated himse patio which was in pa member was seen er	If to another table on the artial sun. A staff arting the patio from the			investigation of alleged event and staff interviews it was identified that the faci had failed to provide. a. Supervision when residents are in	lity n the	
the resident, talking patio area via the not other staff members 12:20 PM when	with him, and then exiting the rth door. There were no seen in the courtyard until a staff member was seen at			showing signs and symptoms of heat exhaustion/ dehydration. b. Hydration cart, that included wate and electrolyte fluids when outside in		
entrance to the court member did not appr with him.	yard area. This staff oach the resident or speak			c. Education to staff, residents and responsibly/facility visitors regarding si of heat stroke and/or dehydration.d. The enclosed court yard entrance		
another table in the c shade. There were r courtyard other than noon and the staff me the resident at 12:20	courtyard that was in partial no staff members seen in the the staff member at 12:00 ember who did not check on DPM. No one was seen			at any time, 24 hours a day, unless the code is entered into the keypad. The code is provided to all staff members. Any resident may exit through the door	· to	
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page footage dated 7/22/1 On 07/22/2017 aseen entering the enfacility's door on the He navigated in his we courtyard on the side propelling himself partial shade in the consouth side of the buil located on the part of on the north side of navigated to one of the in his wheelchair. By 12:00 noon of had navigated himse patio which was in partial which was in partial shade in the consouth side of the buil located on the part of on the north side of navigated to one of the north entrance door at the resident, talking patio area via the nor other staff members 12:20 PM when the vending machine entrance to the court member did not approvide with him. At 12:48 PM, Reanother than noon and the staff mether resident at 12:20 the resi	ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 footage dated 7/22/17 revealed the following: On 07/22/2017 at 11:13 AM, Resident #1 was seen entering the enclosed courtyard area via the facility's door on the north side of the building. He navigated in his wheelchair about the courtyard on the sidewalk and on the patio by propelling himself with his left leg. There was partial shade in the courtyard from a tree located on the side of the building. Outdoor tables were located on the pati of the patio closest to the door on the north side of building. Resident #1 navigated to one of the tables in the sun and sat in his wheelchair. By 12:00 noon on 07/22/2017, the resident had navigated himself to another table on the patio which was in partial sun. A staff member was seen entering the patio from the north entrance door at this time and approaching the resident, talking with him, and then exiting the patio area via the north door. There were no other staff members seen in the courtyard until 12:20 PM when a staff member was seen at the vending machine which was located at the entrance to the courtyard area. This staff member did not approach the resident or speak with him. At 12:48 PM, Resident #1 navigated to another table in the courtyard that was in partial	ROVIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 footage dated 7/22/17 revealed the following: On 07/22/2017 at 11:13 AM, Resident #1 was seen entering the enclosed courtyard area via the facility's door on the north side of the building. He navigated in his wheelchair about the courtyard on the sidewalk and on the patio by propelling himself with his left leg. There was partial shade in the courtyard closer to the south side of the building. Outdoor tables were located on the part of the patio closest to the door on the north side of building. Resident #1 navigated to one of the tables in the sun and sat in his wheelchair. By 12:00 noon on 07/22/2017, the resident had navigated himself to another table on the patio which was in partial sun. A staff member was seen entering the patio from the north entrance door at this time and approaching the resident, talking with him, and then exiting the patio area via the north door. There were no other staff members seen in the courtyard until 12:20 PM when a staff member was seen at the vending machine which was located at the entrance to the courtyard area. This staff member did not approach the resident or speak with him. At 12:48 PM, Resident #1 navigated to another table in the courtyard that was in partial shade. There were no staff members seen in the courtyard other than the staff member at 12:00 noon and the staff member who did not check on the resident at 12:20 PM. No one was seen	ROVIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 footage dated 7/22/17 revealed the following: On 07/22/2017 at 11:13 AM, Resident #1 was seen entering the enclosed courtyard area via the facility's door on the north side of the building. He navigated in his wheelchair about the courtyard on the side will his left leg. There was partial shade in the courtyard from a tree located on the side of the building. Outdoor tables were located on the part of the patio closest to the door on the north side of building. Resident #1 navigated to one of the tables in the sun and sat in his wheelchair. By 12:00 noon on 07/22/2017, the resident had navigated himself to another table on the patio which was in partial sun. A staff member was seen entering the patio from the north entrance door at this time and approaching the resident, talking with him, and then exiting the patio area via the north door. There were no other staff members seen in the courtyard until 12:20 PM when a staff member was seen at the vending machine which was located at the entrance to the courtyard area. This staff member did not approach the resident or speak with him. At 12:48 PM, Resident #1 navigated to another table in the courtyard that was in partial shade. There were no staff members seen in the courtyard other than the staff member seen in the courtyard other than the staff members seen in the courtyard other than the staff member seen in the courtyard other than the staff member at 12:00 noon and the staff member who did not check on the resident at 12:20 PM. No one was seen	ROVIDER OR SUPPLIER ARK HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (REACH CORRECTIVA STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NO. 27401 SUMMARY STATEMENT OF DEFICIENCIES (REACH CORRECTIVA MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 18 footage dated 7/22/17 revealed the following: On 07/22/2017 at 11:13 AM, Resident #1 was seen entering the enclosed courtyard area via the facility's door on the north side of the building. He navigated in his wheelchair about the courtyard on the sidewalk and on the patio by propelling himself with his left leg. There was partial shade in the courtyard from a tree located on the part of the patio closes to the south side of building. Cutdoor tables were located on the part of the patio closest to the door on the north side of building. Resident #1 navigated to more than that are outside that the resident routinely went to the courty and unsupervised and refused to consider for member was seen entering the patio from the north entrance door at this time and approaching the resident, talking with him, and then exiting the patio area via the north door. There were no other staff members as seen at the vending machine which was located at the entrance to the courtyard that was in partial 12:20 PM. No one was seen on on and the staff member was seen at the courtyard that was in partial shade. There were no staff members seen in the courtyard that was in partial shade. There were no add the fall shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in partial shade. There were no add the entrance to the courtyard that was in pa	A BUILDING 345014 8. WIND STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST EF RECCEED BY PULL REGULATORY OR I.SC IDENTIFYING INFORMATION) Continued From page 18 Continued From page 18 Continued From page 18 Continued From page 18 F 323 Symptoms occur. The nursing assistant education also included offering hydration to residents that are outside more than thirty minutes by district director of clinical services on 7/31/17. Le navigated in his wheelchair about the courtyard on the side off the building. He nothed in the courtyard from a tree located on the part of the patio closest to the door on the north side of the building. Resident #1 anayigated to not of the tables in the sun and sat in his wheelchair. By 12:00 noon on 07/22/2017, the resident had part of the patio or on the north door. There were no staff member was seen at the vending machine which was in partial sun. A staff member was seen in the courtyard until 12:20 PM when a staff member was seen at the vending machine which was located at the entrance to the courtyard area. This staff member did not approach the resident or speak with him. At 12:48 PM, Resident #1 navigated to another table in the courtyard that was in partial shade. There were no staff member seen in the courtyard that was in partial shade. There were no staff member seen in the courtyard that was in partial shade. There were no staff member who did not check on the resident that the staff member who did not check on the resident that the actility of the pation of

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			E SURVEY IPLETED
		345014	B. WING			C 7/24/2047
NAME OF PE	ROVIDER OR SUPPLIER	0.0011	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODI		7/31/2017
TAPAWIE OF TH	COVIDER OR GOLT EIER			1201 CAROLINA STREET	-	
FISHER PA	ARK HEALTH AND REH	ABILITATION CENTER		GREENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
				DEFICIENCY)		
F 323	Continued From page	e 19	F 3	23		
	At 1:14 PM, Res	ident #1 was seen falling out		There have been no other res	idents that	
	of his wheelchair onto	o the patio. No further		presented with signs and sym	ptoms of	
	movement was noted	1.		heat exhaustion based on the	review of	
	At 1:17 PM, a sta	aff member was seen		the monitoring tools that have	been in	
	entering the courtyard	d with a male (identified as a		place since 7/24/17.		
	visitor) and finding Re			The facility implemented a pla		
	· · ·	ber stooped down to the		each item that was identified of	-	
		and pointed to the south side		ADHOC QAPI meeting on 7/2		
		ne "visitor" was seen pulling		Hydration cart with water was		
	the patio table away t			outside in enclosed courtyard	•	
	walking back into the	•		dietary staff. Beverages with e		
		th the resident. Another		have been added as of 7/31/1		
		I the patio at 1:18 PM. At		facility Dietary staff was provid		
	1:22 PM, a third staff			education regarding keeping v		
	courtyard with a vital	signs monitor.		electrolyte fluid in the cooler 7	-	
	A1 4 00 DM			the dietary manager. The diet		
		amedics were seen entering		received education regarding		
		camera angle did not allow a		process of the fluids to include		
	view of the resident's			before breakfast, after lunch a	na ainner	
	treatment or stimulati	on by staff or paramedics.)		daily.	ion about	
	A puree's note of 07/	22/2017 at 2:18 PM indicated		The facility posted an informative regarding signs and symptom		
		nd lying on the ground in the		exhaustion at the door in the		
	courtyard on his back			court yard on 7/31/17 by direct		
	•	t the time was 59/39, his		Nursing	101 01	
		is temperature was 100.9.		The facility interview able resi	dents will be	
	paide was 110, and 11	no temperatare was roots.		provided education regarding		
	Α			symptoms of heat exhaustion	•	
		/assessment/recommendati		sweating, fatigue, headache, i		
	•	d 07/22/2017 revealed		skin, thirst, rapid heartbeat, di		
	, ,	nd lying on his back beside		fainting, nausea, vomiting, mu		
		courtyard, and that the		abdominal cramps, temperatu		
		to say what was happening.		and weakness. If symptoms o		
	The note indicated th			to contact license nursing staf		
		on had gotten worse, and		facility interviewable residents		
		nsive for his mental status.		educated on using the hydrati	on cart while	
	-	nsferred to the hospital and		sitting in courtyard with recom		
	the resident's primary	care clinician was notified		to drink electrolyte fluids from	the	
		dent's guardian was notified		hydration cart if they are outsi		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION IG		E SURVEY MPLETED
		345014	B. WING _			C 7/31/2017
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				1201 CAROLINA STREET		
FISHER PA	ARK HEALTH AND RE	HABILITATION CENTER		GREENSBORO, NC 27401		
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F 323	Continued From pag	ge 20	F 3	23		
F 323	at 2:00 PM. The weather conditi Underground on 07/facility's location wa with a heat index of A review of the Eme (EMS) Report dated emergency medical at the facility at 1:42 1:46 PM, the EMTs in sinus tachycardia assessed Resident and intravenous fluir PM. The text on the removed Resident acooling him, and at placed on the reside ice packs were place arms.) In an interview with (RCS) #1 on 07/27/2 she was the RCS as #1 on 07/22/2017 woccurred. RCS #1 of the resident on the estated she provided after breakfast on 7/to his wheelchair and the nurse's station of building. She expla for her other assigned Resident #1 again.	ons per Weather /22/2017 at 12:54 PM for the s 93.9 degrees Fahrenheit	F3	than 2 hours. The education the residents was completed by MDS coordinator on 7/3 The facility staff (including, housekeeping and administ provided education regarding symptoms of heat exhausting sweating, fatigue, headach skin, thirst, rapid heartbeat fainting, nausea, vomiting, abdominal cramps, temper and weakens and contact resymptoms are observed. The education will include a residents in the court yard minutes for signs and symplexhaustion and document of courtyard monitoring tool and fluids appropriate hydration education was initiated on the completed on 7/31/17 becompleted on 7/31/	ed on 7/31/17 1/17. 1/17	
	the hallway but later stated that the resid	r noted he was outside. She ent typically did not talk much, nderstand what people said to		provided to all staff membe resident may exit through t courtyard, but an alarm will	ers. Any he door to the	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345014	B. WING _			07/	31/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
FIGUED D	ADICHEALTH AND DELL	A DIL ITATION OFNITED		12	201 CAROLINA STREET		
FISHER PA	ARK HEALTH AND REH	ABILITATION CENTER		G	REENSBORO, NC 27401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	Continued From page him and that he was a also able to get arour wheelchair by scootin RCS #1 indicated she time it was, but she o into the courtyard. SI RCS (RCS #2) who fi ground. RCS #1 add the courtyard after he observed the residenthe blood pressure cuto take his blood pressure and was familiar with explained she provide medications about 8: the next time she saw noon. She stated she was unable to find hir room or lobby, but she courtyard at 12:00 no needed to check his courtyard to have his checked, and that he when she offered him Resident #1 outside. hour later, someone so courtyard. (Could no She stated he was fo courtyard by another	able to feed himself. He was and the facility very well in his and the facility very well in his and himself with his feet. It could not remember what abserved staff members go the stated it was another with into the ed that when she went into the had been discovered, she at sleft arm was blue below aff when RCS #2 was trying assure. We with Nurse #1 who was Resident #1 on 07/27/2017 and she worked for a staffing d for Resident #1 in the past his behavior. Nurse #1 and the resident his 200 AM on 7/22/17, and that we him was around 12:00 and to look for him and m in his room, the dining are found him outside in the con. Nurse #1 indicated she capillary blood glucose level at time to determine his ose. She stated Resident so blood glucose level also refused to come inside a his lunch, so she left Nurse #1 stated about an summoned her to the tremember who it was.) und on the ground in the staff member, but she could		323		d r yys e d eat eat tify ad st he d	DATE
	Nurse #1 said other n	aff member was. In addition, nurse aides and nurses were essing him, so she got her					

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345014	B. WING			C 7/24/2047
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				1201 CAROLINA STREET		
FISHER PA	ARK HEALTH AND REH	ABILITATION CENTER		GREENSBORO, NC 27401		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	Continued From pag	e 22	F 3	23		
	unit supervisor who he for a transfer to the h	nelped prepare the resident lospital. She stated she one who called 911 and the				
	An interview was cor 7/27/2017 at 12:54 F the first staff membe ground on the courty explained that a marker and reported he beside his wheelchal outside. RCS #2 stachecked Resident #1 weak and fast, and scarotid pulse which wknow the exact pulse she did not have the resident's head was was mentally "out" por explained she could falling and the reside said she asked the wresident's nurse and shortly thereafter. At the vital signs monitor	nducted with RCS #2 on0 PM. RCS #2 stated she was r to find Resident #1 on the ard patio on 7/22/17. She who was a visitor came to saw a resident on the ground ir in the courtyard, so she ran ted she stooped down and 's radial pulse which was he then checked for his was also faint. She did not a rate at that time because vital sign monitor. The was under the table and he ar her description. She see his chest rising and ont's skin was red. RCS #2 isitor to run inside to get the that the nurse came outside nother nurse aide brought or out to the courtyard, and				
	stated at first she wa pressure reading in t removed the blood p his right arm below th pressure. (The resid drawn at the elbow of stated his arm turned she was able to get a palpation and it was could not remember reading and had no	sured his vital signs. She is unable to get a blood he resident's left arm, so she ressure cuff and placed it on the elbow to take his blood lent's right arm was partially like to hemiparesis.) RCS #2 is purple below the cuff, but a blood pressure reading by very low. RCS #2 added she the exact blood pressure recollection of times when the typical blood by the cuff.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345014	B. WING			C 07/24/2047
	ROVIDER OR SUPPLIER	IABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP (1201 CAROLINA STREET GREENSBORO, NC 27401	CODE	07/31/2017
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F 323			F3	323		
	resident until param Resident #1. RCS # observed Resident # wheelchair outside t	he day before, but no one the resident had fallen out of				
	07/27/2017 at 1:11 F passing medications called to the courtya 7/22/17. She found and there were 2 nu from the facility's so aide. She explained resident and called I opened his eyes, the respond verbally. T aide and one of the get the resident's vit of the nurses from the and that she herself who was on call for obtained to transpor The US was not cerentered the courtyar	the unit supervisor (US) on PM, she explained she was to residents when she was rd STAT (immediately) on Resident #1 on the ground reses already present with him with wing, as well as a nurse she bent down over the his name, and the resident en closed them, but did not he US also stated the nurse nurses were reattempting to al signs. She added that one he staffing agency called 911 called the nurse practitioner the physician. An order was the resident to the hospital. It is in of the time when she did area, but once she was out the within 5 or 6 minutes.				
	about the resident's interviewed on 07/2 stated the facility ca and that she provide Resident #1 to the hindicated she felt the impact on the reside exposed to the hot w	er (NP) who was notified courtyard incident was 7/2017 at 11:40 AM. The NP led 911 before contacting her d the order to send the ospital. The NP also ere was no long term negative nt's health after he had been weather for a few hours. She he would expect the staff to				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X5) A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345014	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	040014		STREET ADDRESS, CITY, STATE, ZIP)7/31/2017
TO THE OT THE	NOVIDER OR GOLF EIER			1201 CAROLINA STREET	CODE	
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F 323	Continued From page	e 24	F 3	323		
	staff needed to provid keep him hydrated.	ide on a hot day and that le fluids for the resident to The NP did not provide a nt #1 should have been able ot day.				
	07/27/2017 at 12:00 mon vacation when Reground outside, so the practitioner who was stated she learned of from her vacation on read the emergency addition, she stated serident to stay outside hot day without hydramay not have had the appropriate decision physician stated she	he would not want the de any length of time on a ation, and that the resident e ability to make an to come inside. The would expect for the de every 30 minutes to one t heat would affect t ways depending on d that Resident #1				
	conducted with the D Assistant Director of District Director of Cli DDCS stated Resider the courtyard for abord discovered by staff. investigation of the in resident's temperatur the facility recorded h and that the EMS had DON stated there we	5 PM, and interview was irector of Nursing (DON), the Nursing (ADON), and the nical Services (DDCS.) The nt #1 was on the ground in ut 3 minutes before he was The DON stated she did an cident and that she felt the e of 104 was incorrect, that its temperature to be 100.9, d a temperature of 101. The re no recorded temperatures esident #1. The DON				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345014	B. WING _			C 07/31/2017
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	that was the reason on 7/22/17. The DD educated about checo outside more often a a magnetic feature of so that an alarm would whenever a resident explained that the also check the courtyard would have to be resident earlier to be resident explained that the also check the courtyard would have to be resident was now with cups in the courfluids when the tempstated she was not so be able to help himse. A follow up interview on 07/28/2017 at 4:4 thought she had her 7/22/17 when she for courtyard outside, but you was for calling emerged. On 7/31/2017 at 2:02 was completed with paramedic who respincident for Resident stated he did check that and it was 104.1 degenter that was with the department personned id. Upon his assessiver bally responsive that stated the resident was stated the reside	the resident had sepsis and for his elevated temperature CS added that staff had been exing on residents who are not that the facility had placed in the door to the courtyard ald sound 24 hours a day entered the courtyard. She arm would encourage staff to for a resident and the alarm set by a staff member. In stated that the dietary keeping a cooler of water tyard for residents to receive eratures were warm. She ure that Resident #1 would self to the water in the cooler. was conducted with RCS #2 9 PM. RCS #2 stated she cell phone with her on und Resident #1 lying in the at she stated she did not call sn't certain of the protocol	F3	323		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION G	COMPLETED
		345014	B. WING		C 07/31/2017
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401	07/31/2017
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 323	and around the ground Resident #1's elev The hospital discharevealed the primary #1's hospitalization stroke. Under this indicated resident heat stroke, and the and elevated laction IV antibiotics. Sepsis was aspirat negative for bacter 7/23/2017 showed diagnosis during the hypotension (low but to hypovolemia (low diagnosis during the encephalopathy, so The resident was head in the discharge on 7. Augmentin (an antitwice per day per to the DDCS (present Administrator), the notified of Immedia 12:25 PM. On 07/31/17 at 6:3 credible allegation 1. The alleged Resident was Resident was the control of the process of of	ed ice packs under the arms bin area to help reduce ated body temperature. arge summary dated 7/24/17 ry diagnosis during Resident was sepsis versus heat diagnosis, the summary was admitted for suspected at due to leukocytosis, fever, acid, the resident was started The suspected reason for ion. His blood cultures were ia, and his urinalysis dated no bacteria. The second he hospital course was blood pressure), suspected due of fluid volume.) The seventh he hospital course was acute uspected to be related to fever. Inospitalized from 7/22/17 until 1/24/17 and he was prescribed dibiotic), one tablet by mouth the discharge medication list. Int during the absence of the DON, and the ADON were ste Jeopardy on 07/28/2017 at 15 PM, the facility provided a	F 32	23	
	Alzheimer's, Type hemiplegia and ma 7/22/17 at 1:14pm	2 Diabetes, seizures, ajor depression disorder. On resident fell out of wheelchair urtyard (per courtyard video			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345014	B. WING			C 17/31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND REI	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401	•	
(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	facility enclosed coucourtyard video can visitor that a resider courtyard. The Nurs responded and wen certified Nursing As resident had a pulse the resident seemed consciousness. The with the resident an The licensed nurse nurse's initial asses Vital signs of Tempe BP 59/39. 911 was staff and based on t EMS arrived at 1:30 transported to the hadmitted with a diag stroke due to preseroutside for a 2 hour practitioner on call who tified and of the eresponsible party who 2:00pm. The resident return with active problems diabetes mellitus win manifestations, Den disturbance, Derma leukocytosis. The resuspected heat strough and had been outside Due to the leukocytosis. The resuspected heat strough and had been outside Due to the leukocytosis. Augmentin. Additio resident's hospitaliz	Nursing Assistant went to the urtyard at 1:17 pm (per nera) after being alerted by a not was on the ground in the sing Assistant immediately at to the courtyard. The sistant determined that the e and was breathing but that do to have a decrease level of the Nursing Assistant stayed do summoned for assistance. Immediately responded. The sement revealed and recorded the provided by the licensed nursing the camera video footage, a pm. The resident was cospital and subsequently gnosis of Sepsis versus heat anting with fever and being period. The nurse was notified of 911 being event around 1:40 pm. The as notified at approximately and sepsis, (HCC) Type 2	F 32	23		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345014	B. WING				31/2017
	ROVIDER OR SUPPLIER	ABILITATION CENTER		120	REET ADDRESS, CITY, STATE, ZIP CODE 01 CAROLINA STREET REENSBORO, NC 27401	1 017	51/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	x ray for suspected a disease. Resident was hydration, BP improve hospital show BP was The resident has not in the courtyard since is tolerating being in times. The resident was re-(Brief Interview for M tool on 7/28/17, his simpairment. Based or resident care plans we coordinator on 7/31/1 supervision when in that been provided a The licensed nurse a 7/22/17 no longer we certified nursing assisted on and symptoms of heat sweating, fatigue, heat thirst, rapid heartbear vomiting, muscle and temperature elevation nursing staff if symptoms assistant education and hydration to residents thirty minutes by distince services on 7/31/17.	tus, and acute ted to fever. A repeat chest spiration showed no active as treated with IV fluids red and discharge exam from s 134/47. been as interested in sitting return to the facility, but he wheelchair short period of assessed using the BIMS ental Status) assessment coring was 0- severe on the BIMS score, the vere revised by the MDS 17 to include providing the courtyard. Resident also hat for courtyard use. assigned to the resident on orks at the facility. The stant assigned to the at the time of the incident was re- education regarding sign at exhaustion to include adache, pale clammy skin, t, dizziness, fainting, nausea, d abdominal cramps, n, and weakness and contact oms occur. The nursing also included offering s that are outside more than rict director of clinical	F	323			
	ADHOC QAPI meetir	on 7/26/17 during an IDT ng that the resident had been ied as severely impaired					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345014	B. WING		C 07/31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CAROLINA STREET GREENSBORO, NC 27401	1 01/01/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION
F 323	staff interviews on the resident routine unsupervised and rextensive periods of medical record, the and staff interviews facility had failed to a. Supervision yard to ensure that signs and symptom dehydration. b. Hydration of electrolyte fluids why yard c. Education to responsibly/facility stroke and/or dehydration denotes and/or dehydration. b. Hydration of electrolyte fluids why yard c. Education to responsibly/facility stroke and/or dehydration denotes and for the enclose rekeyed so that the 24 hours a day, unlithe keypad. The comembers. Any reside door to the comembers and a staff of the alarm by enterior the alarm by enterior the facility implementation based of the that was identification on 7/26/17	ressment on 11/22/16. During r/24/17 it was identified that ly went to the court yard efused to come inside for f time. After review of the investigation of alleged event it was identified that the provide. when residents are in the court residents are not showing s of heat exhaustion/ art, that included water and then outside in enclosed count of exhaustions regarding signs of heat dration. d court yard entrance was alarm will sound at any time, the ess the code is entered into the index points and wisitors regarding to all staff dent may exit through the ourtyard, but an alarm will member will need to silence the interest of the monitoring on in place since 7/24/17. The ented a plan to address each fied during the ADHOC QAPI	F 32	23	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(C	X3) DATE SURVEY COMPLETED
		345014	B. WING _			C 07/31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND REH	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIF 1201 CAROLINA STREET GREENSBORO, NC 27401	° CODE	01/01/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (X (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIAT	(X5) COMPLETION DATE
F 323	education regarding fluid in the cooler 7/3 The dietary staff recovereplenishing process before breakfast, aft The facility posted a signs and symptoms door in the enclosed director of Nursing The facility interview provided education of heat exhaustion to headache, pale clambeat dizziness muscle and abdomir elevation, and weak is to contact license interviewable residente hydration cart of the hydration cart of the hydration cart if	ty Dietary staff was provided keeping water and electrolyte 31/17 by the dietary manager. eived education regarding s of the fluids to include check er lunch and dinner daily. In information sheet regarding of heat exhaustion at the court yard on 7/31/17 by able residents will be regarding sign and symptoms or include: sweating, fatigue, any skin, thirst, rapid of fainting, nausea, vomiting, all cramps, temperature mess. If symptoms occur staff nursing staff. The facility and interesting in courtyard with or drink electrolyte fluids from they are outside greater than ion provided to the residents (31/17 by MDS coordinator).	F3	323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345014	B. WING _			C 07/31/2017
	ROVIDER OR SUPPLIER ARK HEALTH AND REF	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODI 1201 CAROLINA STREET GREENSBORO, NC 27401	•	0170172011
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 323	thirty minutes for signexhaustion and documonitoring tool and hydration. The education and will be complete director of nursing. received the education complete the education facility staff member checks in the courty courtyard monitoring will be assigned dail. The enclosed court so that the alarm will a day, unless the control of the code is provided resident may exit the courtyard, but an alar member will need to the code. 3. The door alarm for court yard will be characteristic and for that the door alarms days. An Information sheet enters the enclosed signs and symptoms steps to take to avoin hydration and notify symptoms occur.	ents in the court yard every ans and symptoms of heat ument on the courtyard offering fluids appropriate ation was initiated on 7/30/17 and on 7/31/17 by the assistant Staff members who have not ion will not work until they are include agency staff. A will provide 30 minute ard and document on the group. A facility staff member by by the Director of Nursing. I sound at any time, 24 hours and in the keypad. I sound at any time, 24 hours are in the door to the arm will sound, and a staff or silence the alarm by entering for the door that entrances the ecked daily by director of a manager of duty to ensure a when opened. Daily for thirty the was posted on the door that court yard regarding the so of heat exhaustion and do heat exhaustion to include the nursing staff if signs and	F3	323		
		PM, validation of the credible enced via interviews with				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345014	B. WING_			C
NAME OF PROVIDER OR SUPPLIER FISHER PARK HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 1201 CAROLINA STREET GREENSBORO, NC 27401		07/31/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 323	nurses, resident care unit supervisors who in-service education reproviding supervision are outside on a hot coexhaustion. An obseto the courtyard area place, and an alarm sopened. There were resident to the courty and an alarm sopened.	specialists, residents, and	F3	323		