PRINTED: 12/20/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING			l	C <b>19/2017</b>	
	ONVILLE HEALTH AND	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731			10/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  1. 483.10 and 483.12 Immediate Jeopardy   Resident #1 had his hat the head of his bed from inside the side ra Immediate Jeopardy when the facility provice of the potential for more not Immediate Jeopardy systems put into place  2. 483.20 (F278) at J Immediate Jeopardy   Immediate Jeop	e (F221) at J began on 11/15/17 when head stuck in the left side rail I and had to be released hail by fire rescue personnel.  was removed on 11/18/17 hedd and implemented a Compliance. The facility hance at a scope and holated no actual harm with han minimal harm that is rdy) to ensure monitoring he are effective.  Degan on 10/24/17 when on hide rails were not coded as hit #1. Immediate Jeopardy 18/17 when the facility hented a Credible Allegation hacility remains out of he and severity level of D harm with the potential for harm that is not Immediate honoitoring systems put into		000				
	facility failed to developlan for the use of side Immediate Jeopardy when the facility provide Credible Allegation of remains out of compliseverity level of D (Isothe potential for more	began on 11/06/17 when the op a comprehensive care le rails for Resident #1.  was removed on 11/18/17 ded and implemented a Compliance. The facility			TITI F		(X6) DATE	

Electronically Signed

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.

12/13/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C <b>1/19/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		1/19/2017
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 000	4. 483.25 (F323) at Immediate Jeopardy Resident #1 had his at the head of his be from inside the side personnel. Immediate 11/18/17 when the faimplemented a Cred Compliance. The fa compliance at a sco (Isolated no actual himore than minimal himore than minimal himore than minimal himore than minimal himore are effective.  5. 483.70 (F490) at Immediate Jeopardy the admission MDS a restraint for Reside was removed on 11/ provided and implem of Compliance. The compliance at a sco (Pattern with no actumore than minimal himore are effective.  6. 483.75 (F520) at Immediate Jeopardy facility failed to dever plan for the use of si Immediate Jeopardy when the facility provides are effective.	ardy) to ensure monitoring ce are effective.  Joy began on 11/15/17 when head stuck in the left side rail and had to be released rail by fire department at Jeopardy was removed on acility provided and lible Allegation of cility remains out of pe and severity level of Donarm with the potential for earm that is not Immediate monitoring systems put into  Joy began on 10/24/17 when on side rails were not coded as ent #1. Immediate Jeopardy 18/17 when the facility mented a Credible Allegation facility remains out of pe and severity level of E ual harm with the potential for earm that is not Immediate monitoring systems put into	FO			

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	ROVIDER OR SUPPLIER  ONVILLE HEALTH AND	REHABILITATION	<u>. I</u>	1	TREET ADDRESS, CITY, STATE, ZIP CODE  04 COLLEGE DRIVE  CLAT ROCK, NC 28731	1 11/	13/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	the potential for more not Immediate Jeopa systems put into place A partial extended su	olated no actual harm with than minimal harm that is rdy) to ensure monitoring	F	000			
F 221 SS=J	Event ID # 2WHC11. RIGHT TO BE FREE RESTRAINTS CFR(s): 483.10(e)(1) §483.10(e) Respect a	, 483.12(a)(2)	F	221			1/2/18
	The resident has a rig and dignity, including §483.10(e)(1) The rig physical or chemical purposes of discipline	ght to be treated with respect : ht to be free from any					
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	right to be free from abuse, ition of resident property, efined in this subpart. This lited to freedom from involuntary seclusion and ical restraint not required to					
	er e						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345493	B. WING _			11/	19/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
UENDEDO	ONVILLE LIEALTH AND	DELIABII ITATION		1	04 COLLEGE DRIVE		
пениека	ONVILLE HEALTH AND	REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 221	Continued From pag	e 3	F:	221			
	symptoms. When th	e use of restraints is					
	indicated, the facility must use the least rest						
	•	ast amount of time and					
	document ongoing re restraints.	e-evaluation of the need for					
		T is not met as evidenced					
	by:						
	Based on observation	ons, record review and			On 11/15/17 at approximately 6:30AM		
	physician and staff interviews the facility failed to provide an environment free from restraints when				resident # 1 (Room 108B) was found b	y	
					an employee #1. Employee #1, the		
		#1) got his head stuck in the			NA/MA, was working as his medication		
		nd his head had to be			aide on the 100 hall. She had been		
		the side rail by fire rescue			working the 7PM to 7AM shift. She was	on	
	•	beds with side rails with			the 100 hall from 11PM to 7AM.		
		e potential for entrapment			Employee #1 was in room 108 B @		
	out of a total of 130 b	deas in the facility.			5:30AM and resident #1 was in the bed with his head elevated at approximately		
	Immediate Jeopardy	began on 11/15/17 when			45 degrees. Employee #1 gave him his		
		head stuck in the left side rail			morning medications and noted nothing	- 1	
		d and had to be released			abnormal about the resident. Employe	e	
		rail by fire rescue personnel.			#1 returned to room 108 B at		
		was removed on 11/18/17			approximately 6:30 AM to check his blo	od	
		vided and implemented a			pressure. At that time, Employee #1		
	•	of Compliance. The facility			noted the top of resident #1 s head up		
		liance at a scope and			the bridge of his nose was stuck throug		
	•	solated no actual harm with e than minimal harm that is			the side rail on the left side of his bed a his legs were still in the bed. The side r		
	•	ardy) to ensure monitoring			on both sides of his bed were up. He v		
	systems put into place	- · · · -			on an air mattress. He was talking and		
	Systems put into plat	se are enective.			answering questions that Employee #1		
	Findings included:				was asking him. Employee # 1 did not		
					attempt to assist resident #1 at that poi		
	Resident #1 was adr	mitted to the facility on			Employee #1 immediately stepped outs		
		ses which included high			the door and asked Employee # 2 (CN		
	_	icemia (blood poisoning),			to get a nurse. Nurse #1, LPN, and Nu		
		and acute pyelonephritis			#2 LPN arrived to room 108B within a		
	(bacterial infection of				minute and arrived within seconds of ea	ach	
		-			other. Both assessed the situation and		
	A review of an admis	ssion Minimum Data Set			realized the resident had his head up to	נ	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		345493	B. WING				19/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	19/2017
					04 COLLEGE DRIVE		
HENDERS	SONVILLE HEALTH AND	REHABILITATION			LAT ROCK, NC 28731		
	CLIMMADY	TATEMENT OF DEFICIENCIES	- 15	-	T		0/5)
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F 221	Continued From pag	ie 4	F	221			
		17 indicated Resident #1 was		1	the bridge of his nose stuck in the side		
	severely impaired in			rail. Nurse #1 left the room to get a			
		also indicated Resident #1			lubricant. Nurse #1 returned with the		
		nt on staff for bed mobility			lubricant and both nurses began to mo	ve	
	and transfers.	nt on stan for bod mobility			his legs off of the bed to line his body u		
					They worked to free resident #1 from the		
	A facility document ti	itled Initial or Annual Side Rail			side rail for approximately 5 minutes. I		
		0/18/17 indicated Resident			began to say he was hurting. The nurs		
	#1 had half-rails times (x) 2 sides, was able to				stopped and Nurse #2 LPN called 911.		
	participate appropriately in decision making, was				EMS arrived at approximately 6:45am.		
	not able to get out of			The nursing staff, EMS and the fire			
	desired to have side			department repositioned the resident ir	l		
	in bed. The docume			the bed and his head freed from the sid	le		
	I .	ented for bed mobility and			rail easily. EMS assessed the resident		
		nce from care givers. A			and left the facility. Resident was		
		Rail Conclusions indicated			evaluated by Nurse #2 (LPN). Redness		
	I .	e perimeter of the bed, side			was noted to bridge of the nose and let		
		resident from getting out of			cheek. Resident #1 remained 1:1 until	а	
	I .	ot considered a restraint, and nsidered a restraint while in			new bed arrived. Resident #1□s medical professional w	20	
	use.	isidered a restraint write in			notified of the incident at 7:00AM on	15	
	use.				11/15/17. NP was notified that resident	# 1	
	During an interview of	on 11/17/17 at 3:56 PM,			was 1:1. She stated a medical	# I	
	_	nurses were expected to			professional would be in later on 11/15	/17	
	T	assessment when a resident			to assess resident #1. No orders were		
	·	gain when readmitted if the			given. The RP was notified of the incid		
	_	he facility greater than 24			at 7:15AM on 11/15/17. ADON pulled a		
	hours. She confirmed	d she had completed a side			facility census and identified all		
	rail assessment for F	Resident #1 on 10/18/17 and			residents□ cognitive status to determin	e	
	explained she indica	ted Resident #1 was able to			appropriateness of side rails. The ADC	·N	
		itely in decision making			then did a facility assessment to		
		old onto the side rail and it			determine all residents were safe. MD		
	_	turn him and change him			was in the facility on 11/15/17 at		
	1	ecause of the side rails on			approximately 8:50 AM and assessed	he	
		she thought side rails			resident.		
	T	er of the bed and she thought			The ADON was in the facility at the tim	e of	
	1 -	e explained she had indicated			the incident. The Administrator was		
		to have side rails in raised			notified of the incident by the ADON at		
	i dosition in ded decai	use that was what she	1		7:13 AM on 11/15/17. The Director of		1

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER	3.5.65	<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE	111/	19/2017
NAME OF T	TOVIDER OR SOLT LIER				, , ,		
HENDERS	ONVILLE HEALTH AND	REHABILITATION			COLLEGE DRIVE		
				FLA	AT ROCK, NC 28731		
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F 221	Continued From page 5		F 2	221			
	usually put on the assessment. She stated she				Nursing was notified of the incident by	the	
		e rail to be a restraint when a		- 1	ADON at 6:40AM on 11/15/17. The		
		t out of bed by themselves.			Regional Director of Operations was		
		Resident #1 could not get out			notified by the Administrator of the		
		I stated when he got his			incident at 7:30 AM on 11/15/17.		
	· ·	e rail then it was a restraint.			The Corporate Nursing Team was notif	ied	
		dent had side rails on their			by the Administrator and ADON of the		
	_	ed them to get in and out of		- 1	incident by 7:15 AM and a plan of		
bed. She further stated she had received no				correction was initiated immediately.			
	training in the facility	to determine the length of			Resident #1 was placed on 1:1		
	side rails but based o	n her nursing experience			supervision and remained one on one		
	the side rails that were on Resident #1's bed				until his new bed arrived. He was place	ed	
	when he got his head	l stuck were half-length side			in his new bed at approximately 4:00 p	m	
	rails. She explained	Resident #1 was calm at			on 11/15/17. After evaluation of the		
	times but at other time	es he moved and squirmed			resident in the new bed it was determine	ied	
	in bed and there were	e a few times when she had			that the side rails would not be secured	l in	
	seen him twisted in b	ed and she and the NAs had			the down position.		
	repositioned him.				On November 15, 2017 we assessed a	II	
					residents for safe use of side rails. Side	-	
		sion Nursing Evaluation		- 1	rail assessments will be completed upo		
		ection labeled orientation to			admission, re-admission, quarterly, and	t	
	facility side rails were	indicated.			with any significant change in the		
				- 1	resident □s condition. The assessment	s	
		inplanned discharge to the			were complete on 11/15/17.		
		and was readmitted to the		- 1	All residents that are on a high low bed		
	facility on 11/04/17.				mattresses were assessed for proper u	se	
					of side rails.		
		sion Nursing Evaluation			An in-service with the nursing department		
		ited in a section labeled		- 1	was done by the unit manager and AD0		
	-	Resident #1 was unable to		- 1	proper use of side rails related to ment		
	be oriented.			- 1	status and not to remove the zip ties (N	IO	
	A fooility described to	lad Initial or Applied Cide Deil		- 1	staff has or will work until they have		
		led Initial or Annual Side Rail /04/17 indicated Resident			received the in-service). All licensed		
		ail in use x 2 sides. The			nursing staff that have worked since the in-service will be educated on the updated		
	•			- 1	side rail assessment. 100% of all staff		
		evealed Resident #1 was					
		propriately in decision			be in serviced before they return to work Side rail assessments reviewed with	Λ.	
	making, was not able						
	independently and desired to have side rails in				nurses and to be completed upon		

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		345493	B. WING _				C / <b>19/2017</b>
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		13/2017
					04 COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AN	ID REHABILITATION			FLAT ROCK, NC 28731		
	OLIMAN DV			•			
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F 221	Continued From pa	nge 6	F	221			
F 221	raised position while also revealed Reside consciousness and for bed mobility. As Conclusions indicate perimeter of the best resident from getting considered a restrate complete a side rail nursing admission side rail was a restrate when side rails would be explained when she side rails would be explained when she side rails would be explained when she side rails. She state rail to hold on to when could not turn his stated Resident #1 bed at times. She say he desired to hused them as an air repositioning. She smobility, Resident #1 staff and stated she staff and stated she side rails.	e in bed. The assessment dent #1 had decreased level of I needed extensive assistance section labeled Side Rail ted, side rails do not define the d, side rails do not prevent ng out of bed, side rails are not sint, and side rails are not	F	221	admission, re-admission, quarterly, and with any significant change in the resident □s condition.  On 11/17/17 100% of all staff prior to assigned shift were in serviced on side usage protocol by the dietary manager therapy manager, administrator, environmental services manager. Side management will be added to the gene orientation.  MDS nursing updated the working plar care as well as the care plan in chart of all residents that had the side rails secured.  All resident care plans were reviewed appropriate use of side rails and care plans were updated based on results of side rail evaluation.  On 11/17/17 Social services, administrative nursing staff and regional clinical manager conducted updated si rail assessments on 100 percent of all residents.  Care plans were then updated by DON ADON and regional clinical manager according to the results of the updated side rail assessment.  Maintenance director completed a 100 audit of all residents for the proper bed dimension due to size and weight.  Maintenance director also completed a audit of all residents for the risk of	e rail ; rail eral n of on for al de	
	rails did not cover to only at the top. She consider a side rail resident would not side rail was blocki Resident #1 was not side rail was	he whole bed since they were the further stated she would to be a restraint when a be able to get out of bed or the ng their exit. She then verified of able to get out of bed by a not considered the side rail			entrapment from use of side rails.  Notification of updated side rail usage protocol was mailed to the resident and resident representative on 11/18/17.  Side rail assessments will be complete by a licensed nurse upon admission, re-admission, quarterly, and with any		

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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		1/19/2017	
				104 COLLEGE DRIVE			
HENDERS	SONVILLE HEALTH AND	REHABILITATION		FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ( (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 221	Continued From pag	e 7	F 2	221			
	every bed in the facil	I as a restraint. She stated ity had side rails on them ent types of beds and side		significant change in the r condition. The QA Executive Committhe results monthly for 3 r	ittee will review		
	of 11/06/17 revealed daily living (ADL) def mobility. The goals i would remain free fround the interventions						
	#2 indicated on 11/18 Nurse Aide (NA) #1 v Aide reported that Re through the side rail The notes revealed r to his face in an atter without success. Th was called and the fi Emergency Medical the facility to attempt without injury. The n was turned in the be out and there was a	Services (EMS) was sent to to free Resident #1's head otes indicated Resident #1 d and his head eventually slid red mark and indentation on ressure from the side rail but					
	6:30 AM completed I Nursing (ADON) revo #1's room to check h Resident #1 was obs head in the upper sid	nt report dated 11/15/17 at by the Assistant Director of ealed NA#1 entered Resident is blood pressure and served with the top of his le rail. The report indicated as asked what he was doing,					

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	ROVIDER OR SUPPLIER	D REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731		111102511	
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F 221	stated no he was tr more air. The repo attempted to reposi head from the open was "minimally coo lubricant was applie the fire department moving Resident #* assisted with easy side rail. The repor Resident #1 for inju nose and left cheek half-length side rails and immediate action on one supervision physician and respon notified.	rying to break his neck, then ying to get cooler and get rt further indicated NA#1 tion Resident #1 to slip his ing of the rail but Resident #1 perative." The report revealed ed to Resident's #1's head and was called for assistance on I and they arrived and removal of his head from the t indicated Nurse #2 assessed ries and he had redness to his is. The report also indicated is were on Resident #1's bed ons taken were to provide one with a staff member and onsible party (RP) were	F 221			
	11/15/17 at 7:17 AN responded to a call #1 had his head stufurther indicated responded to ward the mathematic The report also indicomplaints of pain I was released from During a telephone PM, NA #1 who was tated she took menus 11/15/17 at 5:30 AN explained she went to take his blood problem lying across the side rail and his leg	Indicated 2 rescue personnel from the facility and Resident lick in a side rail. The report scue personnel had nurses is body while they pushed his attress in order to free him. In cated there were no injuries or long resident #1 after his head lications to Resident #1 on and he was fine. She loack into Resident #1's room lessure at 6:30 AM and found less bed with his head in the left is were off the right side of the leasked him what he was				

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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 221	trying to break his not get some air. She si with oxygen on and bed which was inflat for Nurse Aides (NA: NA#2 went to get Nu stated the nurses we rubbed it on Resider head out but he was stopped and called to were able to get Reshis head out of the side of Reside the pressure from the During a follow up in AM, NA #1 clarified if facility from the hosp and his blood pressure keeping a check on stated each time she his back and the head approximately 45 dewere raised up at the explained at 5:30 AM to him and he was fill was still up at approximately at a approximately at	reposition and he said he was each then said he was trying to tated he had a nasal cannula he had an air mattress on his ed. She explained she called s) #2 and #6 to help and then urse #1 and Nurse #2. She ent and got lubricant and it #1's head to try to slide his n't tolerating that well so they he fire department and they sident #1 repositioned and got ide rail. She further stated ent #1's face was red from the bed rail.  Iterview on 11/17/17 at 9:12 Resident #1 came back to the soital at 1:08 AM on 11/15/17 are was high so she was it about every hour. She went in his room he was on ad of his bed was elevated grees and both side rails the head of his bed. She was the head of his bed. She was and the head of the bed ximately 45 degrees. She	F2				
	stated at approximate to check Resident #1 Resident #1 with his rail from the back of nose. She explained be in distress and water to be really stuck. So and Nurse #2 were put #1's head and face of the bed rail and was	rely 6:30 AM she went back 1's blood pressure and found head stuck in the left side his head to the bridge of his d Resident #1 did not seem to as calm but his head seemed he explained when Nurse #1 butting lubricant on Resident Resident #1 put his hands on pulling himself further into de rail and they told him to					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		DATE SURVEY COMPLETED
		345493	B. WING			C 11/19/2017
	ROVIDER OR SUPPLIER  SONVILLE HEALTH AN	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731	)DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 221	NA #6 were holding they were hanging of when the fire departs aid they had cutter side rail but when the toward the head of across the mattress the side rail. She stin the facility and as resident had side rail. She stin the facility and as resident had side rail. She stin the facility and as resident had side rail. She stin the facility and as resident had side rail. She stated she worke and made rounds a and checked on Re Resident #1 was as stated she did not kuntil NA #1 told her NA #1 stayed with Find Nurse #1 to go to Resident #1 said he she did not know he head stuck in the side of the stated on 11/15/they had checked Find round around 5:20 left side. She explainer assigned hall with come to Resident #1 said he head caught in the left Resident #1 said he resident #1 said here.	Resident #1's legs because off the side of the bed and tment and EMS got there they is and were going to cut the ney pulled Resident #1's legs the bed and he was straight then his head came out of tated side rails were common af ar as she knew, every alls on their bed.  On 11/17/17 at 6:45 AM, NA and the night shift on 11/15/17 round 5:20 AM with NA #6 sident #1 and at that time alleep with oxygen on. She now anything had happened to get a nurse. She explained Resident #1 and NA #2 told esident #1's room. She it to get lubricant and Nurse #1 and ADON. NA #2 further stated as was trying to get fresh air but ow he could have gotten his	F	221		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C I <b>1/19/2017</b>	
	ROVIDER OR SUPPLIER	AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		1171372017	
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F 221	the fire department got his head out a indention on the light rail.  During an intervie Nurse #1 stated of medication room NA#1 needed her She explained shroom and he was head stuck inside asked Resident # side rail and he say She explained shroom going to get some free him and then to Resident #1's roon his head but it of the side rail. She came in Residecided to call the explained the only was when they tri hurt and his face.	dge. She explained they called and and EMS and they came and and Resident #1 had an eff side of his face from the side.  We on 11/17/17 at 7:15 AM, on 11/15/17 she walked to a and NA #2 came in and told her help in Resident #1's room.  We walked into Resident #1's room and they was estuff to lubricate his head and she met Nurse #2 and took her room and they put the lubricant didn't work to get his head out he stated she told someone but be who to go get the ADON and dent #1's room and they we fire department and EMS. She was time Resident #1 said anything red to move him and he said it	F	221			
	recall which NA complete by the nurse's state of the medication and stated she was she explained whereom he was on he	m. She stated she could not alled to her but as she walked tion Nurse #1 was coming out room with a box of lubricant as going to Resident #1's room. Hen she entered Resident #1's his back but leaning toward his ead was stuck in the open part					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		345493	B. WING			C 11/19/2017
	ROVIDER OR SUPPLIER	D REHABILITATION	•	STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 221	wasn't talking much lubricant to Residen him out but it didn't went to get the ADC room. She stated s Resident #1's body they could slide him explained the ADON department and Nur explained the proble they would send the She stated when the arrived they turned across the bed and Resident #1's head head slid out. She cindentation and a rehis left cheek but the stated she did not k stuck in the rail.  During an interview ADON explained NA 6:30 AM on 11/15/1 Resident #1's room entered Resident #' sideways in the bed the left side rail up to the left cheek was prese explained Resident someone had put luforehead to try to sli	She stated Resident #1 but she and Nurse #1 applied t #1's face and tried to pull work. She explained NA #2 N to come to Resident #1's he thought if they turned in alignment with his head out but that didn't work. She I said they should call the fire rse #2 called 911 and em and the dispatcher said effire department and EMS. Resident #1's body to be the rescue personnel pushed back through the rail and his explained Resident #1 had an d mark from the side rail on ere was no broken skin. She now how he got his head  on 11/16/17 at 12:09 PM, the A #2 came and got her around 7 and told her to come to She stated when she I's room, he was lying with his upper body toward ed and his head was in the e bridge of his nose and his sed into the rail. She #1 was groaning and bricant on his face and de his head out but it didn't urse #2 called 911 and the fire	F	221		
	room when they got She explained she	S came but she wasn't in the his head out of the side rail. called the Nurse Practitioner physician would be at the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	IPLE CONSTRUCTION	ľ	(X3) DATE SURVEY COMPLETED
		345493	B. WING _			C <b>11/19/2017</b>
	ROVIDER OR SUPPLIER	REHABILITATION	•	STREET ADDRESS, CITY, STATE, ZIF 104 COLLEGE DRIVE FLAT ROCK, NC 28731	P CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIAT	DATE
F 221	stated the NP also sometical Director to let to provide Resident sometic supervision. The AE Resident #1's RP.  During an interview of Nurse #6 stated she at 6:45 AM and staff	to see Resident #1. She tated she would talk with the et him know but to continue	F 2	221		
	explained Resident # the day but sometim a tendency to be res noticed twice lately F thrown over the side	#1 normally slept a lot during es during the evening he had tless. She stated she had Resident #1 had his legs of the bed. She stated she as restless but he couldn't tell				
	#3 stated she was to 11/15/17 around 7:00 shift Resident #1 had rail. She explained to little red yesterday be today. She stated shad his head stuck in had not seen him try:  During an interview at 1:05 PM, the Envi Director stated he was 11/15/17 by the ADC Hi-Low bed because side rails on his curre to Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails they could not be put shift Resident #1's root secure the side rails	on 11/16/17 at 3:00 PM, NA old yesterday morning on O AM during report from third d his head stuck into the side he left side of his face was a ut there was no redness ne was surprised Resident #1 n the side rail because she to get out of bed.  and observation on 11/16/17 ronmental Services (EVS) as notified about 7:30 AM on N that Resident #1 needed a they had a problem with the ent bed. He stated he went m and placed zip ties to to the frame of the bed so lled back up and then he				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	TIPLE CONSTRUCTI			E SURVEY IPLETED
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F 221	PM on 11/15/17 an service hall with the bed. The EVS Direservice hallway and had removed from raised the left side the diameter of the rail. He confirmed were 7.5 inches with During an interview Physician #1 who was Director stated a Nomorning on 11/15/1 made the statemer neck and asked if was psychiatric services. Resident #1 was a stated he thought Fedid not think he was During an observat Resident #1 was sivisible red areas or During an interview #4 stated Resident when she was assineeded total assist living. She further down in the bed.  During an interview #5 stated she had and in the past she	I was delivered around 3:45 I dhe took the old bed to a I e side rails still attached to the I ector pointed to a bed in the I confirmed it was the bed he I confirmed it was the bed in the I confirmed it was the I confirmed it was the I confi	F	221			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11/19/2017
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F 221	Resident #1 was ly the right side of his	ion on 11/17/17 at 8:05 AM ing in bed and NA #3 was on bed. Resident #1 had his ere were no red areas or	F 2	21		
	AM, the EVS Direct Resident #1 had his were old beds from in the facility years they had purchased had side rails with a than the old bed side the facility had side came delivered with He explained they had the foot because foot they would be thought the side rail head was stuck in the stated there were	nterview on 11/17/17 at 8:29 stor explained the type of bed is head caught in the side rail a local hospital that were put ago. He stated over the years if some Hi-Low beds and they spaces that were much smaller de rails. He stated all beds in rails on them because beds in side rails already on them. had taken the rails off the beds if they had rails at the top and restraints. He stated he if on the bed that Resident #1's was a quarter-length side rail. re 130 beds in the facility but inventory list of the type of				
	MDS Nurse stated side rails on the ME restraint. She state and they had never but now she could adequate for some visited with Resider stuck in the side rai happened and he sthere and get some to get out of bed.	on 11/17/17 at 5:11 PM, the there was no place to code OS unless they were used as a ed the facility was restraint free the put side rails on a care plan see that side rails were not residents. She stated she at #1 after he got his head I and asked him what had aid he was trying to get out more air but he was not trying the explained when she had he past and he was lying on				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE COMPI	
		345493	B. WING		11/2	) 19/2017
	ROVIDER OR SUPPLIER	ND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP ( 104 COLLEGE DRIVE FLAT ROCK, NC 28731		13/2017
(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 X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 221	rail. She stated sh the facility had side use half-length side was her understan were done to deter side rails up or dovanswer simple que complex he had troe During an interview Maintenance Direct facility had quarter thought the side rail that was the way the explained he did manufactored had not received a Resident #1's bed type of bed Reside was stuck in the side manufactured found inspection sthospital dated 199 replacement parts 1996 and 1997.  During a follow up PM, the ADON stat quarter-length side want side rail assessmurse when a reside	hand resting on top of the side thought most of the beds in the rails on them but they did not the rails. She further stated it ding that side rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident wanted the the rail assessments mine if the resident #1 tould stions but if the questions was touble answering them.  If on 11/17/17 at 5:39 PM, the tor stated every bed in the tils were on the beds because they were delivered. He taintenance on beds if they takes didn't work or if the side the confirmed most of the beds the confirmed most of the beds the stated to recompact openings with the penings. He further stated he the property work order requests for the side rails. He explained the the rail was in when his head the raid was an older hospital the raid was an older hospita	F	221		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 221	Continued From pag	ge 17	F 2	21			
	resident used side restricted their move when Resident #1's rail it was a problem could happen to and	poposed to determine how the ails and if the side rails ements. She stated she knew head was caught in the side and if it happened to him it other resident.  ew on 11/18/17 at 9:45 AM a president bed revealed the					
	bed was configured half-length side rails indicated the bed mo- side rails because b	to accept sectionalized  The manual further  ust have the head section  oth head section rails  knee controls and hi-low					
	AM, the EVS Director manual for a resider bed Resident #1 was tuck in the side rail audit he had complethe facility and explayment which were the sam got his head stuck in	atterview on 11/18/17 at 10:15 or confirmed the service at bed was for the same type in when he got his head. He also provided a bed atted on 11/17/17 of all beds in a sined there were 81 beds to e type as the bed Resident #1 in the side rail, 33 Hi-Low beds 5 rental beds and 1 personal dis in the facility.					
	Director of Nursing searlier in the week be after Resident #1 go rail and she came be stated she had not on Resident #1's bed to after review of the senow realized they we explained the older leading to the senow realized they we explained the older leading to the senow realized they we explained the older leading to the senow realized they we explained the older leading to the senow realized they we explained the older leading to the senow realized they we are the senow realized they were the senow realized they were the senow realized they were the senow realized they are the senow realized the senow realiz	on 11/18/17 at 2:57 PM, the stated she was on vacation ut was called by the ADON at his head stuck in the side tack to the facility. She further considered the side rails on the bequarter-length rails but ervice manual for the bed she ere half-length side rails. She beds like the one Resident #1 in the side rail came when the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION  NG		X3) DATE SURVEY COMPLETED
	345493	B. WING_			C 11/19/2017
NAME OF PROVIDER OR SUPPLIER  HENDERSONVILLE HEALTH AND F			STREET ADDRESS, CITY, STATE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	, ZIP CODE	11/19/2017
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIAT ICIENCY)	(X5) COMPLETION DATE
side regardless of how his body was in the dir his head near the rail to flag. She stated it was look and see if the side device and should not resident.  During an interview on Physician #1 who was Director stated he was Resident #1 got his he He further stated the ir years with use of beds designs.  During an interview on Administrator stated it any kind of equipment potential for harm. He work at the facility earl to look at the assessm He stated it was his extheir guard down but now from harm. He further how side rails were be it was his expectation to make everyone was safety and unsafe zone.  The Administrator, AD Clinical Services and Colinical Services were Jeopardy on 11/1717 and The facility provided and the stated it was his expectation of the stated it was his expectation and the stated it was his expectati	ars ago. She stated gnificantly toward his left whe was positioned and if section of the side rail with that would have been a red is her expectation for staff to be rail was a positioning restrict movement of the an 11/18/17 at 4:05 PM, also the facility Medical is notified promptly when had caught in the side rail. Incident was a left over to 20 is with older side rail. In a 11/19/17 at 2:43 PM, the was his expectation that needed to be looked at for a stated when he came to lier this year he did not think the sentence of beds or side rails. In the staff could not let be stated he could now see the stated he could now see the ficial and hazardous and for all staff to be inserviced as aware of bed and side rail es.  ON, Regional Consultant of informed of Immediate at 2:33 PM.	F2	221		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345493	B. WING				C <b>19/2017</b>
	ROVIDER OR SUPPLIER	REHABILITATION		104 C	ET ADDRESS, CITY, STATE, ZIP CODE COLLEGE DRIVE T ROCK, NC 28731		13/2317
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 221	Rehabilitation for F 2 to be treated with rest the right to be free from 11/15/17 Henderson re-evaluated their prograils to ensure all rest dignity and respect with free from physical rest dignity and respect with free from 11/15/17 at approximation aide on the working the 7 PM to 100 hall from 11 PM in room 108 B @ 5:3 the bed with his head 45 degrees. Employed medications and note the resident. Employed at approximately 6 pressure. At that time top of resident #1's hose was stuck through the was on an air material and the was on an air material resident #1 at immediately stepped in the resident		F:	221			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		ATE SURVEY MPLETED
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	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		
(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 C ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 221	within a minute and each other. Both as realized the residen bridge of his nose s left the room to get returned with the lul to move his legs off They worked to free for approximately 5 was hurting. The nu LPN called 911.  EMS arrived at approximating staff, EMS arrived at approximating staff, EMS are positioned the resident and left the evaluated by Nurse to bridge of the nose remained 1:1 until at Resident #1's medic of the incident at 7:0 notified that resident supervision. She st would be in later on #1. No orders were of the incident at 7:7 pulled a facility cens cognitive status to did a facil	LPN arrived to room 108 B arrived within seconds of sessed the situation and thad his head up to the tuck in the side rail. Nurse #1 a lubricant. Nurse #1 pricant and both nurses began of the bed to line his body up. The resident #1 from the side rail minutes. He began to say he curses stopped and Nurse #2 proximately 6:45 AM. The fire department and the fire department and the fire department and left cheek. Resident #1 from the side rail easily. EMS assessed the facility. Resident was #2 LPN. Redness was noted and left cheek. Resident #1 from the side and left cheek. Resident #1 from the side rail easily. EMS assessed the stacility. Resident was #2 LPN. Redness was noted and left cheek. Resident #1 from the side and left cheek. Resident #1 from the side of the s	F 2	221		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION		OATE SURVEY OMPLETED
		345493	B. WING _			C 11/19/2017
	ROVIDER OR SUPPLIER  SONVILLE HEALTH AN	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COE 104 COLLEGE DRIVE FLAT ROCK, NC 28731	)E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 221	The Director of Nursincident by the ADC The Regional Direct by the Administrator 11/15/17.  The Corporate Nurs Administrator and A AM and a plan of commediately.  o The procedure for plan of correction for Resident #1 was pla supervision and ren new bed arrived. H at approximately 4:0 evaluation of the red determined that the secured in the down On November 15, 2 for safe use of side will be completed upurterly, and with a resident's condition complete on 11/15/1  All residents that ar mattresses were as rails.  An in-service with the done by the unit ma of side rails related remove the zip ties	on at 7:13 AM on 11/15/17.  Ising was notified of the on at 6:40 AM on 11/15/17.  Itor of Operations was notified or of the incident at 7:30 AM on sing Team was notified by the IDON of the incident by 7:15 orrection was initiated or implementing the acceptable or the specific deficiency cited; acced on one on one until his e was placed in his new bed IDOPM on 11/15/17. After sident in the new bed it was side rails would not be in position.  O17 we assessed all residents rails. Side rail assessments pon admission, re-admission, any significant change in the IDOPM on 11/15 assessments were	F2	221		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	PLE CONSTRUCTION		3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017	
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 221	in-service will be edrail assessment. 10 serviced before the assessments review completed upon ad quarterly, and with resident's condition On 11/17/17 100% shift were in service by the dietary mana administrator, envir Side rail management orientation. MDS nursing updat well as the care pla had the side rails so All resident care pla appropriate use of supdated based on 10 On 11/17/17 Social nursing staff and reconducted updated percent of all reside Care plans were the and regional clinical results of the updated Maintenance direct all residents for the size and weight. Macompleted an audit entrapment from us Notification of updated will be mailed to the representative by 1 o The monitoring processing the same and the representative by 1 o The monitoring processing the same as the same and the representative by 1 o The monitoring processing the same as the same as the same and the representative by 1 o The monitoring processing the same as	ave worked since the ducated on the updated side 10% of all staff will be in y return to work. Side rail wed with nurses and to be mission, re-admission, any significant change in the .  of all staff prior to assigned ed on side rail usage protocol ager, therapy manager, onmental services manager. ent will be added to the red the working plan of care as in in chart on all residents that ecured. The area of side rail evaluation. Services, administrative gional clinical manager side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments on 100 ents. The area of side rail assessments of side rail assessments of side rail assessments of all residents for the risk of the of side rail usage protocol entered and or resident and or resident entered and or resident and or resident and or resident and entered side rail assessments of the risk of the of side rail usage protocol entered and or resident and or resident and or resident and or resident and entered side rail assessments of the risk of the of side rail usage protocol entered and or resident and or reside	F2	21			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	` '	OATE SURVEY OMPLETED
		345493	B. WING _			C 11/19/2017
	ROVIDER OR SUPPLIER	) REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COL 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11/13/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 221	compliance with the 1. We assessed al side rails. 2. Side rail assess admission, re-admis significant change in  The title of the p implementing the ac Director of Nursing a We certify that as of immediate jeopardy  Immediate Jeopardy when interviews with they were aware of p related to a resident new side rail assess	ains corrected and/or in regulatory requirements; I residents for safe use of ments will be completed upon sion, quarterly, and with any the resident's condition.  Derson responsible for ceptable plan of correction. and Administrator  November 18, 2017 the	F2	221		
F 278 SS=J	protocol and residen updated regarding updated regarding updated regarding updated they had been assessments and not completed for every stated they were award concerns regarding and Administration immedeVS Director and Marconfirmed they had and had audited 100 risk of entrapment from ASSESSMENT	t care plans had been se of side rails. Were also interviewed and inserviced on side rail was assessments had been resident in the facility. They are they were to report any side rails on resident beds to diately. An interview with the aintenance Director received inservice education of resident beds for the om side rails.	F2	278		1/2/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		345493	B. WING			C 1/19/2017	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COL 104 COLLEGE DRIVE FLAT ROCK, NC 28731		1/13/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 278	must accurately refl (h) Coordination A registered nurse reach assessment wparticipation of heal (i) Certification (1) A registered nurse the assessment is considered nurse that portion of the acceptance of the	essments. The assessment ect the resident's status.  nust conduct or coordinate ith the appropriate th professionals.  se must sign and certify that ompleted.  who completes a portion of the gn and certify the accuracy of ssessment.  cation and Medicaid, an individual owingly- al and false statement in a it is subject to a civil money than \$1,000 for each  individual to certify a material in a resident assessment is ney penalty or not more than essment.  ment does not constitute a	F 27				
	facility failed to accu Data Set (MDS) of a	views and staff interviews the trately code the Minimum a resident for use of side rails int. The resident (Resident		On 11/4/17 Resident #1 was the licensed admissions nurs Sanstone side rail assessme electronic medical record. Re	e using the nt from the		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE  104 COLLEGE DRIVE	, ZIP CODE	11110/2011	
HENDERS	ONVILLE HEALTH AN	D REHABILITATION		FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 278	Continued From page	ge 25	F 2	78			
F 278	#1) got his head sturand his head had to side rail by fire rescribeds.  Immediate Jeopardy the admission MDS a restraint for Resid was removed on 11 provided and impler of Compliance. The compliance at a sco (Isolated no actual hore than minimal hoppardy) to ensure place are effective.  Findings included:  Resident #1 was ad 10/17/17 with diagnostic blood pressure, sep difficulty swallowing (bacterial infection of A review of an admit (MDS) dated 10/24/severely impaired in making. The MDS a was totally depended.	ck in the side rail of his bed be released from inside the ue personnel for 1 of 4 who had side rails on their began on 10/24/17 when on side rails were not coded as ent #1. Immediate Jeopardy /18/17 when the facility mented a Credible Allegation a facility remains out of the pe and severity level of Donarm with the potential for the marm that is not Immediate the monitoring systems put into moses which included high ticemia (blood poisoning), and acute pyelonephritis	F 2	assessed and consider usage. Following the incident Director of Clinical Op the Sanstone Health a evaluation to include the cognitive status, bed in danger zone status and sizing status) to be collicensed nurses upon readmission, significant condition and quarterly accurate evaluation of On 11/18/17 a 100% at by the ADON, DON ard Manager to assure accurate of the completed by the by the Regional Clinical Manaccuracy of resident at to side rails. On 11/18, nurses were re-educated DON/ADON on accurated MDS assessments accurated to a 11/18/17 a 100% at by the ADON, DON ard Manager to assure accurated to a 11/18/17 a 100% at by the ADON, DON ard Manager to assure accurated to a 11/18/17 a 100% MDS completed by the by the Regional Clinical Manaccurated Initial	with resident #1 the rations updated and Rehab side rail he (residents nobility status, and the proper bed impleted by the admission, and the change in a to ensure a more of resident safety. In the resident safety of resident of Regional Clinical curacy of resident of side rails. On a saudit was ne ADON, DON an ager to assure seessments related to the resident of the cording to the RAI and the was completed by the attention of the resident of the RAI and the resident of the RAI and the resident of side rails. On a saudit was ne ADON, DON and a saudit was ne ADON, DON and a saudit was ne ADON, DON and and the resident was ne ADON, DON and and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was ne ADON, DON and the resident and the resident was necessarily and the resident w	d I d	
	A facility document Assessment dated #1 had half side rail the head of the bed	titled Initial or Annual Side Rail 10/18/17 indicated Resident s on each side of the bed at . The document further #1 needed total assistance		accuracy of resident a to side rails. Any nega addressed by the DON Manager, maintenance environmental service resident safety.	ssessments related tive findings were N, ADON, Unit e director and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			11/1	) 19/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	)E		10/2011
HENDERS	SONVILLE HEALTH AND	) REHABILITATION		104 COLLEGE DRIVE			
				FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
F 278	Nurse #4 confirmed admission assessment for Resi coding on MDS asses had documented on assessment that side Resident #1 because routine to check the resident beds had si she had not conside #1's bed to be a rest head stuck in the side a restraint.  Resident #1 had an hospital on 10/31/17 facility on 11/04/17.  A facility document to Assessment dated 1 #1 had quarter length his bed at the head of further revealed Resident #5 confirmed nursing assessment because he had beed days. She stated she MDS. She stated she to be a restraint whe	on 11/17/17 at 3:56 PM, she had completed a nursing ent and a side rail dent #1 but did not do any essments. She explained she the admission nursing e rails were indicated for e it was her (Nurse #4) usual side rails box since all de rails on them. She stated red the side rails on Resident raint but when he got his er rail then she felt they were unplanned discharge to the and was readmitted to the and was readmitted to the side rails on both sides of of the bed. The document ident #1 had decreased level d needed extensive	F 2	Side rail assessments will be upon admission, re-admission and with any significant chan resident s condition by a lice Identified problems will be ad the DON, ADON, Unit Managnurse, maintenance director environmental services direct On 11/18/17 100% MDS nurs re-educated by the DON/ADO accurate coding of the MDS according to the RAI manual. ADON will audit residents ME assessments for accuracy x 2 Then 50% will be audited x 2 10% weekly x 4. The results will be reviewed weekly by the Clinical Manager x 8 weeks the facility is in compliance with F The QA Executive Committe will review results monthly X	n, quarterly ge in the ensed nurs dressed by ger, license and or tor. ses were ON on assessmer. DON and OS 2 weeks. It weeks, the of the aud the Regiona to ensure the 278.	y, se. y ed nts en lits il	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C I <b>1/19/2017</b>	
	ROVIDER OR SUPPLIER	ND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731	•	1171072017	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 278	6:30 AM completed Nursing (ADON) resident #1 was a head in the upper when Resident #1 he replied he was stated no he was more air. The repattempted to repohead from the open was "minimally collubricant was appointed fire department moving Resident assisted with easy side rail. The represident #1 for in nose and left chechalf-length side rail and immediate acon one supervision physician and resident.  During an intervied MDS Nurse explairails as restraints there was no place unless they were she had not consist the properties of Nursin had oversight of	ident report dated 11/15/17 at an ed by the Assistant Director of revealed NA#1 entered Resident is his blood pressure and observed with the top of his side rail. The report indicated was asked what he was doing, trying to break his neck, then trying to get cooler and get root further indicated NA#1 sition Resident #1 to slip his ening of the rail but Resident #1 operative." The report revealed lied to Resident's #1's head and not was called for assistance on #1 and they arrived and y removal of his head from the cort indicated Nurse #2 assessed juries and he had redness to his ek. The report also indicated ills were on Resident #1's bed tions taken were to provide one in with a staff member and ponsible party (RP) were  w on 11/17/17 at 5:11 PM, the ined she had not coded the side on Resident #1's MDS because e to code side rails on the MDS used as a restraint. She stated dered the side rails on Resident estraint until he got his head	F 2	278			

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  3	(X3)	(X3) DATE SURVEY COMPLETED C		
		345493	B. WING			11/19/2017		
	ROVIDER OR SUPPLIER	ID REHABILITATION	1	STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	'			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 278	Administrator state assessments to be The Administrator, Clinical Services at Clinical Services w Jeopardy on 11/18. The facility provide allegation for imme 11/18/17 at 9:54 Pt Credible allegation for F and Rehabilitation for F and Rehab will ass an accurate assessmember who will as have specific know status, needs, street On 11/18/17 Hendere-evaluated their pright to an accurate below.  The plan of correct plan should address the deficiency cited.	on 11/19/17 at 2:43 PM, the dit was his expectation MDS coded accurately.  ADON, Regional Consultant of and Corporate Consultant of ere informed of Immediate /17 at 11:13 AM.  Id an acceptable credible diate jeopardy removal on M.  for Hendersonville Health and 278 - Hendersonville Health ure that each resident receives sment by a qualified staff essess relevant care areas and ledge about the resident's angths, and areas of decline. Ersonville Health and Rehab process to ensure the residents erassessment as outlined ing the specific deficiency. The is the processes that lead to dit;	F 2'					
	licensed admission assessment from the Following the incident Director of Clinical rail evaluation to in status, bed mobility	nt #1 was assessed by the is nurse using the side rail ne electronic medical record. ent with resident #1 the Operations updated the side clude the (residents cognitive vistatus, danger zone status) is sizing status) to be completed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345493	B. WING		11/2	) 19/2017
	ROVIDER OR SUPPLIER ONVILLE HEALTH AND			STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE FLAT ROCK, NC 28731		19/2017
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 278	quarterly to ensure a resident safety.  The procedure for implan of correction for On 11/18/17 a 100% ADON, DON and Reassure accuracy of reto side rails. On 11/13 completed by the by Regional Clinical Maresident assessment 11/18/17 100% MDS the DON/ADON on a assessments according The monitoring processor of correction is effect deficiency cited remacompliance with the substantial to assure accuracy or related to side rails. On 11/18/17 a 10 the ADON, DON and to assure accuracy or related to side rails. On audit was completed Regional Clinical Maresident assessment negative findings were	es upon admission, ant change in condition and more accurate evaluation of plementing the acceptable the specific deficiency cited; audit was completed by the gional Clinical Manager to esident assessments related 8/17 a 100% MDS audit was the ADON, DON and nager to assure accuracy of serelated to side rails. On nurses were re-educated by ccurate coding of the MDS and to the RAI manual.  Bedure to ensure that the plantive and that specific hins corrected and/or in regulatory requirements; and audit was completed by Regional Clinical Manager for resident assessments and 11/18/17 a 100% MDS by the ADON, DON and nager to assure accuracy of serelated to side rails. Any the addressed by the DON, maintenance director and	F 27	78		
	admission, re-admiss	ments will be completed upon sion, quarterly, and with any the resident's condition by a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING_			C 11/19/2017	
NAME OF PR	ROVIDER OR SUPPLIER	040400		STRE	EET ADDRESS, CITY, STATE, ZIP CODE	11/	19/2017
					COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AND	REHABILITATION		FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 278	Continued From page	÷ 30	F 2	278			
	licensed nurse, maint environmental service  3. On 11/18/17 1 re-educated by the D coding of the MDS as RAI manual. DON an	N, ADON, Unit Manager, enance director and or					
	x 4. The results of th weekly by the Region weeks to ensure the 1 F278. The QA Execu	2 weeks, then 10% weekly e audits will be reviewed al Clinical Manager x 8 facility is in compliance with ative Committee members e continued need and pr F278.					
	The title of the persor implementing the acc	n responsible for eptable plan of correction:					
	Director of Nursing ar	nd Administrator					
	We certify that as of Nimmediate jeopardy v	November 18, 2017 the vill be removed.					
F 279	when interviews with received in-service transports on admit quarterly and with any resident's condition. revealed they had als training regarding accuracy related	ission, readmission, y significant change in the Interviews with MDS nurses	F	279			1/2/18
SS=J			1-2				1,2,10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _		1.	C 1/19/2017
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 104 COLLEGE DRIVE FLAT ROCK, NC 28731		1713/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 279	assessments comp months in the reside results of the asses	ge 31  nust maintain all resident leted within the previous 15 ent's active record and use the sments to develop, review lent's comprehensive care	F2	279		
	comprehensive pereach resident, consset forth at §483.10 includes measurabl to meet a resident's and psychosocial necomprehensive assecare plan must describe (i) The services that or maintain the resiphysical, mental, ar required under §483.10, includer §483.24, §48 provided due to the under §483.10, includer §483.10	t develop and implement a son-centered care plan for istent with the resident rights (c)(2) and §483.10(c)(3), that e objectives and timeframes medical, nursing, and mental eeds that are identified in the essment. The comprehensive cribe the following -  t are to be furnished to attain dent's highest practicable of psychosocial well-being as 3.24, §483.25 or §483.40; and att would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 33.10(c)(6).				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345493	B. WING			C 1/19/2017	
NAME OF PI	ROVIDER OR SUPPLIER	0.10.100		STREET ADDRESS, CITY, STATE, ZIP CODI		1/19/2017	
				104 COLLEGE DRIVE			
HENDERS	ONVILLE HEALTH ANI	O REHABILITATION		FLAT ROCK, NC 28731			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 279	Continued From page 32		F 2	79			
	rationale in the resid	lent's medical record.					
	(iv)In consultation w resident's represent	ith the resident and the ative (s)-					
	(A) The resident's goals for admission and desired outcomes.						
	future discharge. Fa whether the residen community was ass	reference and potential for cilities must document t's desire to return to the essed and any referrals to es and/or other appropriate loose.					
	plan, as appropriate requirements set for section.	in the comprehensive care , in accordance with the th in paragraph (c) of this  T is not met as evidenced					
	Based on observati interviews the facility comprehensive care rails as a potential re- residents reviewed f Resident #1's head of his bed and he has side rail by fire rescu	e plan which included side estraint for 1 of 1 sample for physical restraints. was entrapped in the side rail and to be released from the ue personnel (Resident #1).		On 11/15/17 at approximately resident #1 was found by an ewith his head stuck up to his riside rail. Resident was provide supervision until bed could be with a high low bed. The initial assessment was completed of to ensure resident safety. The side rail assessment was completed of the side of	employee nose in the ed 1:1 replaced I side rail n 11/15/17 revised ppleted by		
	facility failed to deve plan for the use of s Immediate Jeopardy when the facility pro Credible Allegation of remains out of comp severity level of D (I	whegan on 11/06/17 when the elop a comprehensive care ide rails for Resident #1. was removed on 11/18/17 wided and implemented a portion of Compliance. The facility poliance at a scope and solated no actual harm with the than minimal harm that is		the ADON on 11/17/17. The aresident seed was replaced high/low bed on 11/15/17. The care plan and the 21 day care updated on the affected reside include securing the upper sid downward position at all times entrapment risks on 11/17/17. Resident #1 did not have a care	with a e baseline e plan were ent to le rails in the s due to		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245402		_			0
		345493	B. WING_			11/	19/2017
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
HENDERS	ONVILLE HEALTH AND	REHABILITATION			04 COLLEGE DRIVE		
				F	LAT ROCK, NC 28731		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 279	Continued From pag	ge 33	F:	279			
	not Immediate Jeopa	ardy) to ensure monitoring			addressed the use of side rails.		
	systems put into pla				On 11/16/17, the Director of Clinical		
	, , ,				Operations revised the Corporate Side		
	The findings include	d:			Rail Assessment. The side rail		
					assessment in the Electronic Medical		
		mitted to the facility on			Record was deactivated on 11/16/17 a	nd	
	10/17/17 with diagno				will no longer be used by the facility.		
		oisoning), difficulty swallowing			All residents were assessed by the DO	N,	
	· •	hritis (bacterial infection of the			ADON and Regional Clinical Manger		
	kidney).				using the revised side rail assessment		
	A f: 1: t t t	ithe difference Americal Cide			11/17/17. 100% of Baseline care plans		
	-	itled "Initial or Annual Side ated 10/18/17 revealed in part			care plans, CNA care guides and MDS		
	the following assess			were updated to reflect changes identifusing the revised side rail assessment			
	_	Resident #1's bed were 2 half			11/18/17. Revised side rail assessmen	-	
	• •	#1 was alert, oriented and			will be completed on all residents upon		
		ppropriately in decision			admission, re-admission, quarterly, and		
		ment also indicated Resident			with any significant change in the		
		nis side rails in the raised			resident s condition as of 11/18/17.		
	position, he required	I total assistance from			MDS completed a 100% audit on 11/18	3/17	
	caregivers and he co	ould not get out of the bed			of all MDS assessments for accuracy in	า	
	independently. A sec	ction labeled Side Rail			regards to proper side rail usage with r	10	
		ed the side rails defined the			discrepancies.		
	•	, they did not prevent			All new admissions on or after 11/18/1	7	
		etting out of bed while in use			will be reviewed by the DON or ADON		
		ere not considered a restraint			(100% X two weeks, 50% X 2 weeks a		
	while in use for Resi	dent#1.			then 10% X two months) to ensure the		
	A ravious of an admir	ssion Minimum Data Set			side rail assessment, 48 hour care plar and the CNA care guide are accurate.	1	
		17 indicated Resident #1 was			MDS RN s will review the side rail		
	` '	cognition for daily decision			assessment and implement the 21 day		
		Iso indicated Resident #1 was			care plan, quarterly assessment and w		
	~	staff for bed mobility and			any significant change in condition. An		
	transfers.	- <b>-</b>			future significant changes will be	,	
					documented on the care plan and the		
	An Admission Nursir	ng Evaluation dated 10/25/17,			DON and ADON will review for		
	had a section labele	d "orientation to facility." The			compliance.		
		side rails were indicated for			The DON, ADON and Regional Clinica		
	Resident #1.				Manager were educated by the Directo	r of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C <b>11/19/2017</b>	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	11/13/2017	
HENDERS	ONVILLE HEALTH A	ND REHABILITATION		104 COLLEGE DRIVE			
HENDERS	SONVILLE HEALTH A	ND REHABILITATION		FLAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCY	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 279	hospital on 10/31/r facility on 11/04/17  An Admission Nurshad a section laber indicated Resident  A facility document Rail Assessment" the following asset type of side rails of quarter rails, that is participate appropropropropropropropropropropropropro	n unplanned discharge to the 17 and was readmitted to the	F 2	Clinical Operations related revised Side Rail Assessm 11/17/17. This inservice al care planning and MDS couse.  MDS RN swere educated by the DON on the new side assessment, care planning coding of side rail use.  Beginning 11/18/17, DON, designee will audit 100 % or resident side rail assess care plan and CNA care guadmission and or readmiss compliance on going.	ent on lso included ding of side rail d on 11/18/17 de rail g and MDS  ADON or of the sment, base line uide for each		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COL 104 COLLEGE DRIVE FLAT ROCK, NC 28731		1111372017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 279	6:00 AM. The Nurse (NA) #1 who was alst that Resident #1 had rail of his bed and we that two nurses app an attempt to slide in The notes further rethe fire department. Services (EMS) was to free Resident #1's notes indicated Resident #1's notes indicated Resident #1's notes indicated Resident #1 was a red mark and from pressure from apparent injury.  Observation on 11/1 Resident #1 was in the of head of his beduits and the properties of the was able to grip the repositioning.  During an interview MDS Nurse stated is assessments and care continued to explain #1's admission assessindicated she review resident's chart includinterviewed the resident's chart includinterviewed t	se #2, and dated 11/15/17 at the solution of the side	F 2	79			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G	· , ,	(X3) DATE SURVEY COMPLETED	
		345493	B. WING_	B. WING		C I1/19/2017
	ROVIDER OR SUPPLIER	ID REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO.  104 COLLEGE DRIVE  FLAT ROCK, NC 28731		11/13/2017
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY 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)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 279	that side rails are not residents. The MDS was no place to counless they were use facility was restrain side rails on the car designation of the car designation of the car designation of the was positioned in attempted to get up kind of warning sign been in place. I worrails to be viewed at a restraint. The DO practice was to concare plan until day care plan was compler expectation to dinformation on the Rail Evaluation was readmission, quarter status.  The Administrator, Consultant of Clinic Consultant of Clinic Consultant of Clinic Immediate Jeopard The facility provides allegation for immediate Jeopard Credible Allegation Rehabilitation for Fand Rehab will assets	er him but she could see now of adequate for some S Nurse further stated there de side rails on the MDS sed as a restraint and this it free so they had never put re plan.  I on 11/18/17 at 2:57 PM, the (DON) explained Resident #1 toward the left no matter how in the bed but he never on his own. If we had any ins, interventions would have all have expected the side is a positioning device and not in N explained the facility's inplete a 24 hour interim (initial) 21 when the (comprehensive) pleted. The DON stated it was complete the side rail care plans after the new Side is completed on admission, erly and a change of resident's call Services and Corporate call Services were informed of by on 11/18/17 at 11:13 AM.	F 2	79		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		345493	B. WING			C 11/19/2017	
	ROVIDER OR SUPPLIER  ONVILLE HEALTH AN	D REHABILITATION		STREET ADDRESS, CITY, STATE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	, ZIP CODE	11110/2011	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 279	provide effective an resident that meet propagation of the plan of correction plan should address the deficiency cited; The plan of correction plan should address the deficiency cited; Resident #1 did not addressed the use of the proper use of sic Care Guides, Interir were updated to ref Side rail assessment admission, re-admissignificant change in the monitoring of correction is effect deficiency cited removed.	es the instructions needed to d person centered care of the professional standards of 15/17 Hendersonville Health lated their processes to s proper development and the baseline care plan.  Ing the specific deficiency. The state processes that lead to state plan that processes that lead to state plan of pro	F	279			
	Upon admission the 48 hour care plan the	e DON, ADON will review the nen will review the working 1 day care plan in order to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING			1	C <b>19/2017</b>
	ROVIDER OR SUPPLIER	REHABILITATION		104 CC	T ADDRESS, CITY, STATE, ZIP CODE DLLEGE DRIVE ROCK, NC 28731		13/2017
(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 279	care plan and the DC compliance.  The title of the responsacceptable plan of compliance.  "Director of Nursi We certify that as of I immediate jeopardy with the property of t	mpliance. Any future will be documented on the DN and ADON will review for maible for implementing the prection.  In any and Administrator  November 18, 2017 the will be removed.  It is any was removed on 11/18/17 the nurses and NA's asserviced on the resident peen updated regarding the precent updated regarding the provided in the precent and the precent accidents.  In a service of the precent and the precent and the precent and the precent accidents.  In a service of the precent accidents and the precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents.  In a service of the precent accidents are precent accidents are precent accidents.		323			1/2/18

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345493	B. WING			11/	19/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HENDEDS	ONVILLE HEALTH AND	DELIADII ITATION		1	04 COLLEGE DRIVE		
HENDERS	ONVILLE REALITH AND	REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From pag	e 30		323			
. 020	· -		'	J <b>Z</b> J			
	(1) Assess the resident for risk of entrapment from bed rails prior to installation.						
	(2) Davious the ricks	and hanafite of had rails with					
		and benefits of bed rails with entrepresentative and obtain					
	informed consent pri						
	illionned consent pir	or to installation.					
	(3) Ensure that the b	ed's dimensions are					
	. ,	esident's size and weight.					
		This REQUIREMENT is not met as evidenced					
	by:						
	Based on observation	ons, record review and			On 11/15/17 at approximately 6:30AM		
	physician and staff in	nterviews the facility failed to			resident # 1 (Room 108B) was found by	y	
	provide a safe enviro	nment and maintain safe			an employee #1. Employee #1, the		
		resident's bed for a resident			NA/MA, was working as his medication	.	
		ot his head stuck in the side			aide on the 100 hall. She had been		
		s head had to be released			working the 7PM to 7AM shift. She was	s on	
		y fire rescue personnel in 1			the 100 hall from 11PM to 7AM.		
		rails with openings that had			Employee #1 was in room 108 B @		
	•	apment out of a total of 130			5:30AM and resident #1 was in the bed		
	beds in the facility.				with his head elevated at approximately		
	1 P. ( 1 1	44/45/47			45 degrees. Employee #1 gave him his		
		began on 11/15/17 when			morning medications and noted nothing		
		head stuck in the left side rail d and had to be released			abnormal about the resident. Employe #1 returned to room 108 B at	е	
		rail by fire department			approximately 6:30 AM to check his blo	and l	
		te Jeopardy was removed on			pressure. At that time, Employee #1	iou	
	11/18/17 when the fa				noted the top of resident #1 s head up	\ to	
	implemented a Credi				the bridge of his nose was stuck through		
	Compliance. The fac	<del>-</del>			the side rail on the left side of his bed a	•	
	=	pe and severity level of D			his legs were still in the bed. The side r		
		arm with the potential for			on both sides of his bed were up. He w		
		arm that is not Immediate			on an air mattress. He was talking and		
		monitoring systems put into			answering questions that Employee #1		
	place are effective.				was asking him. Employee # 1 did not		
	p				attempt to assist resident #1 at that poi		
	Findings included:				Employee #1 immediately stepped outs		
	. 0				the door and asked Employee # 2 (CN/		
	Resident #1 was adr	nitted to the facility on			to get a nurse. Nurse #1, LPN, and Nu		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	201/1252 02 01/221/152	343433	b. wiivo_		TREET ARRESTO OTT / OTATE TIP CORE	11/	19/2017
	ROVIDER OR SUPPLIER  ONVILLE HEALTH AND	REHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE  04 COLLEGE DRIVE  LAT ROCK, NC 28731		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
F 323	blood pressure, septi difficulty swallowing (bacterial infection or A review of an admis (MDS) dated 10/24/1 severely impaired in making. The MDS a was totally depender and transfers.  A facility document to the Assessment dated 1 #1 had half-rails time participate appropriate not able to get out of desired to have side in bed. The docume #1 was alert and orienteded total assistant section labeled Side side rails defined the rails do not prevent rebed, side rails are not concuse.  A review of an Admistrated and 10/25/17 in a section labeled side rails are not concuse.  During an interview of the Admistrated side rail assessment admitted. She stated to complete these as	oses which included high icemia (blood poisoning), and acute pyelonephritis	F	323	#2 LPN arrived to room 108B within a minute and arrived within seconds of exother. Both assessed the situation and realized the resident had his head up to the bridge of his nose stuck in the side rail. Nurse #1 left the room to get a lubricant. Nurse #1 returned with the lubricant and both nurses began to morn his legs off of the bed to line his body under the total the fire the side rail for approximately 5 minutes. It began to say he was hurting. The nurse stopped and Nurse #2 LPN called 911. EMS arrived at approximately 6:45am. The nursing staff, EMS and the fire department repositioned the resident in the bed and his head freed from the side rail easily. EMS assessed the resident and left the facility. Resident was evaluated by Nurse #2 (LPN). Redness was noted to bridge of the nose and left cheek. Resident #1 remained 1:1 until a new bed arrived. The facility failed to provide a safe environment, will remain free from accents, hazards and that each resider will receive adequate supervision to prevent accidents. Resident #1 smedical professional was notified of the incident at 7:00AM on 11/15/17. NP was notified that resident was 1:1 supervision. She stated a medical professional would be in later of 11/15/17 to assess resident #1. No orders were given. The RP was notified of the incident at 7:15AM on 11/15/17. ADON pulled a facility census and identified all residents cognitive status determine appropriateness of side rails	ve p. ne de es le st ta as # 1 on d	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDI	NG _		Ι,	,
		345493	B. WING				C 19/2017
NAME OF P	ROVIDER OR SUPPLIER		•	S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
				10	04 COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AND	REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From pag	ne 41	F	323			
				020	The ADON then did a facility assessme	nt	
	the facility for longer than 24 hours. She confirmed she had completed a nursing				to determine all residents were safe. N		
	admission assessme				was in the facility on 11/15/17 at	10	
		dent #1 on 10/18/17 but			approximately 8:50 AM and assessed t	he	
	indicated the date or	n the nursing admission			resident.	_	
		e computer system was			The ADON was in the facility at the time	e of	
	10/31/17 and she wa	as not sure why. She			the incident. The Administrator was		
	explained she had in	ndicated in the section on the			notified of the incident by the ADON at		
	admission nursing assessment in a section for				7:13 AM on 11/15/17. The Director of		
	orientation to the facility that side rails were				Nursing was notified of the incident by	the	
	indicated for Resident #1 because it was her				ADON at 6:40AM on 11/15/17. The		
		usual routine to check the side rails box since all resident beds had side rails on them. She further			Regional Director of Operations was		
				notified by the Administrator of the			
		ndicated on the side rail nt #1 was able to participate			incident at 7:30 AM on 11/15/17. The Corporate Nursing Team was notif	iod	
		sion making because he			by the Administrator and ADON of the	eu	
		side rail and it was easy for			incident by 7:15 AM and a plan of		
		change him and reposition			correction was initiated immediately.		
		side rails on the bed. She			Resident #1 was placed on one on one		
	stated she thought s				supervision and remained one on one		
	_	and she thought they were			until his new bed arrived. He was place	ed	
	safe. She explained	she had indicated Resident			in his new bed at approximately 4:00 p		
	#1 desired to have s	ide rails in raised position in			on 11/15/17. After evaluation of the		
		as what she usually put on the			resident in the new bed it was determin	ied	
	assessment. She sta	ated she would consider a			that the side rails would not be secured	in	
		aint when a resident could			the down position.		
	,	themselves. She then			On November 15, 2017 ADON assesse	∌d	
		#1 could not get out of bed by			all residents for safe use of side rails.		
		hen he got his head stuck in as a restraint. She stated			Side rail assessments will be complete		
		ide rails on their bed and			upon admission, re-admission, quarterl	у,	
		n to get in and out of bed. She			and with any significant change in the resident s condition. Assessment of all	ı l	
		nd received no training in the			residents = safe use of side rails was	•	
		<u> </u>			completed on 11/15/17.		
	facility to determine the length of side rails but based on her nursing experience the side rails				An in-service with the nursing department	ent	
		nt #1's bed when he got his			was completed by 11/18/17 by the unit		
		f-length side rails. She			manager and ADON: proper use of side		
		#1 was calm at times but at			rails related to mental status and not to		
other times he moved and squirmed in bed ar					remove the zip ties (No staff has or will		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	
		345493	B. WING			11/	19/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HENDEDO	OND # 1 F 1 F A 1 T 1 A N F	DELIA DII ITATIONI		10	04 COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AND	REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From pag	ge 42	F:	323			
	there were a few times when she had seen him				work until they have received the		
	twisted in bed and sl	he and the NAs had			in-service). All licensed nursing staff the	at	
	repositioned him.				have worked since the in-service will be	е	
					educated on the updated side rail		
	Resident #1 had an	unplanned discharge to the			assessment. 100% of all staff will be in		
		and was readmitted to the			serviced before they return to work. Sign		
	facility on 11/04/17.				rail assessments reviewed with nurses		
		or an element			and to be completed upon admission,		
	A review of an Admission Nursing Evaluation dated 11/04/17 indicated in a section labeled				re-admission, quarterly, and with any		
		Resident #1 was unable to			significant change in the resident □s condition.		
	be oriented.	Resident #1 was unable to			On 11/17/17 100% of all staff prior to		
	be offerfied.				assigned shift were in serviced on side	rail	
	A facility document to	itled Initial or Annual Side Rail			usage protocol by the dietary manager		
	•	1/04/17 indicated Resident			therapy manager, administrator,		
	#1 had quarter side	rail in use x 2 sides. The			environmental services manager. Side	rail	
	assessment further r	revealed Resident #1 was			management will be added to the gene	ral	
		opropriately in decision			orientation.		
	making, was not able				MDS nursing updated the working plan		
		esired to have side rails in			care as well as the care plan in chart of	n	
		in bed. The assessment			all residents that had the side rails		
		ent #1 had decreased level of			secured.		
		needed extensive assistance			All resident care plans were reviewed f appropriate use of side rails and care	OL	
	-	ection labeled Side Rail ed, side rails do not define the			plans were updated based on results o	f	
		, side rails do not prevent			side rail evaluation. We assessed all	'	
	•	out of bed, side rails are not			residents for safe use of side rails. Sid	e	
		nt, and side rails are not			rail assessments will be completed upo		
	considered a restrair				admission, re-admission, quarterly, and		
					with any significant change in the		
	During an interview of	on 11/17/17 at 4:37 PM,			resident□s condition.		
		she completed an admission			On 11/17/17 Social services,		
	•	for Resident #1 on 11/04/17			administrative nursing staff and regiona		
		en gone to the hospital for 3			clinical manager conducted updated sign	e	
	•	d she indicated on the			rail assessments on 100 percent of all		
	_	ssessment Resident #1 was			residents.		
		d to the facility because when			Care plans were then updated by DON	,	
		the hospital he was not as			ADON and regional clinical manager		
	aieit as fie fiau been	before. She stated nurses			according to the results of the updated		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				_		، ا	2
		345493	B. WING				19/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
UENDEDO	ONVILLE LIEALTH AND	DELIA DII ITATIONI		10	04 COLLEGE DRIVE		
HENDERS	SONVILLE HEALTH AND	REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 323	Continued From page	e 43	F	323			
	were expected to con	nplete a side rail			side rail assessment.		
	assessment with eve				Maintenance director completed a 100	%	
		nine if the side rail was a			audit of all residents for the proper bed		
	restraint. She further	stated they did not use			dimension due to size and weight.		
	half-length side rails i	in the facility and only used			Maintenance director also completed a	n	
		ails because half-length side			audit of all residents for the risk of		
	rails would be consid-				entrapment from use of side rails.		
		completed Resident #1's			Notification of updated side rail usage		
	side rail assessment on 11/04/17 she determined				protocol will be mailed to the resident a		
	from a mobility standpoint his preferences for side rails. She stated Resident #1 used the side				or resident representative by 11/18/17.		
					All residents were re-assessed by		
		n staff repositioned him but			licensed staff using the updated side ra	111	
		self in bed. She further ould wiggle and squirm in			assessment on 11/17/17.  Side rail assessments will be complete	d	
		infirmed Resident #1 did not			upon admission, re-admission, quarter		
		ve the side rails up but he			and with any significant change in the	у,	
	used them as an aid	•			resident □s condition.		
	repositioning. She sta				Notification of updated side rail usage		
		was extensive assist with 2			protocol was mailed to the resident and	or	
	•	did not think the side rails			resident representative on 11/18/17.		
	defined the perimeter	of the bed because the side			Side rail assessments will be complete	d	
	rails did not cover the	whole bed since they were			by licensed nurses upon admission,		
	only at the top. She for	urther stated she would			re-admission, quarterly, and with any		
		be a restraint when a			significant change in the resident□s		
		e able to get out of bed or the			condition. The updated side rail		
		their exit. She then verified			assessment will be used.		
		able to get out of bed by			The maintenance director will	ſ	
		not considered the side rail			conduct/zone safety assessments daily	,	
		as a restraint. She stated			for two weeks (100%), weekly for two		
		ity had side rails on them			weeks (50%) and then monthly for 2	/ )	
		ent types of beds and side			months (10%) and then quarterly (100%)	,	
	rails.				to ensure residents safety. The results		
	Δ review of a care pla	an with a problem onset date			be reviewed by the Administrator week 4 then monthly x 2.	ух	
	-	Resident #1 had activities of			The Executive QA committee will review	M	
		icits and impaired physical			the results monthly for 3 months to	r v	
		dicated in part Resident #1			determine continued frequency and ne	ed	
		m immobility complications			for monitoring.	J-4	
		were listed in part to provide				ĺ	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017
	ROVIDER OR SUPPLIER	O REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731	DDE	11/13/2011
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F 323	Continued From page	ge 44	F;	323		
	bed mobility and transfrequently. There we documented regarding					
	#2 indicated on 11/1 Nurse Aide (NA) #1 Aide reported that R through the side rail The notes indicated to his face in an atte without success. Tr was called and the f Emergency Medical the facility to attemp without injury. The r Resident #1 was tur eventually slid out a indentation on his le the side rail but there	s note documented by Nurse 5/17 at 6:00 AM revealed who was also a Medication esident #1 had his head of his bed and was stuck. nurses x 2 applied lubrication mpt to slide his head out he notes further indicated 911 irre department and Services (EMS) was sent to to free Resident #1's head notes further revealed ned in the bed and his head had there was a red mark and ft cheek from pressure from he was no apparent injury.				
	6:30 AM completed Nursing (ADON) rev Resident #1's room and Resident #1 wa head in the upper si when Resident #1 whe replied he was try stated no he was try more air. The report attempted to reposit head from the openi was "minimally cooplubricant was applied the fire department wowing Resident #1 assisted with easy resident #1.	by the Assistant Director of realed NA #1 entered to check his blood pressure is observed with the top of his de rail. The report indicated reas asked what he was doing, ying to break his neck, then ing to get cooler and get it further indicated NA#1 ion Resident #1 to slip his ing of the rail but Resident #1 perative." The report revealed in the total to the total and was called for assistance on and they arrived and emoval of his head from the indicated Nurse #2 assessed				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345493	B. WING		C 11/19/2017	
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 104 COLLEGE DRIVE FLAT ROCK, NC 28731	11713/2017	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 323	nose and left cheek half-length side rails and immediate action on one supervision physician and respondified.	ries and he had redness to his The report also indicated s were on Resident #1's bed ons taken were to provide one with a staff member and onsible party (RP) were	F 323	3		
	11/15/17 at 7:17 AN responded to a call #1 had his head stu further indicated resrotate Resident #1's head toward the ma The report also indi	nd Rescue Report dated I indicated 2 rescue personnel from the facility and Resident ack in a side rail. The report scue personnel had nurses a body while they pushed his attress in order to free him. cated there were no injuries or by Resident #1 after his head the side rail.				
	PM, NA#1 who was she took medication at 5:30 AM and he went back into Resiblood pressure at 6 across the bed with and his legs were of She stated she askinget into that position break his neck then some air. She state with oxygen on and bed which was inflated for Nurse Aides (NANA#2 went to get North stated the nurses words with the was stated the nurses words at the stated the stated the was stated the stated	interview on 11/16/17 at 4:05 also a Medication Aide stated as to Resident #1 on 11/15/17 was fine. She explained she dent #1's room to take his :30 AM and found him lying his head in the left side rail ff the right side of the bed. ed him what he was doing to and he said he was trying to said he was trying to get ed he had a nasal cannula had an air mattress on his ted. She explained she called as) #2 and #6 to help and then urse #1 and Nurse #2. She tent and got lubricant and int #1's head to try to slide his sn't tolerating that well so they the fire department and they				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345493	B. WING			C 11/19/2017
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11/19/2017
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 323	his head out of the sthe left side of Resid the pressure from the During a follow up in AM, NA #1 clarified facility from the hos and his blood press keeping a check on stated each time shhis back and the heapproximately 45 dewere raised up at the explained at 5:30 A to him and he was f was still up at approstated at approximate to check Resident #1 with his rail from the back of nose. She explained be in distress and we to be really stuck. So Nurse #1 and Nurse Resident #1's head hands on the bed rafurther into the oper told him to stop pull she and NA #6 were	sident #1 repositioned and got side rail. She further stated dent #1's face was red from	F3	323	)	
	they said they had of the side rail but who legs toward the hea straight across the rout of the side rail. were common in the	epartment and EMS got there cutters and were going to cut en they pulled Resident #1's d of the bed and he was mattress then his head came She further stated side rails e facility and as far as she at had side rails on their bed.				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUI AND PLAN OF CORRECTION IDENTIFICATION		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017	
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 104 COLLEGE DRIVE FLAT ROCK, NC 28731	CODE		
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F 323	#2 stated she worked and made rounds are and checked on Res Resident #1 was asked further stated she did happened until NA#1 explained NA #1 stay #2 told Nurse #1 to go She stated after Nurse room she then went told her to go get the Resident #1 said her she did not know how head stuck in the sid During an interview of #6 stated on 11/15/11 they had checked Resound around 5:20 A left side. She explain her assigned hall whom to Resident #1 when she got to Reshead caught in the left shead wouldn't budge the fire department and got his head out and indention on the left shead rail.  During an interview of Nurse #1 stated on 1 medication room and NA#1 needed her her	on 11/17/17 at 6:45 AM, NA If the night shift on 11/15/17 bund 5:20 AM with NA #6 Ident #1 and at that time Ident #1 and NA Ident #1 and NA Ident #1 and NA Ident #1 and NA Ident Resident #1 and NA Ident Resident #1's Ident #1's room. Ident #1's further stated Ident #1's room at the could have gotten his Ident #1 and NA Ident #1 an	F3	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345493	B. WING		C 11/19/2017		
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731			
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F 323	room and he was ly head stuck inside the asked Resident #1 side rail and he said. She explained she going to get some so free him and then so to Resident #1's room his head but it did of the side rail. She could not remembe she came in Resided decided to call the flex explained the only to was when they tried hurt and his face standard #1's room recall which NA call by the nurse's static of the medication roand stated she was She explained when room he was on his left side and his head of the left side rail. wasn't talking much lubricant to Resident #1's body they could slide him explained he ADON department and Nu	ring on his left side with his he side rail. She stated she why his head was stuck in the dit is cooler on the other side. It is head and he met Nurse #2 and took her om and they put the lubricant idn't work to get his head out is stated she told someone but it who to go get the ADON and ent #1's room and they redepartment and EMS. She time Resident #1 said anything it to move him and he said it	F 32	3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C <b>11/19/2017</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	I IP CODE	11/13/2017
				104 COLLEGE DRIVE		
HENDERS	SONVILLE HEALTH AND	REHABILITATION		FLAT ROCK, NC 28731		
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F 323	Continued From page they would send the She stated when the arrived they turned R across the bed and the Resident #1's head be head slid out. She exindentation and a rechis left cheek but the stated she did not kn stuck in the rail.  During an interview of ADON explained NA 6:30 AM on 11/15/17 Resident #1's room. entered Resident #1' sideways in the bed of the left side rail up to the left side rail up to the left cheek was pressed explained Resident #1 someone had put lub forehead to try to slid help. She stated Nurdepartment and EMS room when they got I She explained she cat (NP) and was told a part of the stated she cat (NP) and the stated she cat (NP) and the stated she	fire department and EMS. fire department and EMS desident #1's body to be the rescue personnel pushed thack through the rail and his explained Resident #1 had an and mark from the side rail on the was no broken skin. She town how he got his head  and told her to come to the stated when she the stroom, he was lying with his upper body toward defined and his head was in the bridge of his nose and his the dinto the rail. She the was groaning and the his head out but it didn't the #2 called 911 and the fire the came but she wasn't in the this head out of the side rail. alled the Nurse Practitioner to hysician would be at the				
	stated the NP also st Medical Director to le to provide Resident # supervision. The AD Resident #1's RP. During an interview of Nurse #6 stated she at 6:45 AM and staff	to see Resident #1. She ated she would talk with the at him know but to continue #1 with one-on-one ON stated she then called on 11/16/17 at 1:30 PM, arrived at work on 11/15/17 were in Resident #1's room partment and EMS. She				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING _				C <b>19/2017</b>	
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F 323	the day but sometime a tendency to be rest noticed twice lately R thrown over the side asked him why he washer.  During an interview of #3 stated she was toled 11/15/17 around 7:00 shift Resident #1 had rail. She explained the little red yesterday but today. She stated she had his head stuck in had not seen him try.  During an interview as at 1:05 PM, the Envir Director stated he was 11/15/17 by the ADOI Hi-Low bed because side rails on his current to Resident #1's room secure the side rails they could not be pull called the company to stated the new bed we PM on 11/15/17 and I service hall with the securice hall with the securice hall way and of had removed from Reraised the left side raithe diameter of the 2	In normally slept a lot during as during the evening he had less. She stated she had esident #1 had his legs of the bed. She stated she as restless but he couldn't tell in 11/16/17 at 3:00 PM, NA digesterday morning on AM during report from third his head stuck into the side he left side of his face was a at there was no redness e was surprised Resident #1 the side rail because she to get out of bed.  Indid observation on 11/16/17 conmental Services (EVS) is notified about 7:30 AM on N that Resident #1 needed a they had a problem with the ent bed. He stated he went in and placed zip ties to so the frame of the bed so led back up and then he corder a Hi-Lo bed. He has delivered around 3:45 he took the old bed to a side rails still attached to the confirmed it was the bed he esident #1's room. He then all of the bed and measured largest openings of the side of the large openings	F	23				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(	(X3) DATE SURVEY COMPLETED
		345493	B. WING		_	C 11/19/2017
	ROVIDER OR SUPPLIER	D REHABILITATION	•	STREET ADDRESS, CITY, ST 104 COLLEGE DRIVE FLAT ROCK, NC 28731	ATE, ZIP CODE	
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F 323	Physician #1 who we Director stated a NF morning on 11/15/11 made the statement neck and asked if we psychiatric services Resident #1 on 11/11 Resident #1 was a restated he thought Resident #1 was sit visible red areas or During an interview #4 stated Resident #1 was sit visible red areas or During an interview #4 stated Resident when she was assigneded total assistativing. She further sedown in the bed.  During an interview #5 stated she had pend in the past she the left side of the bereposition him.  During an observation Resident #1 was lyither right side of his eyes closed and the bruised visible on his	on 11/16/17 at 2:10 PM, as also the facility Medical P had called him yesterday 7 and told him Resident #1 about wanting to break his e should send him for . He stated Physician #2 saw 5/17 and did not think risk to himself. Physician #1 esident #1 had dementia but a suicidal.  on on 11/16/17 at 5:11 PM ting up in bed and had no bruises on his face.  on 11/16/17 at 5:40 PM, NA #1 was usually confused and to his care and he ance with activities of daily stated Resident #1 could scoot  on 11/16/17 at 5:55 PM, NA rovided care to Resident #1 had seen him with his legs off ed and she had to go and  on on 11/17/17 at 8:05 AM ang in bed and NA #3 was on bed. Resident #1 had his ere were no red areas or	F	323		
	AM, the EVS Direct Resident #1 had his	tor explained the type of bed head caught in the side rail a local hospital that were put				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		ATE SURVEY OMPLETED
		345493	B. WING _			C 11/19/2017
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11713/2017
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F 323	they had purchased had side rails with side the facility had side came delivered with He explained they had the foot because foot they would be at thought the side rail head was stuck in whe stated there were he did not have an side rails on each buring an interview MDS Nurse confirm Resident #1's MDS there was no place unless they were us stated side rails we care plan because the restraints. She explished with Resident with Resider stuck in the side rail happened and he side rail on his the side rail on his to Resident #1. She stated she the facility hid did not use half-length with the side rail on the side rail on the facility hid did not use half-length with the side rail on the side rail the side rail the side rail the si	ago. He stated over the years ago. He stated over the years paces that were much smaller e rails. He stated all beds in rails on them because beds a side rails already on them. and taken the rails off the beds if they had rails at the top and restraints. He stated he on the bed that Resident #1's was a quarter-length side rail. ee 130 beds in the facility but inventory list of the type of	F	323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
		345493	B. WING_			C 11/19/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	E, ZIP CODE	11/13/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE SED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE	
F 323	assessments were do resident wanted the sesident #1 could and the questions was coanswering them.  During an interview of Maintenance Director facility had quarter-lethought the side rails that was the way they explained he did main squeaked or the brak rails were loose. He coin the facility were be got his head caught in newer beds had more less space in the open had not received any Resident #1's bed or type of bed Resident was stuck in the side bed manufactured befound inspection stick hospital dated 1997 are placement parts for 1996 and 1997.  During a follow up int PM, the ADON stated quarter-length side rawant side rails they to a side rail assessmen readmitted to the faci assessment was sup resident used side rare restricted their mover	one to determine if the side rails up or down and swer simple questions but if mplex he had trouble  In 11/17/17 at 5:39 PM, the stated every bed in the ngth side rails and he were on the beds because were delivered. He ntenance on beds if they es didn't work or if the side confirmed most of the beds ds like the one Resident #1 in the side rail. He stated excompact openings with nings. He further stated he work order requests for side rails. He explained the #1 was in when his head raid was an older hospital fore 1997 because he had ters on them from a local and he had ordered the beds that were dated erview on 11/17/17 at 5:55 if every bed in the facility had alls but if a resident did not book them off. She explained at was completed by the at was admitted or	FS	323			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345493	B. WING				C <b>19/2017</b>
	ROVIDER OR SUPPLIER	REHABILITATION		104	REET ADDRESS, CITY, STATE, ZIP CODE 4 COLLEGE DRIVE AT ROCK, NC 28731	<u>, , , , , , , , , , , , , , , , , , , </u>	13/2017
(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	could happen to ano During a record revies service manual for a bed was configured to half-length side rails. Indicated the bed muside rails because be contained head and activators to raise the During a follow up in AM, the EVS Director manual for a residen bed Resident #1 was stuck in the side rail. audit he had complet the facility and explawhich were the same got his head stuck in the facility owned, 15 bed to equal 130 bed.  During an interview of Director of Nursing searlier in the week be after Resident #1 gor rail and she came be stated she had not on Resident #1's bed to after review of the senow realized they we explained the older be got his head stuck in facility was opened y	and if it happened to him it ther resident.  We on 11/18/17 at 9:45 AM a resident bed revealed the o accept sectionalized. The manual further at have the head section of the head section rails knee controls and hi-low as bed up or down.  Herview on 11/18/17 at 10:15 or confirmed the service at bed was for the same type as in when he got his head. He also provided a bed are don 11/17/17 of all beds in med there were 81 beds are type as the bed Resident #1 the side rail, 33 Hi-Low beds are rental beds and 1 personal als in the facility.  In 11/18/17 at 2:57 PM, the stated she was on vacation at was called by the ADON at his head stuck in the side rails on be quarter-length rails but service manual for the bed she are half-length side rails. She needs like the one Resident #1 the side rail came when the ears ago. She stated	F	323			
	side regardless of ho	significantly toward his left w he was positioned and if lirection of the side rail with					

1, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			(X3) DATE SURVEY COMPLETED	
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F 323	flag. She stated it wook and see if the state of the stat	ail that would have been a red was her expectation for staff to side rail was a positioning not restrict movement of the  on 11/18/17 at 4:05 PM, was also the facility Medical was notified promptly when head caught in the side rail. The incident was left over to 20 and with older side rail.  on 11/19/17 at 2:43 PM, the was his expectation that the entities at the expectation that the entities at the example of the example	F3	23			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	11113/2011
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F 323	ensure that the resi free from accident had will receive adequate accidents as outlined. The plan of correctiplan should address the deficiency cited. On 11/15/17 at appliance 1 (Room 108 B) was Employee #1, the Nomedication aide on working the 7 PM to 100 hall from 7 PM in room 108 B @ 5: the bed with his head 45 degrees. Employmedications and not the resident. Employmedications and not the resident. Employmedications and not the resident. Employmedications and not the resident #1's nose was stuck throuside of his bed and The side rails on bothe was on an air manswering question asking him. Employassist resident #1 a immediately steppe Employee #2 (CNA)	dent's environment will remain nazards and that each resident te supervision to prevent de below.  Ing the specific deficiency. The sethe processes that lead to	F 32	3	
	each other. Both as realized the resident bridge of his nose s	arrived within seconds of sessed the situation and t had his head up to the tuck in the side rail. Nurse #1 a lubricant. Nurse #1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NI IMBED: `		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			11/	) 19/2017	
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731	DE			
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F 323	to move his legs off of They worked to free for approximately 5 m was hurting. The number of the the form approximately 5 m was hurting. The number of the called 911.  EMS arrived at approximately 8 arrepositioned the residence freed from the side of the evaluated by Nurse and the evaluated by Nurse and the incident at 7:00 notified that resident supervision. She state would be in later on the incident at 7:15 pulled a facility censure of the incident at 7:15 pulled a facility censure cognitive status to deside rails. The ADON assessment to determ MD was in the facility approximately 8:50 Arresident.  The ADON was in the incident by the ADON The Director of Nursi incident by the ADON The Regional Director of The Regional Director of The Regional Director of The Name of Th	ricant and both nurses began of the bed to line his body up. resident #1 from the side rail ninutes. He began to say he reses stopped and Nurse #2 eximately 6:45 AM. The nd the fire department dent in the bed and his head fail easily. EMS assessed the facility. Resident was #2 (LPN). Redness was enose and left cheek. If a notified the control of the	F3	323				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345493	B. WING		C 11/19/2017
	ROVIDER OR SUPPLIER	D REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	,
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 323	Continued From pa	ge 58	F 32	3	
	Administrator and A AM and a plan of commediately.	sing Team was notified by the ADON of the incident by 7:15 orrection was initiated			
	•	or the specific deficiency cited;			
	supervision and ren new bed arrived. H at approximately 4:0 evaluation of the re	aced on one on one nained one on one until his le was placed in his new bed 00 PM on 11/15/17. After sident in the new bed it was side rails would not be n position.			
		Mental Status (BIM's) scores re pulled from our electronic R).			
	for safe use of side will be completed u	2017 we assessed all residents rails. Side rail assessments pon admission, re-admission, any significant change in the			
	done by the unit may of side rails related remove the zip ties they have received nursing staff that has in-service will be experied assessment. 10 serviced before the assessments review completed upon ad	ne nursing department was anager and ADON: proper use to mental status and not to (No staff has or will work until the in-service). All licensed ave worked since the lucated on the updated side 0% of all staff will be in y return to work. Side rail wed with nurses and to be mission, re-admission, any significant change in the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _			C 11/19/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11/13/2017	
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 323	shift were in service by the dietary mana administrator, environ Side rail management general orientation.  MDS nursing update well as the care plan had the side rails see All resident care plan appropriate use of supdated based on rewind well as the care plan appropriate use of supdated based on rewind weassessed all resurable. Side rail assessing upon admission, reany significant channon on 11/17/17 Social nursing staff and regional clinical results of the updated percent of all residents for the size and weight. Macompleted an audit entrapment from use Notification of updated	of all staff prior to assigned d on side rail usage protocol ger, therapy manager, onmental services manager. In will be added to the ed the working plan of care as in in chart on all residents that cured.  In swere reviewed for ide rails and care plans were esults of side rail evaluation. Idents for safe use of side admission, quarterly, and with ge in the resident's condition.  Services, administrative gional clinical manager side rail assessments on 100 ints.  In updated by DON, ADON manager according to the ed side rail assessment.  In completed a 100% audit of proper bed dimension due to intenance director also of all residents for the risk of e of side rail usage protocol resident and or resident	F3	23			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		TE SURVEY MPLETED
		345493	B. WING		1	C 1/ <b>19/2017</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731		1/13/201/
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 323	Continued From pa	ge 60	F 32	23		
	plan of correction is deficiency cited rem compliance with the	rocedure to ensure that the effective and that specific nains corrected and/or in eregulatory requirements.				
	side rails.  2. Side rail asses admission, re-admis	all residents for safe use of sments will be completed upon ssion, quarterly, and with any n the resident's condition.				
		rson responsible for cceptable plan of correction.				
	" Director of Nur	sing and Administrator				
	We certify that as o immediate jeopardy	f November 18, 2017 the will be removed.				
	when interviews with they were aware of related to a residen new side rail assess management has borientation. They a in-serviced on the sresident care plans use of side rails. An interviewed and state on side rail assess had been complete facility. They stated report any concerns	y was removed on 11/18/17 th nurses and NA's validated proper use of side rails t's mental status and use of sments and side rail een added to general lso confirmed they had been side rail usage protocol and had been updated regarding dministrative staff were also ted they had been in-serviced ments and new assessments d for every resident in the d they were aware they were to s regarding side rails on ministration immediately				
	Confirmation was p the updated side ra	ministration immediately. rovided by Administration that il usage protocol had been or their representatives. An				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 501251	_		,	С
		345493	B. WING			11/	19/2017
	ROVIDER OR SUPPLIER	REHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 04 COLLEGE DRIVE LAT ROCK, NC 28731		
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 323	Director confirmed the	S Director and Maintenance ey had received in-service udited 100% of resident beds	F	323			
F 461 SS=E	BEDROOMS - WIND BED/FURNITURE/CI CFR(s): Various secti		F	461			1/2/18
	as specified in §483.9 483.25 (n)(4) Follow the man	nufacturers' d specifications for installing					
	frames, mattresses, a of a regular maintena areas of possible entrand mattresses are u separately from the beasure that the bed reframe are compatible	ed frame, the facility must ails, mattress, and bed					
	(e)(1)(vi) - Resident F	Rooms					
	Bedrooms must (vi) - Have at least on	e window to the outside; and					
	(vii) Have a floor at or	r above grade level.					
	(e)(2) -The facility mu with	ist provide each resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	COMPL	(X3) DATE SURVEY COMPLETED	
		345493	B. WING _		11/1	9/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	11/1	3/201/	
				104 COLLEGE DRIVE			
HENDERS	ONVILLE HEALTH AND	REHABILITATION		FLAT ROCK, NC 28731			
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 461	Continued From page	e 62	F 4	61			
		proper size and height for nience of the resident;					
	(ii) A clean, comfortal	ole mattress;					
	(iii) Bedding, appropri climate; and	iate to the weather and					
	resident's needs, and the resident's bedroo shelves accessible to	ure appropriate to the dindividual closet space in m with clothes racks and the resident.					
	Based on observation interviews the facility inspection of all bed frails as a part of a regard a resident (Residute the side rail of his bed released from inside personnel in 1 of 81 to openings that had the	peds with side rails with e potential for entrapment		On 11/15/17 at approximately 6:30 resident #1 was found by an employ with his head stuck up to his nose side rail. Resident was provided 1: supervision until bed could be replay with a high low bed. Upon arrival or replacement high/low bed the Maintenance director assessed the ensure that the bed rails, mattress	oyee in the 1 aced f the bed to and		
	blood pressure, septi	·		bed frame were compatible. A new rail assessment was completed by ADON on 11/15/17. On 11/17/17 a side rail assessment was complete the ADON on the affected resident residents side rails were secured in down position and care planned. The facility failed to meet the stand	the revised of by . The n the		
	(bacterial infection of A review of an admiss (MDS) dated 10/24/1 severely impaired in a making. The MDS al			practice by not completing regular inspections of all bed frames, mattrand bed rails as part of a regular maintenance program.  On 11/18/17 100% audit was condiby the regional clinical nurse and E of clinical operations on all beds for entrapment potential related to ma	ress ucted Director		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING				C 1 <b>9/2017</b>	
NAME OF P	ROVIDER OR SUPPLIER	l		S	TREET ADDRESS, CITY, STATE, ZIP CODE		10/2011	
				1	04 COLLEGE DRIVE			
HENDERS	ONVILLE HEALTH AN	ID REHABILITATION			LAT ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC 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 461	#2 indicated on 11/Nurse Aide (NA) # Aide reported that through the side ra The notes revealed to his face in an att without success. The was called and the Emergency Medicathe facility to attem without injury. The was turned in the bout and there was his left cheek from there was no appa  A review of an incide 6:30 AM completed Nursing (ADON) re Resident #1's room and Resident #1 whead in the upper s when Resident #1 he replied he was to stated no he was to more air. The repos head from the open was "minimally code was "minimally code  The repose the side of the code was "minimally code  The repose the code of the code was "minimally code  The repose the code of the code was "minimally code  The repose the code of the code  A review of an incide to the code of the code  The repose the code of the code of the code  The repose the code of the code of the code  The repose the code of the code of the code  The repose the code of	e's note documented by Nurse (15/17 at 6:00 AM indicated I who was also a Medication Resident #1 had his head il of his bed and was stuck. If nurses x 2 applied lubrication tempt to slide his head out the notes further revealed 911 fire department and all Services (EMS) was sent to pt to free Resident #1's head notes indicated Resident #1 and his head eventually slid a red mark and indentation on pressure from the side rail but rent injury.  The department and indentation on pressure from the side rail but rent injury.  The report dated 11/15/17 at the day the Assistant Director of evealed NA #1 entered in to check his blood pressure as observed with the top of his side rail. The report indicated was asked what he was doing, rying to break his neck, then rying to get cooler and get out further indicated NA #1 ition Resident #1 to slip his ning of the rail but Resident #1 operative." The report revealed	F	461	and side rails. All identified areas of concerns were addressed to ensure resident safety. On November 18, 2017 the regional clinical nurse did an in-service for the maintenance director and environmental service director on how to determine if a mattress fits and inot an entrapment issue.  Bed assessments will be completed by licensed nurses upon admission, re-admission, quarterly, and with any significant change in the resident □s condition. The updated side rail assessment will be used.  The maintenance director will conduct/zone safety assessments daily for two weeks (100%), weekly for two weeks (50%) and then monthly for 2 months (10%) and then quarterly (100% to ensure residents safety. The results be reviewed by the Administrator weekl 4 then monthly x 2.  The QA executive committee will review monthly x 3 and then quarterly to ensure safety assessments are performent to ensure resident safety.	is 6) will y x v e		
	the fire department moving Resident # assisted with easy side rail. The repo Resident #1 for injunose and left chee	ed to Resident's #1's head and was called for assistance on 1 and they arrived and removal of his head from the rt indicated Nurse #2 assessed uries and he had redness to his c. The report also indicated s were on Resident #1's bed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345493	B. WING _				C <b>19/2017</b>		
	ROVIDER OR SUPPLIER	REHABILITATION		104 (	EET ADDRESS, CITY, STATE, ZIP CODE COLLEGE DRIVE T ROCK, NC 28731	<u>,</u>	10/2011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHO			(X5) COMPLETION DATE		
F 461	Continued From pag	e 64	F4	161					
	and immediate actio on one supervision v physician and respon notified.	ns taken were to provide one with a staff member and nsible party (RP) were							
	11/15/17 at 7:17 AM responded to a call f #1 had his head stud further indicated resorotate Resident #1's head toward the mat The report also indic	d Rescue Report dated indicated 2 rescue personnel rom the facility and Resident ck in a side rail. The report cue personnel had nurses body while they pushed his tress in order to free him. ated there were no injuries or y Resident #1 after his head he side rail.							
	Environmental Servi- was notified about 7: ADON that Resident because they had a his current bed. He delivered around 3:4 took the old bed to a rails still attached to confirmed measuren	on 11/16/17 at 1:05 PM, the ces (EVS) Director stated he :30 AM on 11/15/17 by the #1 needed a Hi-Low bed problem with the side rails on stated a new bed was 5 PM on 11/15/17 and he service hall with the side the bed. The EVS Director nents he had taken of the gest openings of the side rail e X 7.0 inches high.							
	AM, the EVS Director Resident #1 had his were old beds from a in the facility years a facility had side rails delivered with side rafurther stated he tho that Resident #1's he	terview on 11/17/17 at 8:29 or explained the type of bed head caught in the side rail a local hospital that were put go. He stated all beds in the on them because beds came ails already on them. He ught the side rail on the bed ead was stuck in was a ail but he did not have an							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		345493	B. WING _			C <b>11/19/2017</b>	
	ROVIDER OR SUPPLIER	ND REHABILITATION	,	STREET ADDRESS, CITY, STATE, ZIP OF 104 COLLEGE DRIVE FLAT ROCK, NC 28731	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	' STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 461	He stated mainten a problem was repany routine inspection. During an interview Maintenance Direct facility had quarter thought the side rathat was the way texplained he did not squeaked or the brails were loose but inspection of beds was not aware he confirmed most of beds like the one of caught in the side more compact openings. He furth any work order rectified rails. He explaint was an older of beds that were the same type had completed on facility and explaint were the same typh his head stuck in the facility owned, 15 to equal 130 beds	e type of side rails on each bed. ance staff repaired beds when orted but he was not aware of tions of beds or side rails.  If you not	F	.61			

			' '		, ,	ATE SURVEY DMPLETED
		345493	B. WING _			C 11/19/2017
	ROVIDER OR SUPPLIER	O REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 104 COLLEGE DRIVE FLAT ROCK, NC 28731	•	1111012011
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 461	2017 they had recein Corporate Nurse Coto regulations and rebeds and side rails. done after the email looked at the whole sure mattresses fit p documented. She saudits of beds or side that time. She further expectation for staff was a positioning demovement of the reshad discussed replare habilitation halls be	stated she recalled in April wed an email from their insultant regarding changes equirements to do audits of She explained an audit was was received and they bed and checked to make properly but the audit was not tated she was not aware any e rails had been done since to look and see if the side rail evice and it should not restrict sident. She explained they cing beds on the ut the cost of replacing beds and they knew mew beds	F	461		
F 490 SS=J	Administrator stated any kind of equipme the potential for harr the regulation to corbeds, mattresses an came to work at the not think to look at the side rails because a someone had taken EFFECTIVE ADMIN WELL-BEING CFR(s): 483.70  483.70 Administration A facility must be addenables it to use its efficiently to attain or some the potential of the state of the potential of the p	care of that for him. ISTRATION/RESIDENT	F	490		1/2/18

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345493	B. WING		<del></del>	11/	19/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HENDEDS	ONVILLE HEALTH AND	DELIABILITATION		10	04 COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AND	REPABLITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	•	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 490	Continued From pag	ge 67	F.	490			
	well-being of each re						
	_	T is not met as evidenced					
	by:						
	_	ons, record review and staff			On 11/15/17 at approximately 6:30AM		
		y administration failed to			resident # 1 (Room 108B) was found b		
	_	ystemic approach with the			an employee #1. Employee #1, the	·	
	use of side rails and	failed to conduct regular			NA/MA was working as his medication		
	inspection of all bed	frames, mattresses and bed			aide on the 100 hall. She had been		
	rails as a part of a re	egular maintenance program			working the 7PM to 7AM shift. She was	s on	
	T	sident #1) got his head stuck			the 100 hall from 11PM to 7AM.		
		bed and his head had to be			Employee #1 was in room 108 B @		
		the rail by fire rescue			5:30AM and resident #1 was in the bed		
	•	beds with side rails with			with his head elevated at approximately		
	_	ne potential for entrapment			45 degrees. Employee #1 gave him his		
	out of a total of 130	beds in the facility.			morning medications and noted nothing	-	
	langua adiata Ingganand	, harran an 10/04/17han an			abnormal about the resident. Employe	e	
		began on 10/24/17 when on side rails were not coded as			#1 returned to room 108 B at		
		ent #1. Immediate Jeopardy			approximately 6:30 AM to check his blo pressure. At that time, Employee #1	iou	
		18/17 when the facility			noted the top of resident #1 s head up	to l	
		nented a Credible Allegation			the bridge of his nose was stuck through		
		facility remains out of			the side rail on the left side of his bed a		
	-	pe and severity level of E			his legs were still in the bed. The side r		
		ual harm with the potential for			on both sides of his bed were up. He v		
		narm that is not Immediate			on an air mattress. He was talking and		
	Jeopardy) to ensure	monitoring systems put into			answering questions that Employee #1		
	place are effective.				was asking him. Employee # 1 did not		
					attempt to assist resident #1 at that poi	nt.	
					Employee #1 immediately stepped outs	side	
	Findings included:				the door and asked Employee # 2 (CN)		
	_				to get a nurse. Nurse #1, LPN, and Nu	rse	
		221: Based on observations,			#2 LPN arrived to room 108B within a		
		hysician and staff interviews			minute and arrived within seconds of e		
		provide an environment free			other. Both assessed the situation and		
		a resident (Resident #1) got			realized the resident had his head up to		
		e side rail of his bed and his			the bridge of his nose stuck in the side		
		ased from inside the side rail			rail. Nurse #1 left the room to get a		
		nnel in 1 of 81 beds with side			lubricant. Nurse #1 returned with the		
	raiis with openings t	hat had the potential for			lubricant and both nurses began to mo	ve	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_	<del></del>	(	2	
		345493	B. WING _			1	19/2017	
NAME OF P	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				10	04 COLLEGE DRIVE			
HENDERS	ONVILLE HEALTH AN	ID REHABILITATION		F	LAT ROCK, NC 28731			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG	,	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI) TAG	<	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 490	Continued From pa	nge 68	F4	190				
	entrapment out of a	a total of 130 beds in the			his legs to line his body up. They work	ed		
	facility.				to free resident #1 from the side rail for			
	,				approximately 5 minutes. He began to			
	2. Cross refer to F	278: Based on record reviews			say he was hurting. The nurses stoppe	ed		
	and staff interviews	the facility failed to accurately			and Nurse #2 LPN called 911.			
		Data Set (MDS) of a resident			Facility Administration failed to adminis			
		as a potential restraint. The			a safe, systematic approach with the us			
		#1) got his head stuck in the			of side rails and failed to conduct regula			
		and his head had to be			inspection of all bed frames, mattresse	S		
		e the side rail by fire rescue			and bed rails as a part of a regular			
	side rails on their b	sampled residents who had			maintenance program.	. d		
	side rails on their b	eus.			Director of clinical operations in service the administrator and maintenance	eu		
	3 Cross refer to F	279: Based on observations,			director and Environmental service			
		staff interviews the facility			director and Environmental service director on the current federal regulatio	ns		
		comprehensive care plan			related to side rail safety and bed			
	·	e rails as a potential restraint			entrapment zones on 11/17/17.			
		esidents reviewed for physical			All staff were in-serviced on			
		t #1's head was entrapped in			11/17/17-11/18/17 on the bed rail			
	the side rail of his b	ped and he had to be released			regulation changes. Beginning 11/19/1	7		
	from the side rail by	y fire rescue personnel			all new staff will be in serviced during the	ne		
	(Resident #1).				orientation process on the bed rail			
					regulation changes.			
		323: Based on observations,			The maintenance director will			
		ohysician and staff interviews			conduct/zone safety assessments daily	_		
	•	provide a safe environment			for two weeks, weekly for two weeks ar	nd		
		use of side rails on a resident's			then monthly for 2 months and then			
	,	Resident #1) who got his head			quarterly to ensure residents safety.	n/		
		il of his bed and his head had n inside the rail by fire rescue			Maintenance director completed a 100 <sup>o</sup> audit on 11/18/17 of all residents for the			
		1 beds with side rails with			proper bed dimension due to size and	7		
	· •	the potential for entrapment			weight. Maintenance director also			
	-	beds in the facility.			completed an audit of all residents for t	he		
	55. 5. 4. (5.4) 5. 100	and the identity.			risk of entrapment from use of side rails			
	During an interview	with the Administrator on			The facility self-assessment tool 11/18/			
	_	M he stated he felt the facility			and will be reviewed at least annually b			
		active instead of reactive to			the Administrator, DON, ADON, Medica	-		
		ent for residents was safe. He			Director, Activity Director, Dietary Director			
		could not let their guard down			Environmental service director			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _				C 1 <b>9/2017</b>
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	13/2017
					04 COLLEGE DRIVE		
HENDERS	ONVILLE HEALTH AND	REHABILITATION			LAT ROCK, NC 28731		
(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 490	Continued From page	e 69	F4	490			
F 490	and new systems put place. He explained Nursing completed a discussed the need to they were a large cap. The Administrator, Al Clinical Services and Clinical Services wer Jeopardy on 11/18/17. The facility provided allegation for immedi 11/18/17 at 8:45 PM.  Credible allegation for Rehabilitation F490-Rehab will assure the manner that enables effectively and efficie highest practicable pipsychosocial well-bei.	t into place had to stay in he and the Director of facility assessment and had o purchase new beds but bital expense for the facility.  DON, Regional Consultant of Corporate Consultant of Informed of Immediate 7 at 3:00 PM.  an acceptable credible ate jeopardy removal on or Hendersonville Health and Hendersonville Health and Hendersonville Health and it to use its resources ntly to attain or maintain the hysical, mental, and	F	490	Maintenance director, social services a MDS Director to incorporate the tags received from this immediate jeopardy and will be brought to QA monthly for t next three months and at least annuall assure compliance.  DON and or Administrator revised the facility assessment tool on November 2017 to incorporate the cited deficience outlined in the immediate jeopardy.	he y to 18,	
	the deficiency cited;  On 11/15/17 at appro 1 (Room 108 B) was Employee #1, the NA medication aide on the working the 7 PM to 100 hall from 11 PM in room 108 B @ 5:30 the bed with his head 45 degrees. Employed medications and note the resident. Employ						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		(X3) DATE SURVEY COMPLETED		
			A. BUILD	_ UNU			С
		345493	B. WING				19/2017
	ROVIDER OR SUPPLIER  SONVILLE HEALTH AN	D REHABILITATION		1	TREET ADDRESS, CITY, STATE, ZIP CODE 04 COLLEGE DRIVE LAT ROCK, NC 28731		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 490	top of resident #1's nose was stuck through side of his bed and the side rails on both the was on an air manswering question asking him. Employ assist resident #1 a immediately steppe Employee # 2 (CNALPN, and Nurse #2 within a minute and each other. Both as realized the residen bridge of his nose selft the room to get returned with the luit to move his legs off They worked to free for approximately 5	ge 70 me, Employee #1 noted the head up to the bridge of his bugh the side rail on the left his legs were still in the bed. It sides of his bed were up. attress. He was talking and so that Employee #1 was yee #1 did not attempt to to that point. Employee #1 do outside the door and asked (a) to get a nurse. Nurse #1, LPN arrived to room 108 Bourived within seconds of sessed the situation and to that his head up to the tuck in the side rail. Nurse #1 a lubricant. Nurse #1 a lubricant and both nurses began of the bed to line his body up. The resident #1 from the side rail minutes. He began to say he urses stopped and Nurse #2	F	490			
	plan of correction for Director of clinical of administrator and m	replementing the acceptable or the specific deficiency cited; reperations in serviced the naintenance director and ice director on the current changes.					
	All department head in-serviced on the b	ds, licensed/certified staff were ed rail regulation changes.					
	in-serviced the adm	ector of Clinical Operations inistrator, maintenance					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL <sup>-</sup> A. BUILDI	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345493	B. WING				C <b>19/2017</b>
	ROVIDER OR SUPPLIER	REHABILITATION		104	REET ADDRESS, CITY, STATE, ZIP CODE 4 COLLEGE DRIVE AT ROCK, NC 28731		13/2317
(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 490	by the Administrator, Director, Activity Director, Activity Director, Activity Director, Activity Director, Social service director, social service revised to incorporal immediate jeopardy monthly for the next annually to assure conformed to assure conformed to a sure conformed to a su	essment tool will be reviewed DON, ADON, Medical actor, Dietary Director, are director Maintenance and MDS Director and attemption to QA and three months and at least ampliance.  The dure to ensure that the plantive and that specific ains corrected and/or in a regulatory requirements; are tool by November 18, the cited deficiencies outlined and pardy. Administrator will appears or responsible for a ceptable plan of correction.	F	490			
	included the EVS Dir	s. Administrative staff which ector and Maintenance ewed and stated they had					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345493	B. WING		C 11/19/2017
A. BUILDING  345493  B. WING  NAME OF PROVIDER OR SUPPLIER  HENDERSONVILLE HEALTH AND REHABILITATION  (X4) ID PREFIX TAG  COntinued From page 72  been in-serviced on bed side rail regulation changes. The Maintenance Director confirmed he would conduct inspections of beds, mattresses and side rails on a regular basis.  5. Cross refer to F 461: Based on observations, record review and staff interviews the facility failed to conduct regular inspection of all bed frames, mattresses and bed rails as a part of a regular maintenance program and a resident (Resident #1) got his head stuck in the side rail of his bed and his head had to be released from inside the rail by fire rescue personnel in 1 of 81 beds with side rails with openings that had the potential for entrapment out of a total of 130 beds in the facility. The facility was cited at tag F461 at a scope and severity level of E.  F 520 QAA COMMITTEE-MEMBERS/MEET  F 526				STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	1 11110/2011
PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 490	been in-serviced on be changes. The Mainte he would conduct ins	ped side rail regulation enance Director confirmed spections of beds,	F 49	0	
F 520 SS=J	5. Cross refer to F 46 record review and stafailed to conduct regular maintenance (Resident #1) got his his bed and his head inside the rail by fire beds with side rails we potential for entrapmin the facility. The fall a scope and severity QAA COMMITTEE-MQUARTERLY/PLANS CFR(s): 483.75(g)(1) (g) Quality assessment (1) A facility must mall and assurance comminimum of:  (ii) The director of number of the control of the contr	af: Based on observations, aff interviews the facility ular inspection of all bed and bed rails as a part of a program and a resident head stuck in the side rail of had to be released from rescue personnel in 1 of 81 with openings that had the ent out of a total of 130 beds cility was cited at tag F461 at level of E.  MEMBERS/MEET S (i)-(iii)(2)(i)(ii)(h)(i) ent and assurance.  intain a quality assessment nittee consisting at a  resing services; et or or his/her designee; er members of the facility's who must be the a board member or other	F 52	520	1/2/18
	(g)(2) The quality ass committee must :	sessment and assurance			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345493	B. WING		C 11/19/2017	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  104 COLLEGE DRIVE  FLAT ROCK, NC 28731	11/19/2017	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 520	0 Continued From page 73		F 52	0		
	coordinate and evaluidentifying issues with assessment and assinecessary; and  (ii) Develop and impleaction to correct iden  (h) Disclosure of information Secretary may not rerecords of such communication and incommunication is released.	ement appropriate plans of tified quality deficiencies;  rmation. A State or the quire disclosure of the nittee except in so far as ated to the compliance of the requirements of this				
	committee to identify deficiencies will not be sanctions. This REQUIREMENT by: Based on record reversacility's Quality Asset Committee failed to a procedures and monicommittee put into place recitification survey one recited deficiency in July 2017 and was complaint survey on deficiency was in the comprehensive care of the facility during the show a pattern of the an effective Quality A	and correct quality e used as a basis for  is not met as evidenced  iew and staff interviews the ssment and Assurance naintain implemented tor interventions the ace following the of 07/20/17. This was for y which was originally cited subsequently recited on a 11/19/17. The repeat area to develop a plan. The continued failure wo federal surveys of record facility's inability to sustain		During Hendersonville Health and Rehabs last recertification survey the facility was given a tag for F279 and is now regarded as a repeat citation due not care planning for side rails.  The continued failure of the facility dur the two federal surveys of record show pattern of the facility as inability to sus an effect Quality Assurance Program related to not developing a comprehensive care plan (to include strails).  On 11/18/17 Administrator, DON and ADON re-evaluated the buildings processor to ensure that the issues addressed during this immediate jeopardy process.	e to ring w a stain side	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG _			
		345493	B. WING				
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
HENDERSONVILLE HEALTH AND REHABILITATION				104 COLLEGE DRIVE			
HENDERS	ONVILLE HEALTH AT	ND REHABILITATION		F	LAT ROCK, NC 28731		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	'	NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 520	Continued From page	age 74	F	520			
	-	velop a comprehensive care		020	will be audited and followed through		
		side rails for Resident #1.			monthly with our QA process.		
	·	dy was removed on 11/18/17			The facility side rail assessment was		
		ovided and implemented a			reviewed by the Quality Assurance Tea	m	
	, ,	of Compliance. The facility			and was updated to reflect resident □s		
	_	pliance at a scope and			cognition, physical function and bed siz	<u>'e</u>	
		(Isolated with no actual harm			appropriateness and entrapment zone		
	with the potential for	or more than minimal harm that			areas for assessment. CNA care guide	es	
	is not Immediate Jo			were reviewed by the quality assurance	٤		
	systems put into place are effective.				team and were updated to include		
	The findings included:				instruction related to use of side rails for		
					each resident in the facility. The 48 ho		
					care plans were reviewed by the quality	/	
	This tag is cross re	eterred to:			assurance team and were updated to include instruction related to use of side	Э	
	F279: Develop a C	comprehensive Care Plan:			rails for each resident in the facility. Al	i ļ	
	Based on observat	tion, record review and staff			resident 21 day care plans were review	red	
		ity failed to develop a			by the quality assurance team and wer		
		re plan which included side			updated to include instruction related to		
		restraint when a resident got			use of side rails for each resident in the	;	
		ne side rail of his bed and his			facility.		
		eased from inside the side rail			The Director of Nursing and Assistant		
		onnel for 1 of 1 resident			Director of Nursing educated the licens	ea	
	reviewed for restra	ints (Resident #1).			nurses, to include the MDS nurses on completion of updated Side Rail		
	During the recertific	cation survey of July 20, 2017			Assessment, the updated CNA care		
	During the recertification survey of July 20, 2017 the facility was cited at F 279 for failure to				guide, the updated 48 hour care plan, t	he	
	· ·			updated 21 day care plan.			
	develop a comprehensive care plan to include side rails as a restraint for 1 or 1 sampled				The new side rail assessment was		
	resident.				completed on 100% of residents in the		
					facility. 100% of CNA care guides were		
	During an interviev	v on 11/19/17 at 2:40 PM, the			updated, 100% of 48 hour care plans		
		ained the facility conducted			were updated, 100% of resident 21 day	,	
		surance meetings and the			care plans were updated by 11/18/17		
		ctor of Nursing (DON), Medical			DON and ADON or designee will audit		
	Director, Pharmacist and all of the department				the resident side rail assessment, 48 h		
	managers attended	d the meetings.			and working care plan on each admiss		
					and or readmission to ensure complian	ce	
	⊢i ne Administrator :	stated he had no excuse as to			MDS Rn s will review the side rail	ļ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345493	B. WING _		1	C I/ <b>19/2017</b>	
	ROVIDER OR SUPPLIER	ND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CO 104 COLLEGE DRIVE FLAT ROCK, NC 28731		11372017	
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 520	work his hardest tagain.  The Administrator (ADON) and Regiservices and Corpservices were infoon 11/18/17 at 3:00.  The facility provide allegation for immediate and Rehabilitation for and Rehabilitation of a	s a repeat citation but he would on prevent it from happening.  Assistant Director of Nursing onal Consultant of Clinical corate Consultant of Clinical corate of Immediate Jeopardy of PM.  Bed an acceptable credible ediate jeopardy removal on PM.  In for Hendersonville Health and F279 - Hendersonville Health sure the facility develops and eline care plan for each des the instructions needed to and person centered care of the professional standards of 1/15/17 Hendersonville Health sultated their processes to onthe proper development and if the baseline care plan. Each of the specific deficiency. The east the processes that lead to ed;  out have a care plan that	F	assessment and implement care plan, quarterly assessment significant changes will documented on the care planges of the complete of the care planges of the care plang	nent and with ndition. Any ill be n and the r 2 weeks (50%) and 10%).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345493	B. WING_				C 19/2017	
NAME OF PROVIDER OR SUPPLIER  HENDERSONVILLE HEALTH AND REHABILITATION				104 C	EET ADDRESS, CITY, STATE, ZIP CODE COLLEGE DRIVE	1 117	19/2017	
				FLA	T ROCK, NC 28731			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 520	Continued From page	e 76	F 5	520				
	admission, re-admiss	s will be completed upon ion, quarterly, and with any the resident's condition.						
		pleted a 100% of all MDS lracy in regards to proper o discrepancies.						
	of correction is effecti deficiency cited rema	rocedure to ensure the plan ve and the specific ins corrected and/or in egulatory requirements;						
	48 hour care plan the care plan and the 21 ensure continued con significant changes w	OON, ADON will review the n will review the working day care plan in order to appliance. Any future ill be documented on the N and ADON will review for						
	The title of the respor	nsible for implementing the rrection.						
	" Director of Nursin	ng and Administrator						
	We certify that as of N immediate jeopardy w	November 18, 2017 the vill be removed.						
	when interviews with revealed they were in	y was removed on 11/18/17 the nurses and NA's serviced on the resident een updated regarding the						