	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		0.15400				С
		345192	B. WING		•	08/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
LONGLE	AF NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD WILSON, NC 27893		
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 224 SS=J		GLECT/MISAPPROPRIATN	F 22	24		9/13/16
	policies and procedu	t, and abuse of residents				
	by: Based on record rev facility neglected to in treatment for 1 of 1 re was found without a Neglect included nurs knowledge of the res not immediately initia resuscitation (CPR) a knowing how to call a required immediate n # 1 was pronounced The Immediate Jeop for Resident #1 when breathing and withou resident ' s room and immediately initiate C resident. Immediate j 8/19/16 at 4:57 PM. removed on 8/20/16 provided and implem allegation of compliant	ident 's code status, staff ting cardiopulmonary and calling 911, and staff not a code when a resident nedical treatment. Resident dead in the facility. ardy (IJ) began on 6/19/16 in the resident was found not t a pulse by staff in the		Response for tag F224 The facility maintains that w and procedures that prohibi mistreatment, neglect, and a residents and misappropriat were developed and implem The resident affected by the practice has expired. Becau residents who are a full cod potentially affected by the d practice, an audit of the cod residents was conducted or the Director of Nursing, Ass of Nursing and RN Supervis status was based on physic Of the 197 residents who w facility, 120 were full codes. implemented a process on a each staff member is given which lists the code status of resident, during shift report.	t abuse of tion of property nented. e deficient use all e are eficient le status of all n 8/20/16 by sistant Director sors. Code sian orders. ere at the The DON 8/20/16 where a worksheet, of each	

(X6) DATE 09/09/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING	<u> </u>	C
		345192	B. WING		08/20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	
				4761 WARD BOULEVARD	
LONGLEA	F NEURO-MEDICAL TR			WILSON, NC 27893	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLETIC THE APPROPRIATE DATE
F 224	Continued From page	e 1	F 22	24	
1 22 1		to ensure monitoring of	F 22	-+ code status. On 9/6/16, c	ode status for
	remedies put in place			all residents was rechecke	
				physician orders, and the a	-
				Code Status Worksheets w	-
	Findings included:				
				The Unit Nurse Manager, v	
		y's resident care policy,		Blue occurred, communica	
		led "Medical Emergencies" in		expectations regarding tim	
	part read:			medical emergencies with	
	shall be responded to	ncies involving residents		staff, in a staff meeting on other facility nursing staff w	
	according to establish			of the expectation for timel	
	-	d nurses, licensed practical		medical emergencies in m	• •
		are technicians are trained		conducted by their Nurse	lookingo
		diopulmonary resuscitation		Managers/Nurse Supervise	ors on 7/15/16,
	(CPR), the Heimlich i external defibrillator (maneuver, and automated (AED) use. "		7/26/16, 7/29/16, 7/30/16 a	and 8/10/16.
				Nurse #1, HCT #1, HCT #2	2, and House
	Further review of the			Supervisor #1, who were d	
		event of a cardiac/respiratory		in the Code Blue event on	
	-	g situation (Code Blue), the		retrained on response to m	
		the scene is to summon		emergencies on 7/27/16 by	
		shouting " EMERGENCY " I from the electrical socket		Preceptor. Retraining incl the facility s Medical Eme	
		. The staff member deciding		(AM 11-15) which states th	
	-	ures are needed will send a		on the scene will remain w	-
		ounce "CODE BLUE " and		summon for help and initia	-
		es and call Emergency		resident is not a DNR. Ba	
		AS) and tell the emergency		surveyor findings on 8/19/1	-
		, room number, resident ' s		submitted a 24 hour report	-
		nosis, if known. Trained staff		neglect to DHSR, Healthca	
		te emergency first-aid		Investigations, and initiated	
		life support as indicated, s a Do Not Resuscitate		investigation on 8/19/16. #1, HCT #2, and House Su	
	÷ .	ch Maneuver, and/or insert		were placed on investigato	-
		4L/minute, suction, and		pending the outcome of the	
	perform venipuncture			neglect investigation.	

Facility ID: 923375

If continuation sheet Page 2 of 35

			000 100			B NO. 0938-03	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		· · · ·	DATE SURVEY COMPLETED	
			A. BUILDING	B		С	
		345192	B. WING			08/20/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (08/20/2016	
				4761 WARD BOULEVARD			
LONGLEA	F NEURO-MEDICAL TR	EATMENT CENTER		WILSON, NC 27893			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIEN(FION SHOULD BE THE APPROPRIATE	COMPLETIO	
F 224	Continued From page	e 2	F 22	24			
		y on 3/8/16 with a diagnosis		assigned to the unit where	the Code Blue		
		Alzheimer 's disease,		occurred, were retrained o			
	•	ertension, and severe		response procedures on 7	• •		
		ulmonary disease (COPD),		7/28/16 by the Nurse Prec			
	specifically emphysei			training included a review	of the Medical		
		sident #1 ' s medical record		Emergency Policy (AM 11-			
	revealed a physician			power point presentation of			
	Admission/Orders/Ne			for initiating a code blue, re			
	· •	d by the facility ' s physician		emergency paging instruct			
		ed the resident did not have		demonstration and code st			
	Advance Directives in	n place.		information. The training of			
	A			requirement for the staff m			
		ssion note dated 3/16/16 at Resident # 1 had been		finds an unresponsive resi			
		ith a family member serving		with the resident, call for h immediately start chest co			
	as Guardian of Perso			the resident is not a DNR.			
	considered a full code						
		lan, dated 3/16/16, showed		Nurse Preceptors and Stat	f Development		
		s care planned as a full code		Nurses initiated re-training			
	with no living will or tr			RNs, LPNs and CNAs on I			
	0			Medical Response on 8/18			
	The most recent Mini	mum Data Set prior to		was completed on 8/26/16	-		
	Resident # 1 ' s death	n was dated 5/19/16 and		member, who was on leav			
		lent was cognitively intact,		temporary employee who			
		f rejection of care and		available for training will re	-		
		ehavior towards others, was		by the Nurse Preceptors u			
	•	ent of urine, was receiving		work. New Employees wil			
	oxygen (O2) therapy,			training on Emergency Me			
		ities of daily living (ADLs),		in Healthcare Worker Orie			
	except bathing which	required extensive		complete training prior to h	•		
	assistance.			resident care assignment.			
	Poviou of a purchas	acto writton by Nurse # 1		Response Competency Va			
		note written by Nurse # 1,		conducted by the Nurse Pi	•		
	dated 6/19/16 at 2:30			Staff Development Nurses LPNs and CNAs starting 8			
		M, health care tech (HCT) # that there was " something		Nursing staff were required			
		that there was something that there was something the solution assessing		demonstrate competency			
	-	# 1 found the resident		paging, code status, and h			
	ivesident # 1, Nulse #		1	paying, coue status, difu i	ow to respond	1	

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If continuation sheet Page 3 of 35

		MEDICAID SERVICES			OMB NO. 0	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SUF COMPLET	
		345192	B. WING		C 08/20/2016	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/20/	2010
				4761 WARD BOULEVARD		
ONGLEA	F NEURO-MEDICAL TRI	EATMENT CENTER		WILSON, NC 27893		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE C	(X5) OMPLETIC DATE
F 224	Continued From page	3 3	E 22			
F 224	Resident # 1 ' s chart code status. Nurse # called the House Sup to get the crash cart. Nurse # 1 auscultated rhythm and utilized the pressure with no read resident ' s skin was of initiated and automate (AED) was applied un services (EMS) arrive indicated that staff fro the code and assisted In an interview with N 8/18/16, she stated the communicate her nee morning of 6/19/16, b room most of the day Nurse # 1 reported the talking that morning a bed to go to the bather 6/19/16 right before lut her back on her bed. Resident # 1 did not into the room to asses stated she found the inpulse and no respirati skin was warm in part were cooler than other Resident # 1 ' s color open, and eyes were that she called for hell while another staff me resident ' s chart to fin get a crash cart. She	called for help and sent for to determine the resident 's 1 then documented that she ervisor on duty and for staff The note also stated that d Resident # 1 for heart re pulse oximeter and blood ding. She reported that the cool to touch and CPR was ed external defibrillator ntil emergency medical ed. Nurse # 1 's note also or other units responded to d with CPR. urse # 1 at 2:30 PM on nat Resident # 1 could eds and was fine on the ut had chosen to stay in her , which was not unusual. at Resident # 1 had been and was up and down out of room and was found on unch by HCT # 1 laying on HCT # 1 reported to her that " look right " and she went ss the resident. Nurse # 1 resident on the bed with no ions noted. The resident 's ts, but there were areas that ers like the feet and hands. was the same, mouth was closed. Nurse # 1 reported lp to the House Supervisor	F 22	demonstrate proper hand placem chest compressions and how to u ambu-bag. Competency Validati completed on 9/9/16. Any staff m who was on leave or temporary employees who were not availabl complete the Emergency Respon Competency Validation upon re-e work. As an additional measure, audits were conducted on 8/8/16 8/9/16 by four external evaluators staff members could verbalize co responses for how to overhead pa to respond if a resident was found unresponsive, how to immediately resident s code status, how to co perform chest compressions and use an ambu-bag. Results of the were reviewed by the Director of on 9/9/16 and retraining was prov staff members as needed. The auditing process is also schedule 9/10/16. As on ongoing monitorir process, the DON implemented a process on 9/3/16 consisting of 6 audits on each shift by the Nursin Supervisor. Staff member s kno of emergency response is confirm staff interviews. Results of the a forwarded to the DON daily for re corrective action as warranted. T auditing process was incorporate facility QAPI plan, with audit resu reviewed monthly by the QI Com 6 months. A class on the Nurse s role in a basis and the set of	Ise an ons were hember e will se entry to random and to verify rrect age, how d y know a prrectly how to audits Nursing rided for same d for ng in audit daily g House wledge hed via udits are view and the d into the lts mittee x	
	there was no heart rh	ythm present. Nurse # 1 a mistake by leaving the		Blue was developed by the Nurse Preceptors and designated as rec	e	

Facility ID: 923375

If continuation sheet Page 4 of 35

			()(0)			O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY IPLETED
			A. BUILDING	;		С
		345192	B. WING		08/20/2016	
	ROVIDER OR SUPPLIER	0.0.02		STREET ADDRESS, CITY, STATE, ZIP CODE	00	0/20/2016
				4761 WARD BOULEVARD		
LONGLEA	AF NEURO-MEDICAL TRI	EATMENT CENTER		WILSON, NC 27893		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLETIO
F 224	Continued From page	e 4	F 22	4		
	room, not knowing the	e resident ' s code status,		training for all facility RNs and I	_PNs on	
	and not initiating CPF	R for Resident # 1. She		8/30/16. All RNs and LPNs co		
		uld have stayed in the room		the training by 9/7/16, with the		
	-	help, but she did not feel		of those on leave or temporary		
		l any signs of life when she		who were unavailable. Staff m		
		I that she should have		leave and temporary employee		
		e did not feel that would have		receive the training upon re-en	-	
	prevented the resider	w with Nurse # 1 at 2:16 PM		Competency Validations were of by the Nurse Preceptors, starting		
	-	d she was CPR certified, but		validate each nurse s understa	-	
		compressions because she		the class content. Competence	-	
	was unsure of the res	•		validations will be completed by		
		because she did not write it down from the shift		Nurses who are on leave or un		
	change meeting and	could not remember. She		for training will complete the tra	ining and	
	reported that compres	ssions were begun after the		competency validation process	upon	
	code was called and	the crash cart arrived. Nurse		re-entry to work. Training and	ł	
		is a backboard and Ambu		Competency Validation will be		
	bag on the crash cart			incorporated into Healthcare W		
		ICT # 1 on 8/19/16 at 1:27		Orientation for new nurses and		
		he cared for Resident # 1 on		provided by the Nurse Precepto		
	-	ne resident was fine in the		September 2016. The Staff De Director will track completion of		
		nd before she went lunch. he got back from her lunch		requirements and provide a mo		
		e resident 's room to get the		report to the Director of Nursing	-	
		ch and the resident did not		compliance. The DON will revi		
		was called and when she		results and take corrective action		
		HCT # 1 then stated that she		warranted. The report of training		
	-	d there was no pulse so she		compliance will be reviewed me		
		HCT # 2) into the room while		the QI Committee beginning Se	eptember	
		urse. She reported that the		2016 x 6 months.		
		om and checked for pulse,				
		not responding. Nurse # 1		CPR Competency Validations f		
	-	and she and HCT # 2 stayed		LPNs, CNAs were conducted b		
		1 came back into the room sident was a full code, but		instructors beginning 8/30/16. staff were required to demonstr		
		compressions. Nurse # 1 left		knowledge of how to correctly p		
		l a code, but there was a		CPR, including correct hand pla		
	-	rhead paging system, so		and correct application of an Ar		
		House Supervisor who was		All Competency Validations we		

Facility ID: 923375

If continuation sheet Page 5 of 35

	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-03 E SURVEY
ND PLAN OF	CORRECTION	DENTIFICATION NUMBER:	. ,	3	CON	IPLETED
						С
		345192	B. WING			8/20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
	F NEURO-MEDICAL TRI	EATMENT CENTER		4761 WARD BOULEVARD		
LONGLEA				WILSON, NC 27893		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
F 224	Continued From page	e 5	F 22	4		
		overhead. HCT # 1 stated		completed by 9/9/16 with the	e exception of	
		CPR, but did not initiate CPR		employees on leave and ten		
		iting for direction from the		employees. Staff members		
		rash cart on the way to the		unavailable for training will c		
	room and other nurse	es responding to the code		CPR competency validation	upon re-entry	
		oom. HCT # 1 stated she		to work. A quality assurance		
		vhen chest compressions		implemented under the supe		
		could not say how long it		Staff Development Director t		
		start CPR on Resident # 1,		that RNs, LPNs and CNAs in		
		ed around 1:00 PM when she		immediately if the resident is Practice demonstrations will		
	found the resident un	6, via telephone, HCT # 2		assess CPR response. The		
		1 approached her and asked		demonstrations will be provi	•	
	-	# 1 's room to see if the		3 months, beginning Octobe		
	÷	ig. She stated she checked		quarterly x one quarter. The		
		and saw no chest rise and		monitoring will be reviewed i		
	hollered for the nurse	to come to the room. She		DON, with immediate correc	tive action for	
	recalled that the House	se Supervisor called the		any staff member who does	not perform	
		ot to the unit, she told HCT		satisfactorily. The results of		
		h cart. HCT # 2 said she		monitoring will be reviewed i	monthly by the	
	•	cart and took it to the		QI Committee x 6 months.		
	resident 's room.					
		M, HCT #3 stated that		To verify the facility s CPR	-	
		/ior on 6/19/16 was normal. n bed that day. During lunch,		processes, an audit of two C was conducted by an outside		
	-	nto Resident # 1 ' s room		(BLS instructor) on 9/9/16.		
		room to get HCT # 2 ' s		audit will be reviewed by the		
		ported that later he saw		Standards Management and		
		o Resident # 1 's room and		Development Director on 9/1		
		urse #1, so he looked in the		determine if any improvement		
		told him to get the resident '		required prior to the facility		
	•	the room and that the		scheduled CPR class. A q	-	
		as on the way down to the		assurance process was impl		
		I that he was not sure who		under the supervision of the		
		but the resident was never		Staff Development to include		
		as found. He reported that		one CPR class for each BLS		
	ne was CPR certified	and that he was aware that		quarterly to verify effectivene	ESS OF CPR	
	roaidanta ! ac da at-t	us was kept on the chart and		training. Results of the audi		

Facility ID: 923375

If continuation sheet Page 6 of 35

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB	NO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	1 Y Z	DATE SURVEY OMPLETED
		345192	B. WING			C 08/20/2016	
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		00/20/2016
					761 WARD BOULEVARD		
LONGLEA	AF NEURO-MEDICAL TR	EATMENT CENTER			VILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETIO DATE
F 224	Continued From page	2.6	Ea	224			
1 224	Review of a nursing r 1, dated 6/19/16 at 4 Supervisor # 1 arrive	note by House Supervisor # 00 PM revealed that House d to the unit at approximately		224	Development and reported to the QI Committee quarterly x 12 months.		
	1:15 PM and found R with no heart rated no pulse palpitated, no r oximeter, and no bloc			Per facility policy (NM #1), all direct ca nursing employees (e.g. HCTs, LPNs, RNs) are required to complete BLS training as part of New Employee			
	Supervisor # 1 ' s not was initiated, the AEI and EMS were called doctor. House Superv			Orientation and annually. The training covers the requirement for HCTs, RNs and LPNs to initiate CPR if the resider not a DNR, Call a Code Blue and call	s, nt is		
	line without success. approximately 1:25 P	start an intravenous (IV) EMS arrived at M and took over the code by out success. It was noted			A quality assurance process was implemented under the supervision of Staff Development Director to verify completion of BLS by all required staff		
	that EMS contacted t examiner, time of dea PM. A follow up telep	he doctor and medical ath was pronounced at 1:32 hone order was received to			members. Completion of training will verified by the Staff Development Dire monthly with results reported to the	be ctor	
	PM on 8/18/16, she s	at 1:35 PM. louse Supervisor # 1 at 4:20 stated that she was on urse # 1 called her and			Director of Nursing for immediate action warranted. Training compliance will be reported to the QI Committee monthly 12 months.	е	
	1 and she wasn ' t su resident was " gone stated she called the	g was wrong with Resident # re, but she thought the " . House Supervisor # 1 code and left the 4th floor to			A Code Blue Response Drill process v initiated under the supervision of the Director of Staff Development on 8/19		
	reported that when sh # 1 was at the nurses	assess Resident # 1. She ne arrived on the unit, Nurse s' station and she wondered ne room with the resident,			to evaluate staff response to emergencies. Drills were conducted of 8/19/16, 8/23/16, 8/29/16 and 9/8/16. schedule for monthly Code Blue		
	heading straight to th Supervisor # 1 report	time to ask because she was e resident ' s room. House ed that she told someone to ile she was walking to the			Response Drills will be implemented for August, September and October 2016 the Director of Staff Development, with one drill occurring on each shift month	i by h	
	resident 's room and resident 's room she	once she entered the found the resident lying on and other staff that had			The DON and Staff Development Dire will review the results following each d to determine any additional training	ctor	
	-	e had entered the room and CPR. She stated that while			needs. Following completion of the October 2016 drills, a formal review of	the	

Facility ID: 923375

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	IPLE	CONSTRUCTION	OMB NC (X3) DATE	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	, <i>'</i>			COMP	LETED
							C
		345192	B. WING			08/	20/2016
NAME OF P	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
	F NEURO-MEDICAL TRI	EATMENT CENTER		47	761 WARD BOULEVARD		
				W	/ILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETIC DATE
F 224	Continued From page	e 7	F 2	224			
		ing CPR, she called EMS.			drill process by the Staff Development		
	-	at she tried to start an IV, but			Director and Director of Nursing will oc		
		MS arrived and took over the			to determine if the drill process or drill		
		dent on their machine, but			frequency requires revision.		
		d as a flat line. House			Recommendations for any revisions to	the	
	Supervisor # 1 stated	I that Resident # 1 was			drill process will be submitted and		
		no respiration, no pulse,			approved by the QI Committee. Resul		
		ce, and skin coloration had			of the Code Blue Response drills will b		
		en she entered the resident '			reviewed by the QI Committee monthly	/ X	
		d that she had been involved			12 months.		
		re and knew when there				_	
		present and Resident # 1 did			A yellow colored sticker with Code Blue	е	
		s life present when she e House Supervisor stated			paging instructions was added to all telephones in resident care areas on		
		and the resident should not			7/14/16. The process was expanded	on	
		ut should have yelled out for			8/26/16 and stickers were added to all	011	
		# 1 should have known the			telephones in the facility. All Departme	ent	
		us and initiated CPR. She			Managers were instructed to educate t		
	felt that Nurse # 1 par	nicked as it was her first			assigned staff members about overhea		
	code and she did not	appear to know what to do.			paging on 8/26/16. A competency		
	House Supervisor # 1	1 stated that all nursing staff			validation process for overhead paging)	
		dent ' s code status because			was initiated for all facility staff on 8/30)/16	
		port at shift change, it was			and was completed on 9/9/16. The		
		' station, there was a coded			competency validation consisted of ea		
		e DNR residents, and there			staff member acknowledging awarenes		
		nt of each resident ' s chart iced directives including their			of the purpose of the yellowed colored sticker located on the telephone and		
	-	orted that Nurse # 1 had told			demonstrating how to correctly overhe	ad	
		all the code herself, but was			page a code blue. Staff members who		
		use she did not know how to			are on leave will receive training and a		
	work the overhead pa				competency validation on overhead		
		view with House Supervisor			paging upon re-entry to work. An		
	# 1 at 4:03 PM on 8/1	9/16, she stated that she			ongoing monitoring process was initiat	ed,	
		vhen Nurse # 1 called her			under the supervision of the Assistant		
	-	something was wrong with			Center Director, on 9/09/16 to confirm		
		thought the resident might			staff members can correctly overhead		
	-	Supervisor # 1 stated that			page in case of emergencies. Each		
		the 1st floor unit, Nurse # 1			Department Manager/designee will au		
	was on the phone at t	the nursing station and she	1		of their assigned staff members weekly	/ V	1

Facility ID: 923375

If continuation sheet Page 8 of 35

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIF	PLE CONSTRUCTION		NO. 0938-03 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,	G	· · ·	MPLETED
			-			С
		345192	B. WING			08/20/2016
NAME OF P	ROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
				4761 WARD BOULEVARD		
LONGLEA	AF NEURO-MEDICAL TR			WILSON, NC 27893		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETIC DATE
F 224	Continued From page	e 8	F 22	24		
	proceeded to the resi	ident ' s room and found the		2 months, then 5 of their sta	ff members	
	resident supine in be	d. House Supervisor # 1		monthly x 4 months starting		
		ed the resident 's code		Department Managers/desig		
		or a pulse and told staff in		confirm staff awareness of t		
	-	rash cart. Nurse # 1 entered		colored sticker and confirm		
		House Supervisor that she		member can demonstrate h		
		le, but was unable. House		overhead page. Immediate		
	-	I that she then when out of		be provided by the Departm		
		he code and 911. Staff om other units and asked if		Managers/designee for any deficiencies. Audit results w		
		posed to be given CPR. The		submitted to the Assistant C		
		formed them that Resident #		and reported monthly to the		
		e receiving CPR and the		x 6 months.		
		ed under the resident and				
	-	he reported that she did not		To ensure RNs, LPNs and C	NAs have	
	call the code prior to	arrival on the unit and that		immediate access to each re	esident⊡s	
	no one was doing che	est compressions when she		code status, the Director of	Nursing	
	arrived on the unit. H	•		implemented a worksheet o	n 8/20/16.	
	informed that it was a			Staff members receive a wo		
		e she received the call from		each resident⊡s code status	-	
	Nurse # 1 until CPR \			shift report. The worksheet	-	
	In a follow up phone i			the staff member throughou		
		9/16 at 5:45 PM, she		shredded at the end of each		
	before she left the 2n	ed code blue and EMS		quality assurance process w		
		he 100 hall. She estimated		implemented under the direct DON, to validate that staff m		
		receiving Nurse # 1 ' s call		using the code status works		
		compressions (CPR) was		audits are conducted daily of		
	approximately 8 to 10			by the Nursing House Supe		
		lurse # 2 at 2:58 PM on		beginning 9/3/16 and contin		
		nat she was on the 5th floor		months. Staff members are		
		e code was called for a		confirm awareness of the co	-	
		oor. She reported that she		worksheet process and cont	firm he/she	
		sponded to the code, which		has a worksheet on their pe		
		minutes, and there were		of the audit are forwarded to		
		g in Resident # 1 ' s room		daily for review and correctiv		
	-	It no one was doing CPR on		warranted. The auditing pro		
		# 2 stated that the crash cart		incorporated into the facility		
	was in the resident 's	s room when she arrived to	1	with audit results reviewed r	nonthiv by the	1

Facility ID: 923375

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: FORM OMB NO.	APPROVE
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	(X3) DATE S COMPL	ETED
		345192	B. WING		C 08/20/2016	
NAME OF PI	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP CODE		
				4761 WARD BOULEVARD		
LONGLEA	F NEURO-MEDICAL TR	EATMENT CENTER		WILSON, NC 27893		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 224	Continued From page	a 0	F 224			
1 224	the unit, but it was ur	opened. The nurse who or with her asked if the	F 224	QI Committee x 6 months.		
	resident was a Do No Nurse # 2 reported the she found out the resist stated that they did p but there was no hear at some point during with chest compression one doing CPR prior 's room. She stated the expected to see CPR entered the room and known the resident 's given at report for all there are other place statuses were located nurses 'station and	ot Resuscitate (DNR) and hat she initiated CPR once ident was a full code. She ut the AED on the resident, rt rhythm. She reported that CPR, Nurse # 1 did assist ons, but there had been no to her getting to the resident that she would have being done when they d that nurses should have s code status because it is residents on the unit and s where the residents ' code d including a list at the		An emergency cart was obtain unit where the Code Blue occu 8/18/16. An AED was purchas 8/19/16 and added to the eme A facility wide review was cond the Center Director and Direct Nursing on 8/23/16 to assess additional areas, accessible by could benefit from emergency To ensure quick access to eme equipment, a requisition was of purchase three additional eme carts and AEDs, to be placed if and dining areas outside of the units. Three AEDs were rece 9/1/16. Receipt of the emerge pending with a projected delive	urred on sed on orgency cart. ducted by or of if any y residents, equipment. ergency completed to ergency in activity e resident ived on ency carts is	
	In a follow up intervie telephone, on 8/19/10 that when she respor in Resident# 1 ' s roo compressions being # 1 stated the resider back board was place CPR was initiated. T on the phone calling her with the chest com	ew with Nurse # 2, via 6 at 5:50 PM, she reiterated inded to the code and arrived of the the code and arrived of the the code and arrived of the the the the the the the done. She stated that Nurse int was not a DNR, so the ed under the resident and the House Supervisor was EMS and Nurse # 1 relieved impressions while a nurse, boloyed at the facility, was		confirmed by the Business Ma 9/23/16. Emergency carts an in place for all resident units as . The emergency cart and AE unit where the Code Blue occu 6/19/16, was added to an exis assurance process, under the the Director of Nursing, which that AEDS are checked every verify they are operational. Re emergency equipment auditing reviewed monthly by the QI Co	anager, as ad AEDs are s of 8/19/16 ED for the urred on ting quality direction of requires shift to esults of the g will be	
	providing oxygen thro In an interview with N PM, she stated that s floor of the unit when reported that she put to respond to the cod the 2nd floor to retrie			The facility will continue to rev blues to determine any opport improvement. Effective 8/20/1 Director of Standards Manage immediately notified of all Cod The Director of Standards	nonths. iew all code unities for I6, the ment will be	

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TATEMENT	S FOR MEDICARE & DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		C	
		345192	B. WING		08/20/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	AF NEURO-MEDICAL TRI	EATMENT CENTER		4761 WARD BOULEVARD		
LONGEL				WILSON, NC 27893		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETIO	
F 224	Continued From page	e 10	F 224			
	took the stairs and ma HCT did with the cart when she entered res staff present, but no (nurses responding to and initiated CPR imr # 3 stated that if a res listed at the nurses ' medication administra there was a dot on the status. On 8/19/16 at 6:09 PI she heard the code ca another nurse, who is facility, responded an resident was a full coo floor, Nurse # 2, did co AED pads were put o Supervisor entered at could not get it started full code status, and the At 6:42 PM on 8/19/1 she was on the 3rd flo Supervisor when the the call from Nurse # Supervisor # 1 immed heard a code being co system a few minutes when she arrived on the group of staff in the ro doing compressions. to get the IV pole. Nu never aware of a prot system and that there the chart of residents	ade it to the unit before the . Nurse # 3 reported that sident 's room there was CPR was being done. Other the code entered the room mediately upon entry. Nurse sident was DNR they were station, it was on their ation record (MAR), and e chart indicating DNR M, Nurse # 4 reported that alled overhead and she and a no longer employed at the d confirmed that the de. The nurse from the 5th shest compressions and n Resident # 1. The House nd tried to start an IV, but d. EMS entered, confirmed ook over with the CPR. 6, Nurse # 5 reported that bor with the House House Supervisor received 1. She reported that House diately left the unit and she alled over the overhead a later. Nurse # 5 stated that the unit, there was a whole bom and Nurse # 2 was She reported that she went rse # 5 stated that she was obem with the overhead a was a dot that would be on who were a DNR and there R resident on the report		Management/designee will review Code Blue to confirm CPR was in for any resident who was not a D there is a delay in CPR, this will 1 referred to the Center Director and Director of Nursing and a 24 hour for alleged neglect will be initiate Results of the code blue reviews reviewed monthly by the QI Com 12 months. All facility employees will continue attend Resident Rights Training of New Employee Orientation and a In the training, employees are infi- the requirement to report all alleg abuse, neglect, and exploitation. monitoring process was implement under the supervision of the Staf Development Director, to confirm completion of Resident Rights Tr all employees and report compli- the QI committee monthly, startin September 2016 x 12 months.	nitiated NR. If be nd r report d. will be mittee x e to during annually. formed of gations of A ented f n raining by ance to	

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		ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 06/06/2018 ORM APPROVED NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		345192	B. WING				C 08/20/2016
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	AF NEURO-MEDICAL TR	EATMENT CENTER			61 WARD BOULEVARD ILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 224	Continued From page	e 11	F	224			
	Director at 5:15 PM or Resident # 1 was four resident ' s bedroom facility ' s incident rep involving a code. She reviewed as a part of process and some op were identified such a code, knowing reside having a crash cart ref floor of the unit. The fi- requisition was comp cart to be placed on t the only crash cart fo 2nd floor, and they pu on each unit in the fa- directions on how to a system used to call a Standards Managem the facility had reques training for all nursing response and codes program where the fa- mock code drills. In an interview with th on 8/18/16 at 7:57 PM staff was responsible status and any staff v initiate CPR. He repo implemented sheets of use to keep on them other pertinent inform shift and to be shredo The DON stated that staff should not leave	he Standards Management on 8/18/16, she stated that ind unresponsive in the so it was recorded in the port as are any incidents a reported that the event was their patient safety review oportunities for improvement as the procedure for calling a ints' code status, and eadily available on the 1st facility initiated emergency or all staff on that unit, a leted for an additional crash he unit for the 1st floor since in the unit was located on the ut stickers on each phone, cility, that gave step-by-step use the overhead paging in emergency code. The ent Director also stated that sted funding for additional g staff regarding emergency as well as implementing a acility would start holding the Director of Nursing (DON) M, he stated that all nursing for knowing resident code who was trained should rted that the facility had of all residents for staff to with their code status and hation for the duration of their ded at the end of each shift. it was his expectation that the room of an th, they should call out and					

Facility ID: 923375

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		345192	B. WING				C / 20/2016
NAME OF PI	ROVIDER OR SUPPLIER	I			STREET ADDRESS, CITY, STATE, ZIP CODE		
LONGLEA	F NEURO-MEDICAL TRI	EATMENT CENTER			4761 WARD BOULEVARD WILSON, NC 27893		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 224	is a full code. In an interview with the Director on 8/19/16 ar were orange sticker of chart of resident with trained regarding this addition, during every what residents were I Management Director medical record was of resident as being a fut not initiate CPR to Ref Facility administration have been re-educate 6/22/16 and again on items. They started ref staff on night shift on what the orange stick asked them to explain system worked. They would do if they found There was also a mor 8/19/16 in the AM. On 8/20/16 at 08:20 he felt the nurse (Nur HCT (HCT # 1) was u CPR and wanted the s status before she di out of the room to cal was unsure if the over working. He stated the code status of their ref	re trained, and the resident the Standards Management t 2:02 PM, she stated there on the name label on each a DNR status and staff were sticker during orientation. In y shift report staff was to tell DNR. The Standards r confirmed Resident #1 's orrectly designated the ill code, but nursing staff did esident #1 on 06/19/16. n decided all staff should ed, so they had a meeting on 8/19/16 to address action e-education of entire facility 8/18/16 and asked staff ter on the charts meant and n how the overhead paging r also asked staff what they d a resident unresponsive ck code drill done on AM, the DON reported that se # 1) panicked and the insure if she should give nurse to verify the resident ' id anything. Nurse # 1 ran I the House Supervisor and rhead paging system was at nurses need to know the esidents and there were	F	224			
	had been addressed status was relayed du	r them to know because it months prior. The code uring shift report, there was a esidents with DNR, and a list					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION		O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	, ,		· · ·	E SURVEY IPLETED
			A. BUILDING			С
		345192	B. WING			
		545152		STREET ADDRESS, CITY, STATE, ZIP CODE	08	3/20/2016
NAME OF PR	ROVIDER OR SUPPLIER					
	F NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD WILSON, NC 27893		
(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 CORR (EACH CORRECTIVE ACTION SF CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 224	Continued From page	- 13	F 22	24		
			F 22	.4		
	of DNRs was kept at the nursing station. He reported that the overhead paging system had					
	-	of April and it was discussed				
		eting and an email was sent				
		e change. The DON stated				
	•	or Resident # 1 as a full				
	code should have be	en known by staff and CPR				
		tiated immediately upon				
	finding the resident w	vithout a pulse and				
	respirations, but he d	id not feel the location of the				
		floor of the unit contributed				
	to the resident expirir	ng.				
		was notified of the immediate				
	jeopardy at 4:57 PM					
		a credible allegation on				
	8/20/16 at 1:39 PM. 1	The credible allegation read:				
	The main resident cit	ed in this Immediate				
		expired. A review of code				
	status for all resident	s at the facility was				
	completed on 8/20/16	6 by the Director of Nursing,				
	Assistant Director of					
	Supervisors. Code s					
		f the 197 residents who are				
		y, 120 are full codes and				
		e same deficient practice				
	The resident who exp					
	emphysema. The res	bedroom on 6/19/16. There				
	-	a Code Blue and a delay in				
		esident expired. Four staff				
		ly involved in the situation				
		CTs and two RNs. A Nurse				
	Preceptor completed	retraining of the four staff				
		se to medical emergencies,				
		ng included review of the				
		nergency Policy (AM 11-15) person on the scene will				

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 06/06/201 FORM APPROVEI OMB NO. 0938-039
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345192	B. WING		C 08/20/2016
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, Z	•
				4761 WARD BOULEVARD	
LONGLEA	F NEURO-MEDICAL TR	EATMENT CENTER		WILSON, NC 27893	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION (X5) ACTION SHOULD BE COMPLETION TO THE APPROPRIATE DATE IENCY)
F 224	Continued From page		F 22	24	
	not a DNR. The deal on 6/20/16.	l initiate CPR if resident is the was reported to the state			
 	The following correct implemented: A 24 hour report for a				
	submitted to DHSR, I Investigations, on 8/1	Healthcare Personnel 9/16. As a plan of			
	placed on investigato	taff members involved will be ry placement with pay,			
	schedule, all four sta	tion. According to the work ff members are currently			
	placement with pay w	I be placed on investigatory when they return to duty.			
		n 8/22/16 and one HCT will			
		atory leave on 8/23/16. members will have contact			
	investigatory leave.	Blue was initiated on			
		was conducted by the			
	conjunction with the A	Assistant Director of Nursing. ssed in the facility 's Event			
	Review Committee o	n 6/22/16. The Event			
	s Quality Improveme	nt Committee. Based on the tion plan was developed and			
		ter Director and Director of			
	Committee reviewed recommended addition	the action items and onal items to improve			
	resident care, which i monitoring processes				
		the Alzheimer Unit, where			
		ed, were retrained on on 7/27/16 and 7/28/16 by			

Facility ID: 923375

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			0.00			O. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY
			A. BUILDIN	IG		
		345192	B. WING			С
		545152			08	8/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
LONGLE	AF NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD		
				WILSON, NC 27893		
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 224	Continued From page	a 15	F 2	24		
1 227				24		
	the Nurse Preceptors. The training included a review of the Medical Emergency Policy (AM					
		5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5				
		ooint presentation covering ode blue, review of the				
	emergency paging in					
		ode status information. The				
		requirement for the staff				
	-	unresponsive resident to				
	remain with the resid	•				
		est compressions if the				
	resident is not a DNF	-				
		ty Nursing Staff by the Nurse				
	-	Development Nurses, on				
		Response was initiated on				
		d through 8/19/16. The				
	training included a re	•				
		M 11-15) and a power point				
		steps for initiating a code				
	blue, review of the er					
		nonstration and code status				
	information. The trai	ning covered the				
		taff member who finds an				
		nt to remain with the resident,				
	call for help and imm	ediately start chest				
	compressions if the r	esident is not a DNR. 210				
		rained on 8/18/16, 8/19/16				
		ing will continue each shift				
		are trained, with a target				
		31/16Any staff not trained				
		working on the hall again.				
		receive training in New				
		n and will complete training				
		dent care assignment.				
		1 #1), all direct care nursing				
		s, LPNs, RNs) are required				
	to complete BLS train	•				
		n and annually. As part of				
		Ns, and LPNs are required resident is not a DNR and				

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TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIF	PLE CONSTRUCTION		10. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,	G	· · ·	MPLETED
						С
		345192	B. WING			8/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	Ē	
	F NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD		
				WILSON, NC 27893		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 224	Continued From page	e 16	F 22	24		
	call 911. The Staff D					
	Director/designee tracks employee completion of					
	-	provides each Department				
	Manager with a repor					
	Department Manager	-				
		ed employees complete BLS				
	as required by facility	re identified as an enhanced				
		or staff on 6/22/16. Planning				
	- · · · ·	ock Code Blue drill was				
		6. A schedule for monthly				
	mock Code Blue drills	s on each shift, was finalized				
	on 8/19/16. Mock Co					
		starting August 2016 on each				
	shift to evaluate staff emergencies.	s response to				
	•	as obtained for Alzheimer				
		An AED was purchased on				
	8/19/16 and added to	the emergency cart on				
		The emergency cart for 1st				
		added to an existing quality				
		Inder the direction of the				
		which requires that AEDs are o verify they are operational.				
		lue paging instructions were				
		es in resident care areas on				
		conducted on 8/18/16 and				
		ursing staff members (e.g.				
		Ts) had knowledge of the				
		osted on the telephones and				
		ue. 174 employees were byees were able to respond				
	affirmatively.					
		ted a process in May 2015				
		is reviewed at each shift				
	-	is is noted on the resident 's				
		n orange dot. The orange				
		residents who are DNR. der is written for DNR, the				
	www.oon.o.nby/cicion.org					

Facility ID: 923375

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		ID HUMAN SERVICES MEDICAID SERVICES				RM APPROVE 10. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION		TE SURVEY MPLETED
		345192	B. WING		0	C 8/20/2016
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		
				4761 WARD BOULEVARD		
LONGLEA	F NEURO-MEDICAL TR			WILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETIO DATE
F 224	Continued From new	- 47				
F 224	Continued From page		F 22	24		
	U 1	on the name label of the				
	-	sician orders for full code ed by the nurse. To enhance				
		ich resident 's code status,				
		g implemented a worksheet				
		d by staff members during				
	each shift. During sh	nift report, code status will be				
		n the worksheet for quick				
	•	e shift. The worksheets will				
	be shredded at the er					
	-	le Blue event with the ig staff was conducted by				
		ig on 7/20/16 and 8/9/16 to				
		review expectations for				
		for any future Code Blues.				
	The Alzheimer Unit N	lurse Manager				
		tations regarding timely				
	response to medical					
		aff, in a staff meeting on				
		acility nursing staff were				
	•	ctation for timely response ies in a meetings conducted				
	•	jers/Nurse Supervisors on				
		9/16, 7/30/16 and 8/10/16.				
		M, the credible allegation				
	was validated. Staff in	nterviews with HCTs and				
		aled the facility implemented				
		including in-servicing of				
		g knowing residents ' code				
		o find the code statuses, the d protocol for calling a Code				
		bond when a resident is				
	found unresponsive.					
F 309	-	RVICES FOR HIGHEST	F 30	9		9/13/16
SS=J	WELL BEING					
	CFR(s): 483.25					
	Each resident must re	eceive and the facility must				

If continuation sheet Page 18 of 35

CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES			OMB N	M APPROVEI 0. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		345192	B. WING		08	C 6/20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	F NEURO-MEDICAL TR			4761 WARD BOULEVARD		
LONGLE				WILSON, NC 27893		
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	F 309 Continued From page 18 provide the necessary care and services or maintain the highest practicable physi mental, and psychosocial well-being, in accordance with the comprehensive asso and plan of care.		F 30	9		
	by: Based on observatio interviews, the facility cardiopulmonary resu Emergency Medical S resident, Resident # respirations. Resident in the facility. Findings included: The immediate jeopa Resident # 1 was fou pulse or respirations, immediately initiate C Immediate jeopardy w 4:57 PM. A credible a the facility and was a PM. The immediate je 8/20/16 at 1:50 PM. T compliance at a lowe (an isolated deficience potential for more that immediate jeopardy) remedies put in place Findings included: A review of the facility effective 7/1/2011, titl part read:	The facility remains out of r scope and severity of D y, with no actual harm with n minimal harm that is not to ensure monitoring of a are effective. /'s resident care policy, ed "Medical Emergencies" in ncies involving residents		Response for Tag F309 The facility maintains that all reprovided the necessary care at to attain or maintain the highest practicable physical, mental art psychosocial well-being, in acc with the comprehensive assest plan of care. The resident affected by the depractice has expired. Because residents who are a full code at potentially affected by the definition practice, an audit of the code stress residents was conducted on 8/2 the Director of Nursing, Assistat of Nursing and RN Supervisor status was based on physician Of the 197 residents who were facility, 120 were full codes. This implemented a process on 8/2 each staff member is given a withich lists the code status of e resident, during shift report. The member retains the worksheet the shift so there is immediate code status. On 9/6/16, code	nd services ad cordance sment and eficient e all are cient status of all (20/16 by ant Director s. Code a orders. e at the The DON 0/16 where vorksheet, each he staff throughout access to	

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		<u>D. 0938-03</u> E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	COM	PLETED
						С
		345192	B. WING			/20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
	AF NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD		
	1			WILSON, NC 27893		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETIC DATE
F 309	Continued From page	e 19	F 3	09		
	physicians, registered	d nurses, licensed practical		physician orders, and th	e accuracy of the	
	nurses, and health ca	are technicians are trained		Code Status Worksheet		
		diopulmonary resuscitation				
		maneuver, and automated		The Unit Nurse Manage		
	external defibrillator (AED) use. "		Blue occurred, commun		
	Further review of the	resident care policy		expectations regarding t medical emergencies wi		
		lity provides on-site Basic		staff, in a staff meeting of	•	
		hich includes CPR, the		other facility nursing stat		
		and AED. The facility does		of the expectation for tim		
	not provide Advanced	d Cardiac Life Support.		medical emergencies in	meetings	
	Review of the history	· · · ·		conducted by their Nurs		
	3/8/16, revealed Resi	ility ' s physician and dated ident # 1 was admitted with a t included shortness of		Managers/Nurse Superv 7/26/16, 7/29/16, 7/30/1		
	breath with ambulatic			Nurse #1, HCT #1, HCT	#2 and House	
	wheezing.			Supervisor #1, who were		
	A Physician order she	eet, titled "		in the Code Blue event of		
	Admission/Orders/Ne	ew Admission ", completed		retrained on response to	medical	
		cility ' s physician on 3/8/16,		emergencies on 7/27/16		
		nt # 1 had no Advance		Preceptor. Retraining in		
	Directives in place.			the facility s Medical Er		
		ssion note, dated 3/16/16 at t Resident # 1 had been		(AM 11-15) which states on the scene will remain	-	
		ith a family member serving		summon for help and ini		
	as Guardian of Perso			resident is not a DNR.		
	considered a full code			surveyor findings on 8/1		
	The Resident Care P	lan, dated 3/16/16, showed		submitted a 24 hour rep	-	
		s care planned as a full code		neglect to DHSR, Health		
	with no living will or tr			Investigations, and initia		
		mum Data Set prior to		investigation on 8/19/16		
		h was dated 5/19/16 and dent was cognitively intact,		#1, HCT #2, and House were placed on investiga		
		of rejection of care and		pending the outcome of		
		behavior towards others, was		neglect investigation.	unogou	
		ent of urine, was receiving				
	oxygen (O2) therapy,	, and required only		All RNs, LPNs and CNA		
		vities of daily living (ADLs),		assigned to the unit whe		
	except bathing which	required extensive		occurred, were retrained	d on emergency	1

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DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE 8				PRINTED: 06/06/2 FORM APPRO OMB NO. 0938-0
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345192	B. WING		C 08/20/2016
NAME OF PROVIDER OR SUPPLIER	•	1	STREET ADDRESS, CITY, STATE, ZIP COD	
LONGLEAF NEURO-MEDICAL T	REATMENT CENTER		4761 WARD BOULEVARD WILSON, NC 27893	
PREFIX (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)	I SHOULD BE COMPLET
June 2016 showed i Resident # 1 and the facility on 6/19/16. In a nurse 's note, o Nurse # 1 wrote that health care tech (HO that there was " sor Resident # 1. Upon Nurse # 1 found the palpated no pulse. T called for help and s to determine the res 1 then documented Supervisor on duty a cart. The note also s auscultated Resider utilized the pulse ox with no reading. She skin was cool to tou automated external applied until emerge arrived. Nurse # 1 's from other units resp assisted with CPR. In an interview with 8/18/16, she stated communicate her ne care and treatment. resident was fine on had chosen to stay i which was not unus Resident # 1 had be was up and down ou bathroom and was fine	/ 's incident/accident log from that a code was called for a resident expired in the lated 6/19/16 at 2:30 PM, t at approximately 1:10 PM, CT) # 1 informed Nurse # 1 nething wrong " with assessing Resident # 1, resident unresponsive and The note stated that Nurse # 1 event for Resident # 1 's chart ident 's code status. Nurse # that she called the House and for staff to get the crash stated that Nurse # 1 nt # 1 for heart rhythm and imeter and blood pressure are reported that the resident 's ch and CPR was initiated and defibrillator (AED) was ency medical services (EMS) is note also indicated that staff bonded to the code and Nurse # 1 at 2:30 PM on that Resident # 1 could eeds and would often refuse She reported that the the morning of 6/19/16 and n her room most of the day, ual. Nurse # 1 reported that een talking that morning and ut of bed to go to the ound right before lunch by er back on her bed. HCT # 1	F 30	P response procedures on 7/27 7/28/16 by the Nurse Precept training included a review of t Emergency Policy (AM 11-15 power point presentation cover for initiating a code blue, revier emergency paging instruction demonstration and code statule information. The training cover requirement for the staff memfinds an unresponsive resider with the resident, call for help immediately start chest compresentation of RNs, LPNs and CNAs on Emmodelia Response on 8/18/16 was completed on 8/26/16. The member, who was on leave on temporary employee who was available for training will receive by the Nurse Preceptors upor work. New Employees will retraining on Emergency Medic in Healthcare Worker Orientatic complete training prior to have resident care assignment. EResponse Competency Valida conducted by the Nurses for LPNs and CNAs starting 8/300 Nursing staff were required to demonstrate competency with paging, code status, and how to Code Blues. Staff also have demonstrate proper hand place.	ors. The he Medical and a ering steps ew of the s, AED is ered the ber who at to remain and ressions if evelopment all facility ergency and training Any staff r a s not ve training n re-entry to ceive al Response tion and will ing a firmergency atlons were eptors and r all RNs, /16.

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MI II TI	PLE CONSTRUCTION		O. 0938-03 E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	, ,	G	· · ·	IPLETED
						С
		345192	B. WING		08	3/20/2016
NAME OF P	ROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
	AF NEURO-MEDICAL TR			4761 WARD BOULEVARD		
LONGLEA	AF NEURO-WEDICAL TR			WILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIC DATE
F 309	Continued From pag	e 21	F 30	na		
		tated she found the resident	1.50	ambu-bag. Competency Va	alidations were	
		ulse and no respirations		completed on 9/9/16. Any s		
		s skin was warm in parts,		who was on leave or tempo		
		that were cooler than others		employees who were not av		
	like the feet and hand	ds. Resident # 1 ' s color was		complete the Emergency Re		
	the same, mouth was	s open, and eyes were		Competency Validation upo		
	closed. Nurse # 1 rep	ported that she called for		work. As an additional mea	asure, random	
	help to the House Su	pervisor while another staff		audits were conducted on 8	/8/16 and	
		the resident ' s chart to find		8/9/16 by four external evalu	ators to verify	
		nd get a crash cart. She		staff members could verbali		
		nitiated CPR and the AED		responses for how to overhe		
	-	sident, but there was no		to respond if a resident was		
		. Nurse # 1 stated that she		unresponsive, how to imme		
	-	eaving the room, not knowing status, and not initiating CPR		resident s code status, how perform chest compressions	•	
		e reported that she should		use an ambu-bag. Results		
		om and just called out for		were reviewed by the Direct		
	-	feel that Resident # 1 had		on 9/9/16 and retraining was	•	
		n she entered the room and		staff members as needed.		
		initiated CPR, but she did		auditing process is also sch	eduled for	
	not feel that would ha	ave prevented the resident 's		9/10/16. As on ongoing mo	nitoring	
	death.			process, the DON implement	nted an audit	
		ew with Nurse # 1 at 2:16 PM		process on 9/3/16 consisting		
		d she was CPR certified, but		audits on each shift by the N		
		compressions because she		Supervisor. Staff member		
	was unsure of the re-			of emergency response is c		
		write it down from the shift		staff interviews. Results of		
		could not remember. She		forwarded to the DON daily corrective action as warrant		
		ssions were begun after the the crash cart arrived. Nurse		auditing process was incorp		
		as a backboard and Ambu		facility QAPI plan, with audit		
	bag on the crash car			reviewed monthly by the QI		
		 ICT # 1 on 8/19/16 at 1:27		6 months.		
		she cared for Resident # 1 on				
		he resident was fine in the		A class on the Nurse⊡s role	in a Code	
	-	nd before she went lunch.		Blue was developed by the	Nurse	
	-	he got back from her lunch		Preceptors and designated		
		e resident 's room to get the		training for all facility RNs a		
	regident ready for lur	ich and the resident did not	1	8/30/16. All RNs and LPNs	a a main la ta d	1

Facility ID: 923375

		MEDICAID SERVICES			OMB NO. 0938-0
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					С
		345192	B. WING		08/20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
	F NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD	
				WILSON, NC 27893	
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLET THE APPROPRIATE DATE
F 309	Continued From page	e 22	F 30	9	
		was called and when she		the training by 9/7/16, with	the exception
		HCT # 1 then stated that she		of those on leave or tempo	
		nd there was no pulse so she		who were unavailable. Sta	
		HCT # 2) into the room while		leave and temporary empl	
		urse. She reported that the		receive the training upon r	
	-	om and checked for pulse,		Competency Validations w	
	but the resident was	not responding. Nurse # 1		by the Nurse Preceptors, s	starting 9/8/16 to
	went to get the chart	and she and HCT # 2 stayed		validate each nurse□s und	derstanding of
	in the room. Nurse #	1 came back into the room		the class content. Compe	etency
	and stated that the re	esident was a full code, but		validations will be complet	ed by 9/12/16.
		compressions. Nurse # 1 left		Nurses who are on leave of	
	-	I a code, but there was a		for training will complete th	-
	-	rhead paging system, so		competency validation pro	-
		House Supervisor who was		re-entry to work. Training	-
		overhead. HCT # 1 stated		Competency Validation wil	
		CPR, but did not initiate CPR iting for direction from the		incorporated into Healthca Orientation for new nurses	
		rash cart on the way to the		provided by the Nurse Pre	
		es responding to the code		September 2016. The Sta	
		pom. HCT # 1 stated she		Director will track completi	•
		when chest compression		requirements and provide	
		could not say how long it		report to the Director of Nu	-
		start CPR on Resident # 1,		compliance. The DON wil	
		ed around 1:00 PM when she		results and take corrective	
	found the resident un			warranted. The report of t	raining
		6, via telephone, HCT # 2		compliance will be reviewe	ed monthly by
		1 approached her and asked		the QI Committee beginnir	ng September
	-	# 1 ' s room to see if the		2016 x 6 months.	
		ng. She stated she checked			1
		and saw no chest rise and		CPR Competency Validati	
		e to come to the room. She		LPNs, CNAs were conduc	-
		se Supervisor called the		instructors beginning 8/30/	-
		got to the unit, she told HCT		staff were required to dem	
		sh cart. HCT # 2 said she		knowledge of how to corre	•
	resident 's room.	cart and took it to the		CPR, including correct har and correct application of a	
		M, HCT #3 stated that		All Competency Validation	
	Recident≖ i c nenav	vior on 6/19/16 was normal.		completed by 9/9/16 with t	the excention of

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	OF DEFICIENCIES				(X3) DATE	0.0938-03
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		. ,	LETED
			A. BUILDIN	G		C
		345192	B. WING			_ 20/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z		20/2010
				4761 WARD BOULEVARD		
	AF NEURO-MEDICAL TR	EATMENT CENTER		WILSON, NC 27893		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	I OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	ACTION SHOULD BE	COMPLETIO DATE
F 309	Continued From page	e 23	F 30	09		
	refuse meals at times	s. During lunch, he saw HCT		employees. Staff memb	pers who were	
	# 1 go into Resident	# 1 's room and looked out		unavailable for training		
		CT # 2 ' s attention. HCT # 3		CPR competency valida		
	reported that later he saw several people go into			to work. A quality assur		
	Resident # 1 ' s room and he was looking for Nurse #1, so he looked in the room for her and			implemented under the	•	
				Staff Development Dire		
	-	e resident 's chart and bring		that RNs, LPNs and CN		
		at the House Supervisor was he room. HCT # 3 stated that		immediately if the reside Practice demonstrations		
		had called the code, but the		assess CPR response.		
		eft alone after she was found.		demonstrations will be p	-	
		vas CPR certified and that		3 months, beginning Oc		
		sidents ' code status was		quarterly x one quarter.		
	kept on the chart and	l on a list at the nurse ' s		monitoring will be review	wed monthly by the	
	station.			DON, with immediate co		
		House Supervisor # 1, dated		any staff member who c		
	6/19/16 at 4:00 PM, I	•		satisfactorily. The resul		
	revealed that she arr			monitoring will be review		
		M and found Resident # 1		QI Committee x 6 mont	ns.	
		no heart rated noted per		To verify the facility □s C	DD training	
		e palpitated, no reading on nd no blood pressure		processes, an audit of t		
		ervisor # 1 ' s note then		was conducted by an or		
		as initiated, the AED was		(BLS instructor) on 9/9/		
		nd EMS were called in		audit will be reviewed by		
		I doctor. House Supervisor #		Standards Managemen		
		nat she attempted to start an		Development Director o		
		without success. EMS		determine if any improv		
		tely 1:25 PM and took over		required prior to the fac	-	
		ng CPR without success. It		scheduled CPR class.		
		contacted the doctor and		assurance process was	-	
		ne of death was pronounced		under the supervision of		
		ved permission to move the t 1:55 PM. A follow up		Staff Development to in one CPR class for each		
	-	received to pronounce		quarterly to verify effect		
	expiration at 1:35 PM			training. Results of the		
		louse Supervisor # 1 at 4:20		compiled by the Directo		
		stated that she was on		Development and repor		
	another floor when N			Committee quarterly x 1		

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	F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DA	10. 0938-03 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	MPLETED
						С
		345192	B. WING		0	8/20/2016
NAME OF PR	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP C	ODE	
				4761 WARD BOULEVARD		
LUNGLEA	F NEURO-MEDICAL TR			WILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 309	Continued From page	> 24	F 30			
			1 50			
		was wrong with Resident # re, but she thought the		Per facility policy (NM #1),	all direct care	
		". House Supervisor # 1		nursing employees (e.g. H		
	•	code and left the 4th floor to		RNs) are required to compl		
	go to the 1st floor to a	assess Resident # 1. She		training as part of New Em		
		ne arrived on the unit, Nurse		Orientation and annually.		
	# 1 was at the nurses	s' station and she wondered		covers the requirement for	HCTs, RNs,	
	-	e room with the resident,		and LPNs to initiate CPR if		
		ime to ask because she was		not a DNR, Call a Code Blu		
		e resident ' s room. House		A quality assurance proces		
		ed that she told someone to		implemented under the sup		
	-	ile she was walking to the once she entered the		Staff Development Director completion of BLS by all re	-	
		found the resident lying on		members. Completion of ti		
		and other staff that had		verified by the Staff Develo		
		e had entered the room and		monthly with results reported		
	-	CPR. She stated that while		Director of Nursing for imm		
	-	ng CPR, she called EMS.		warranted. Training compl		
	She also reported that	t she tried to start an IV, but		reported to the QI Committe	ee monthly x	
	was unsuccessful. EN	AS arrived and took over the		12 months.		
		dent on their machine, but				
		d as a flat line. House		A Code Blue Response Dri	•	
	-	that Resident # 1 was		initiated under the supervis		
	-	no respiration, no pulse,		Director of Staff Developme		
		ce, and skin coloration had en she entered the resident '		to evaluate staff response t		
		that she had been involved		emergencies. Drills were c 8/19/16, 8/23/16, 8/29/16 a		
		re and knew when there		schedule for monthly Code		
		present and Resident # 1 did		Response Drills will be imp		
	•	s life present when she		August, September and Oc		
		e House Supervisor stated		the Director of Staff Develo	-	
		nd the resident should not		one drill occurring on each		
		it should have yelled out for		The DON and Staff Develo		
		⁴ 1 should have known the		will review the results follow	-	
		us and initiated CPR. She		to determine any additional		
	-	nicked as it was her first		needs. Following completion		
	code and she did not House Supervisor # 1	appear to know what to do.		October 2016 drills, a forma drill process by the Staff De		

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	OF DEFICIENCIES	MEDICAID SERVICES			(V2) DA	TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	MPLETED
			A. BUILDING	3		<u> </u>
		345192	B. WING			C
	ROVIDER OR SUPPLIER	343132		STREET ADDRESS, CITY, STATE, ZIP CO		8/20/2016
NAIVIE OF PI	ROVIDER OR SUPPLIER				ODE	
	AF NEURO-MEDICAL TRI	EATMENT CENTER		4761 WARD BOULEVARD		
				WILSON, NC 27893		
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETIC DATE
F 309	Continued From page	e 25	F 30	9		
		port at shift change, it was		to determine if the drill proc	ess or drill	
		' station, there was a coded		frequency requires revision		
		e DNR residents, and there		Recommendations for any		
		nt of each resident 's chart		drill process will be submitte		
		ced directives including their		approved by the QI Commit		
	•	orted that Nurse # 1 had told		of the Code Blue Response		
		all the code herself, but was		reviewed by the QI Commit		
	unable to do so beca	use she did not know how to		12 months.	,	
	work the overhead pa	aging system.				
	-	view with House Supervisor		A yellow colored sticker with	h Code Blue	
	# 1 at 4:03 PM on 8/1	9/16, she stated that she		paging instructions was add	ded to all	
	was on the 4th floor v	vhen Nurse # 1 called her		telephones in resident care	areas on	
	and said she thought	something was wrong with		7/14/16. The process was	expanded on	
	Resident # 1 and she	thought the resident might		8/26/16 and stickers were a	added to all	
	be "gone." House S	Supervisor # 1 stated that		telephones in the facility. A	II Department	
		the 1st floor unit, Nurse # 1		Managers were instructed t	o educate their	
		the nursing station and she		assigned staff members ab	out overhead	
	proceeded to the resi	dent 's room and found the		paging on 8/26/16. A com		
		d. House Supervisor # 1		validation process for overh		
		ed the resident 's code		was initiated for all facility s	taff on 8/30/16	
		or a pulse and told staff in		and was completed on 9/9/		
	-	rash cart. Nurse # 1 entered		competency validation cons		
		House Supervisor that she		staff member acknowledgin	-	
		le, but was unable. House		of the purpose of the yellow		
	· ·	that she then when out of		sticker located on the telepl		
		he code and 911. Staff		demonstrating how to corre	•	
		m other units and asked if		page a code blue. Staff me		
		oosed to be given CPR. The ormed them that Resident #		are on leave will receive tra	•	
	-	e receiving CPR and the		competency validation on o paging upon re-entry to wor		
		ed under the resident and		ongoing monitoring process		
		he reported that she did not		under the supervision of the		
		arrival on the unit and that		Center Director, on 9/09/16		
	-	est compressions when she		staff members can correctly		
	arrived on the unit. He			page in case of emergencie		
	informed that it was a	-		Department Manager/desig		
		e she received the call from		of their assigned staff mem		
	Nurse # 1 until CPR v			2 months, then 5 of their sta	-	
						1

Facility ID: 923375

If continuation sheet Page 26 of 35

		MEDICAID SERVICES				NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	ATE SURVEY OMPLETED
			A. BUILDING	G		С
		345192	B. WING			
	ROVIDER OR SUPPLIER	040102		STREET ADDRESS, CITY, STATE, ZIP COD		08/20/2016
	ROVIDER OR SOFFLIER			4761 WARD BOULEVARD	E	
ONGLEA	AF NEURO-MEDICAL TR	REATMENT CENTER		WILSON, NC 27893		
(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)	I SHOULD BE	(X5) COMPLETIC DATE
F 309	Continued From pag	je 26	F 30	09		
		, 19/16 at 5:45 PM, she		Department Managers/desigr	ee will	
	· ·	led code blue and EMS		confirm staff awareness of the		
	before she left the 2	nd floor in route to the		colored sticker and confirm th	•	
		the 100 hall. She estimated		member can demonstrate how	w to	
		n receiving Nurse # 1 ' s call		overhead page. Immediate re	-	
		t compressions (CPR) was		be provided by the Departme		
	approximately 8 to 1			Managers/designee for any ic		
		Nurse # 2 at 2:58 PM on		deficiencies. Audit results wil		
		that she was on the 5th floor alled for a resident on the 1st		submitted to the Assistant Ce		
		hat she and another nurse		and reported monthly to the C x 6 months.		
		de, which took approximately		x o montris.		
	-	e were multiple staff standing		To ensure RNs, LPNs and CN	As have	
		oom when they arrived, but no		immediate access to each res		
		on the resident. Nurse # 2		code status, the Director of N		
	stated that the crash	cart was in the resident ' s		implemented a worksheet on	8/20/16.	
	room when she arriv	red to the unit, but it was		Staff members receive a work	sheet with	
	1 · ·	e who came from the 5th		each resident⊡s code status		
		if the resident was a Do Not		shift report. The worksheet is	•	
	,	and Nurse # 2 reported that		the staff member throughout		
		ice she found out the resident		shredded at the end of each s		
		stated that they did put the		quality assurance process wa		
		, but there was no heart d that at some point during		implemented under the direct DON, to validate that staff me		
	CPR, Nurse # 1 did			using the code status worksh		
		here had been no one doing		audits are conducted daily on		
		ting to the resident 's room.		by the Nursing House Superv		
		would have expected to see		beginning 9/3/16 and continui		
	•	en they entered the room and		months. Staff members are	required to	
		ave known the resident ' s		confirm awareness of the cod		
		e it is given at report for all		worksheet process and confir		
		and there are other places		has a worksheet on their pers		
		' code statuses were located		of the audit are forwarded to t		
		e nurses ' station and an		daily for review and corrective		
	DNR in place.	sidents ' charts who had a		warranted. The auditing proc incorporated into the facility C		
		ew with Nurse # 2, via		with audit results reviewed m		
	-	6 at 5:50 PM, she reiterated		QI Committee x 6 months.		
		s at 5.00 r m, one renerated	1	an oonninittoo A o montilo.		1

Event ID: 4RUO11

Facility ID: 923375

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	OF DEFICIENCIES	MEDICAID SERVICES	(Y2) MI II TI	PLE CONSTRUCTION		<u>10. 0938-03</u> TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,	G	· · ·	MPLETED
			A BOILDING			С
		345192	B. WING		0	8/20/2016
NAME OF P	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP		0/20/2010
				4761 WARD BOULEVARD		
ONGLEA	AF NEURO-MEDICAL TR	EATMENT CENTER		WILSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIC DATE
F 309	Continued From page	27	Га			
F 309			F 30			
		m there were no chest done. She stated that Nurse		An emergency cart was ol unit where the Code Blue		
		nt was not a DNR, so the		8/18/16. An AED was pur		
		ed under the resident and		8/19/16 and added to the		
	-	he House Supervisor was		A facility wide review was		
		EMS and Nurse # 1 relieved		the Center Director and D	-	
		mpressions while a nurse		Nursing on 8/23/16 to ass	ess if any	
	who is no longer emp	loyed at the facility was		additional areas, accessib	le by residents,	
	providing oxygen thro	ough the Ambu bag.		could benefit from emerge	ency equipment.	
	In an interview with N	lurse # 3 on 8/19/16 at 2:53		To ensure quick access to	emergency	
		he was working on the 2nd		equipment, a requisition w		
		she heard the code. She		purchase three additional		
		her meds away to prepare		carts and AEDs, to be place	•	
		e when HCT # 2 came to ve the crash cart. HCT # 2		and dining areas outside of units. Three AEDs were		
		k to the 1st floor while she		9/1/16. Receipt of the en		
		ade it to the unit before the		pending with a projected of		
		. Nurse # 3 reported that		confirmed by the Business	•	
		sident 's room there was		9/23/16. Emergency cart		
		CPR was being done. Other		in place for all resident un		
		the code entered the room		The emergency cart an	d AED for the	
	and initiated CPR imr	nediately upon entry. Nurse		unit where the Code Blue	occurred on	
	# 3 stated that if a res	sident was DNR they are		6/19/16, was added to an	existing quality	
	listed at the nurses '			assurance process, under		
		ation record (MAR), and		the Director of Nursing, wl		
		chart indicating DNR status.		that AEDS are checked ev		
	-	M, Nurse # 4 reported that		verify they are operational		
		alled overhead and she and		emergency equipment au	0	
		s no longer employed at the		reviewed monthly by the C		
	facility, responded an	d confirmed that the de. The nurse from the 5th		starting September 2016	k o montins.	
		chest compressions and		The facility will continue to	review all code	
		n Resident # 1. The House		blues to determine any op		
		nd tried to start an IV, but		improvement. Effective 8/	•	
		d. EMS entered, confirmed		Director of Standards Mar		
		cook over with the CPR.		immediately notified of all		
		6, Nurse # 5 reported that		The Director of Standards		
	she was on the 3rd flo	-		Management/designee wi		
	Supervisor when the		1		R was initiated	1

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If continuation sheet Page 28 of 35

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE C	CONSTRUCTION	(X3) DAT	IO. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G		CON	IPLETED
						С	
		345192	B. WING			0	8/20/2016
NAME OF P	ROVIDER OR SUPPLIER	•	·	STF	REET ADDRESS, CITY, STATE, ZIP CODE		
				476	1 WARD BOULEVARD		
LUNGLE	AF NEURO-MEDICAL TR			WI	LSON, NC 27893		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page	e 28	F 30	09			
		1. She reported that House			for any resident who was not a DNR.	lf	
		diately left the unit and she			there is a delay in CPR, this will be		
		alled over the overhead			referred to the Center Director and		
	-	s later. Nurse # 5 stated that			Director of Nursing and a 24 hour repo	ort	
		the unit, there was a whole			for alleged neglect will be initiated.		
		oom and Nurse # 2 was			Results of the code blue reviews will b	-	
		She reported that she went			reviewed monthly by the QI Committee	ЭX	
		Irse # 5 stated that she was			12 months.		
	-	blem with the overhead			All facility ampleyees will continue to		
	-	e was a dot that would be on who were a DNR and there			All facility employees will continue to attend Resident Rights Training during		
		R resident on the report			New Employee Orientation and annua		
		status of all resident on the			In the training, employees are informed	-	
		ied during shift change.			the requirement to report all allegation		
		he Standards Management			abuse, neglect, and exploitation. A		
		on 8/18/16, she stated that			monitoring process was implemented		
	Resident # 1 was fou	ind unresponsive in the			under the supervision of the Staff		
	resident 's bedroom	so it was recorded in the			Development Director, to confirm		
		port as are any incidents			completion of Resident Rights Training		
	•	e reported that the event was			all employees and report compliance	to	
	-	their patient safety review			the QI committee monthly, starting		
		oportunities for improvement			September 2016 x 12 months.		
		acility initiated emergency					
		or all staff on that unit, a					
		leted for an additional crash the unit for the 1st floor since					
		r the unit was located on the					
		ut stickers on each phone,					
		cility, that gave step-by-step					
		use the overhead paging					
		in emergency code. The					
		ent Director also stated that					
	-	sted funding for additional					
		g staff regarding emergency					
		as well as implementing a					
		acility would start holding					
	mock code drills.						
	In an interview with th on 8/18/16 at 7:57 Pl	he Director of Nursing (DON)					

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If continuation sheet Page 29 of 35

				E CONSTRUCTION		O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í	E CONSTRUCTION	· · ·	E SURVEY
			A. BUILDING			
		345192	B. WING			C
		545152				3/20/2016
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		=	
LONGLEA	F NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD		
	1			WILSON, NC 27893		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 309	Continued From pag	e 20	F 309			
1 000			F 30	9		
		e for knowing resident code				
	-	who was trained should				
		orted that the facility had of all residents for staff to				
		with their code status and				
		nation for the duration of their				
		ded at the end of each shift.				
		it was his expectation that				
	staff should not leave	-				
		nt, they should call out and				
		are trained, and the resident				
		ON reported that all HCTs				
		ned and certified in CPR.				
		gh 8:25 PM on 8/18/16,				
		ade of the stickers that were				
		e after Resident # 1 ' s Code				
	Blue on 6/19/16, on 6					
		ions of how to use the				
	overhead paging sys					
		he Standards Management				
		at 2:02 PM, she stated there				
		on the name label on each				
	-	a DNR status and staff were				
		s sticker during orientation. In				
		report staff was to tell what				
	· · ·	Facility administration				
		uld have been re-educated,				
		ig on 6/22/16 and again on				
		ction items. They started				
		e facility staff on night shift on				
	8/18/16 and asked st	taff what the orange sticker				
	on the charts meant	and asked them to explain				
	how the overhead pa	aging system worked. They				
	also asked staff what	t they would do if they found				
	a resident unrespons	sive. There was also a mock				
	code drill done on 8/	19/16 in the AM for all				
	nursing staff in the bi	uilding at the time.				
	On 9/20/16 at 09:20					
		AM the DON reported that icked and the HCT (HCT #				

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						0.0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		(X3) DATE COMF	PLETED
			A. BUILDIN	G		c
		345192	B. WING		C	
		343132				20/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	=	
LONGLEA	F NEURO-MEDICAL TR	EATMENT CENTER		4761 WARD BOULEVARD		
				WILSON, NC 27893		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 309	Continued From page	e 30	F 30	00		
1 303			F SI	09		
		should give CPR and				
		verify the resident 's status				
		ing. Nurse # 1 ran out of the				
		se Supervisor and was				
		ad paging system was				
		hat nurses need to know the				
		esidents and there were				
		r them to know because it				
		months prior. The code				
	-	uring shift report, there was a				
		esidents with DNR, and a list				
		the nursing station. He				
		rhead paging system had				
		of April and it was discussed				
	-	eting and an email was sent				
		e change. The DON stated known the code status for				
		R should have been initiated				
	immediately upon fin	did not feel the location of				
	the crash cart on the					
	contributed to the res	was notified of the immediate				
	jeopardy at 4:57 PM					
		a credible allegation on				
		The credible allegation read:				
	The main resident cit	-				
		s expired. A review of code				
	status for all resident					
		6 by the Director of Nursing,				
	Assistant Director of					
	Supervisors. Code s					
		f the 197 residents who are				
		y, 120 are full codes and				
		e same deficient practice.				
		-				
		pired had a history of				
	emphysema. The re					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391			
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMP				
		345192	B. WING				20/2016			
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	20/2010			
				4761 WARD BOULEVARD						
LONGLEA	F NEURO-MEDICAL TRE	EATMENT CENTER			WILSON, NC 27893					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	TION SHOULD BE COMPLE THE APPROPRIATE DAT				
F 309	members were directl which included two H Preceptor completed members, on respons on 7/27/16. Retrainin facility's Medical Em which states the first summon for help and not a DNR. The dea on 6/20/16. The following correcti implemented: A review of the Code 6/22/16. The review of Director of Standards conjunction with the A The event was discus Review Committee or Review Committee or Review Committee is s Quality Improvemen event analysis, an act forwarded to the Cent Nursing. On 8/19/16 Committee reviewed recommended additio resident care, which i monitoring processes competency. All staff members on the Code Blue occurn emergency response the Nurse Preceptors review of the Medical 11-15) and a power p steps for initiating a c	esident expired. Four staff y involved in the situation CTs and two RNs. A Nurse retraining of the four staff se to medical emergencies, g included review of the ergency Policy (AM 11-15) person on the scene will initiate CPR if resident is ath was reported to the state ve actions were Blue was initiated on was conducted by the Management, in assistant Director of Nursing. esed in the facility ' s Event of 6/22/16. The Event an extension of the facility ' of Committee. Based on the tion plan was developed and ter Director and Director of , the Event Review the action items and onal items to improve included enhanced to validate staff the Alzheimer Unit, where ed, were retrained on on 7/27/16 and 7/28/16 by . The training included a Emergency Policy (AM oint presentation covering ode blue, review of the	F	309	9					

If continuation sheet Page 32 of 35

	-	ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 06/06/2018 RM APPROVED NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DA	ATE SURVEY MPLETED
		345192	B. WING				C)8/20/2016
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
	F NEURO-MEDICAL TR	EATMENT CENTER			F61 WARD BOULEVARD WILSON, NC 27893		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	remain with the reside immediately start che resident is not a DNR Retraining of all facilit Preceptors and Staff Emergency Medical F 8/18/16 and continue training included a re Emergency Policy (A presentation covering blue, review of the en instructions, AED der information. The train requirement for the st unresponsive residen call for help and imme compressions if the re staff members were t and 8/20/16. Retrain until all nursing staff a completion date of 8/ will be trained before New Employees will r Employee Orientation prior to having a resid Per facility policy (NM employees (e.g. HCT to complete BLS train Employee Orientation the training, HCTs, R to initiate CPR if the r call 911. The Staff D Director/designee trai required training and Manager with a repor	a unresponsive resident to ent, call for help and est compressions if the ty Nursing Staff by the Nurse Development Nurses, on Response was initiated on d through 8/20/16. The view of the Medical M 11-15) and a power point g steps for initiating a code mergency paging monstration and code status hing covered the taff member who finds an it to remain with the resident, ediately start chest esident is not a DNR. 210 rained on 8/18/16, 8/19/16, ing will continue each shift are trained, with a target 31/16. Any staff not trained working on the hall again. receive training in New h and will complete training dent care assignment. 1 #1), all direct care nursing is, LPNs, RNs) are required hing as part of New h and annually. As part of Ns, and LPNs are required resident is not a DNR and evelopment cks employee completion of provides each Department t of compliance. rs are responsible for ed employees complete BLS	F	309			

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		MEDICAID SERVICES				IO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION		TE SURVEY MPLETED
						С
		345192	B. WING		0	8/20/2016
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STAT	E, ZIP CODE	
	AF NEURO-MEDICAL TRI	EATMENT CENTED		4761 WARD BOULEVARD		
LONGLE	AF NEURO-WEDICAL TRI	EATMENT CENTER		WILSON, NC 27893		
(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	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETIO DATE
F 309	Continued From page	a 33	F 3	100		
1 000		re identified as an enhanced	Г J	009		
		or staff on 6/22/16. Planning				
		lock Code Blue drill was				
		6. A schedule for monthly				
	mock Code Blue drills	s on each shift, was finalized				
	on 8/19/16. Mock Co					
		starting August 2016 on each				
	shift to evaluate staff	's response to				
	emergencies.	as obtained for Alzheimer				
		as obtained for Alzheimer An AED was purchased on				
		the emergency cart on				
		The emergency cart for 1st				
		added to an existing quality				
	assurance process, u	under the direction of the				
		vhich requires that AEDS are				
		o verify they are operational.				
		Blue paging instructions were				
		es in resident care areas on conducted on 8/18/16 and				
		ursing staff members (e.g.				
		Ts) had knowledge of the				
		osted on the telephones and				
		lue. 174 employees were				
		oyees were able to respond				
	affirmatively.					
		ted a process in May 2015				
		is reviewed at each shift				
		is is noted on the resident ' s n orange dot. The orange				
		residents who are DNR.				
		der is written for DNR, the				
		on the name label of the				
		sician orders for full code				
		ed by the nurse. To enhance				
		ch resident 's code status,				
		ig implemented a worksheet				
		d by staff members during				
		d by staff members during hift report, code status will be				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 06/06/2018 1 APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		345192	B. WING				C 20/2016
NAME OF PI	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, S	TATE, ZIP CODE		
LONGLEA	F NEURO-MEDICAL TRI	EATMENT CENTER		4761 WARD BOULEVARD WILSON, NC 27893			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRE CROSS-REFERE	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 309	Continued From page	e 34 n the worksheet for quick	F 30	99			
		e shift. The worksheets will					
	be shredded at the er Debriefing of the Cod						
	•	g staff was conducted by					
		g on 7/20/16 and 8/9/16 to review expectations for					
		for any future Code Blues.					
	The Alzheimer Unit N	-					
	response to medical e	tations regarding timely emergencies with the					
	-	aff, in a staff meeting on					
		ility nursing staff were station for timely response to					
	medical emergencies	in a meetings conducted by					
		s/Nurse Supervisors on 9/16, 7/30/16 and 8/10/16.					
		M, the credible allegation					
		nterviews with HCTs and aled the facility implemented					
	corrective measures,	including in-servicing of					
		g knowing residents ' code o find the code statuses, the					
	proper procedure and	protocol for calling a Code					
	Blue, and how to resp found unresponsive.	oond when a resident is					

Facility ID: 923375

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