	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G		ATE SURVEY OMPLETED	
		345526	B. WING			С	
	ROVIDER OR SUPPLIER	545520		STREET ADDRESS, CITY, STATE, ZIP CO		08/09/2018	
NAME OF P	ROVIDER OR SUPPLIER				DE		
CAROLIN	A REHAB CENTER O	FBURKE		3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)	
PREFIX TAG	(EACH DEFICIE	DR LSC IDENTIFYING INFORMATION)	PREFIX TAG		N SHOULD BE E APPROPRIATE	COMPLETION	
F 658 SS=D		Meet Professional Standards (3)(i)	F 6	58		9/6/18	
	The services provi	nprehensive Care Plans ded or arranged by the facility, comprehensive care plan,					
	must- (i) Meet profession	al standards of quality.					
	by: Based on observa	ations, record review, staff		The statements included are			
	Doctor interviews t	Practitioner, and Medical the facility failed to sign off and orders for approximately 2		admission and do not consti agreement with the alleged of herein. The plan of correcti	deficiencies		
		dents sampled (Resident # 9,		completed in the compliance federal regulations as outline in compliance with all federa	ed. To remain		
	The findings includ	led:		regulations the center has ta take the actions set forth in t	ken or will		
	with diagnoses that	hitted to the facility on 06/15/18 It included hypertension.		plan of correction. The follow correction constitutes the ce	nters		
		arged home on 07/04/18. prehensive minimum data set		allegation of compliance. Al deficiencies cited have been completed by the dates indic	or will be		
	(MDS) dated 06/22	2/18 revealed that Resident #8 act and required extensive		F658			
		activities of daily living.		The plan of correcting the sp			
	Practitioner (NP) d	ess note from the Nurse lated 06/29/18 revealed that eing seen for "follow up		deficiency. The plan should a processes that lead to the de	eficiency		
	complaints of dizzi	ness, continued management nal." The history of present		cited: Facility failed to follow in regards to discontinuation medications and implementi	of		
	illness read in part complain of some	, Resident #8 ["] continues to of mild dizziness. He continues		orders as ordered, which allo to not receive a medication t	owed a patient		
	clonidine, and Nor	pertensives including labetalol, vasc." The diagnosis and		ordered.	diagontinus		
	hypertension, chro	n part, benign essential nic kidney disease, coronary d dizziness. The plan read in		When an order is obtained to a medication, give a medication the dosage from the			

Electronically Signed

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

08/31/2018

		MEDICAID SERVICES				<u>3 NO. 0938-03</u>			
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	DATE SURVEY COMPLETED			
			A. BUILDING	3					
		345526	B. WING			С			
	ROVIDER OR SUPPLIER	545525		STREET ADDRESS, CITY, STATE, ZIP CO		08/09/2018			
NAME OF PI	ROVIDER OR SUPPLIER				DDE				
CAROLIN	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612					
				PROVIDER'S PLAN OF C					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE			
F 658	Continued From page	e 1	F 65	58					
		sc to 5 milligrams (mg) by		physician/practitioner, the n	urse will place				
		systolic blood pressure less		the order in the Electronic M					
	than 130.	- •		Record, and scan the old m					
				and return to pharmacy by p					
	Review of a physiciar	n order signed and dated by		medication in the Red Bag i	n the				
		and provided by Nurse #4		Medication Room. If the Me	edication in				
		e Norvasc to 5 mg by mouth		question is, a narcotic the s					
		ystolic blood pressure less		will be used except the med					
	than 130.			placed in a red bag and sec					
				drawer of the medication ca					
		ion administration record		medication remains secured	•				
		8 through 06/30/18 revealed		up by the courier. Upon dis					
		06/30/18 Resident #8		the dosage has changed or					
		mg by mouth instead of 5		medication order received, the entered into the Electron					
	mg by mouth as orde	ied 011 00/29/18.		Record and the new medica					
	An interview was con	ducted with the NP on		from pharmacy. Now order					
		The NP stated that when		administered, now if medica					
		he filled out the order and		hand in the Omni-cell, but w					
		nunication book and left the		hours of receiving the order					
		tation and the nursing staff		sources are utilized to obtai					
	processed the orders	. The NP confirmed that she		medication, if medication is	not available				
	had written the orders			outside that time frame, phy					
		facility's routine left the		be made aware so additiona	•				
		nication book at the nurse's		be obtained if needed. Doc					
		d, "that it depended on the		progress note to indicate the					
		n the order should be		and request. The nurse will					
	-	stated that to her knowledge		order; telephone, written or					
	the orders were miss			enter the order into the elec					
		d orders on 07/01/18 they		record, indicate the order w					
	called the on-call serv	vice and made them aware.		place in the communication					
		ducted with the Unit		audit. Then the order will be medical records to be scan					
	An interview was con	08/09/18 at 11:11 AM. The		record.					
		/29/18 she was the nurse							
		for Resident #8. The UC		The Procedure for impleme	nting the				
	-	NP or the Medical Doctor		acceptable plan of correctio	-				
		they place any orders in the		specific deficiency cited: A					
		that was kept at the nurse's		all charts checking new med					

Event ID: BGTW11

Facility ID: 970078

If continuation sheet Page 2 of 37

		MEDICAID SERVICES				NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	TE SURVEY MPLETED
			A. BUILDING			С
		345526	B. WING			8/09/2018
	ROVIDER OR SUPPLIER	0.0020		STREET ADDRESS, CITY, STATE, ZIP COD		0/09/2010
				3647 MILLER BRIDGE ROAD		
CAROLIN	A REHAB CENTER OF B	URKE		CONNELLY SPG, NC 28612		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETIC
F 658	Continued From page	e 2	F 65	8		
	station and the nursir	ng staff checked it routinely		from August 27th August 31	lst. 2018	
		or any new orders that were		completed to ensure that all o		
		ed that each nurse was		been transcribed from the Fax		
		e for signing off and carrying		Communication form as order		
		nat came in during their shift.		medications removed and retu	urned to	
		the orders were signed off		pharmacy if appropriate or ne		
	and carried out they w	went back into the notebook		medication received and adm		
		ed the 2nd check of the		The nurses were re-educated		
		t was carried out correctly.		Policy 2301, History and Phys		
		he was responsible for		verbal orders shall be immedi	-	
	carrying out the order			recorded and signed by the in		
		ecall seeing those orders		receiving them and shall be co	-	
		e was responsible for 2		by the prescribing physician.).		
	medication carts that	day and got busy.		orders should be administered	•	
	An interview was oan	ducted with the MD on		medication is on hand in the C		
		I. The MD stated that she		but within two hours of receivi if outside sources are utilized		
		e of the orders for Resident		medication, if medication is no		
		but could not recall if there		outside that time frame, physi		
		come for Resident #8. The		be made aware so additional		
		xpected that once orders		be obtained if needed. Docur	•	
		should be carried out		progress note to indicate the		
	during that shift or at			and request. Education for th		
		,		was completed on September		
	An interview was con	ducted with Nurse #3 on		the Regional Nurse Consultar	-	
	08/09/18 at 3:46 PM.	Nurse #3 stated that he		of Nursing and the Corporate		
		e facility. Nurse #3 stated		Any nurse, which does not red	ceive the	
	that when the NP or I	MD wrote orders most of the		education by the date of comp		
		ft and they placed the orders		be removed from the schedul	•	
		ook at the nurse's station.		education is received in-perso		
		t would carry out the order		telephone if necessary. During		
		ack in the book and 3rd shift		if infractions are found in rega		
		h the orders and make sure		following the policy, will result		
	-	d out correctly. Nurse #3		verbal with additional educatio		
		checked the book for any		infraction occurs again a writte		
		sed. He further stated that he		counselling will be placed in th		
	-	the orders for Resident #8		employees file. New hired nu		
	on 06/29/18 or he wo	uld have carried them out		receive the education during of	prientation.	

Facility ID: 970078

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STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE	D. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG			PLETED
		345526	B. WING				C / 09/2018
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
CAROLIN	A REHAB CENTER OF B	URKE		36			
					ONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 658	Continued From page	e 3	F 6	558			
	Nursing (DON) on 08 stated that the NP an placed those orders i the nurse's station. O received the orders th the electronic system back in the book so th the 2nd check of the 3rd shift checked to n carried out and was o electronic system. Shi identified any errors. expected orders to be they were written and orders then 3rd shift s 2. Resident #4 readm 01/24/18 with diagnos syndrome (dry mouth swallow), anemia, atr hyperlipidemia. Review of the quarter dated 06/15/18 revea cognitively intact and with activities of daily Review of a physician signed by the Nurse H provided by Nurse #4 start Protonix 40 milli times a day for 4 wee mouth every day.	hey were to enter them into and then place the orders hat 3rd shift could perform order. The DON stated that make sure the order was correctly entered into the he added that was how they The DON stated that she e carried out the same day d if one shift missed those should be catching them. hitted to the facility on sis that included sicca making it difficult to rial fibrillation, and hy minimum data set (MDS) and that Resident #4 was required limited assistance living.			The monitoring procedure to ensure to the plan of correction is effective and specific deficiency cited remains corrected/and or in compliance with the regulatory requirements: Chart orders be audited by DON, Nursing Superviss Staff Development Coordinator for changes in medication orders, daily x- weeks then every two weeks x2 mont and then every two weeks x2 mont and then monthly x1 months. The Title of the person responsible for implementing the acceptable plan of correction: Director of Nursing will be responsible ensuring an acceptable Plan of Correction, is maintained and audits completed, All audits, will be reviewed and reported, to the Quality Assuranc Performance Improvement Committee monthly and Quarterly thereafter for continued compliance/revisions to the plan if needed.	that ne s will or or 4 hs r • for ed e e,	
		8 thorough 06/30/18					

Facility ID: 970078

If continuation sheet Page 4 of 37

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	09/06/2018 APPROVED 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	CONSTRUCTION		(X3) DATE S COMPL	URVEY ETED
		345526	B. WING			C 08/0	9/2018
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE,	ZIP CODE		
			3	647 MILLER BRIDGE ROAD			
CAROLIN	A REHAB CENTER OF B	URKE	c	ONNELLY SPG, NC 28612			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIAT CIENCY)		(X5) COMPLETION DATE
F 658	on 06/29/18 and again further revealed that r administered on 06/29 ordered. An observation of Res	discontinued on 06/29/18) n on 06/30/18. The MAR no Protonix was 9/18 or on 06/30/18 as sident #4 was made on	F 658				
	08/08/18 at 2:18 PM. bed watching TV and An interview was com- 08/09/18 at 9:29 AM. she wrote an order sh placed it in the comm book at the nurse's st processed the orders had written the orders 06/29/18 and per the orders in the commun station. The NP stated medication as to whe processed." The NP st the orders were missed discovered the missed called the on-call served An interview was com- Coordinator (UC) on C UC stated that on 06/ who was responsible stated that when the I (MD) saw a resident to communication book station and the nursin	Resident #4 was resting in denied any complaints. ducted with the NP on The NP stated that when he filled out the order and unication book and left the ation and the nursing staff . The NP confirmed that she is for Resident #4 on facility's routine left the nication book at the nurse's d, "that it depended on the in the order should be stated that to her knowledge ed and when they d orders on 07/01/18 they vice and made them aware.					
	ultimately responsible out any new orders th	ed that each nurse was for signing off and carrying hat came in during their shift. the orders were signed off					

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 09/06/2018 APPROVED . 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345526	B. WING		_	08/0	; 09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROA CONNELLY SPG, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	and 3rd shift conducte order to ensure that it She confirmed that sh carrying out the order 06/29/18 but did not re possibly because she medication carts that An interview was cond 08/09/18 at 11:27 AM had been made aware #4 that were missed. expected that once or should be carried out the same day. An interview was cond 08/09/18 at 3:46 PM. worked 3rd shift at the that when the NP or N time it was on 1st shift in a communication b The nurse on the unit and place the order b would go back throug that they were carried stated that they also co orders that were miss did not recall seeing t on 06/29/18 or he wor immediately. An interview was cond Nursing (DON) on 08/ stated that the NP and placed those orders in the nurse's station. O	vent back into the notebook ed the 2nd check of the was carried out correctly. he was responsible for s for Resident #4 on ecall seeing those orders was responsible for 2 day and got busy. ducted with the MD on . The MD stated that she e of the orders for Resident The MD stated that she rders were written that they during that shift or at least ducted with Nurse #3 on Nurse #3 stated that he e facility. Nurse #3 stated <i>AD</i> wrote orders most of the t and they placed the orders ook at the nurse's station. would carry out the order ack in the book and 3rd shift h the orders and make sure l out correctly. Nurse #3 checked the book for any ed. He further stated that he he orders for Resident #4 uld have carried them out	F 65	В			

Facility ID: 970078

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B NO. 0938-0391 DATE SURVEY COMPLETED
C 08/09/2018
(X5) COMPLETION DATE

Facility ID: 970078

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		LETED
		345526	B. WING				C 09/2018
NAME OF P	ROVIDER OR SUPPLIER		I	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE			3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	Continued From page	27	F	658			
	signed by the NP and in part, stop all oxyco Oxycodone 5 mg by r needed for pain, Klon as needed for anxiety vitamin C, additional I days due to increased checks twice a day fo Review of the medica (MAR) dated 06/01/18 that Resident #9 had Vitamin C (that was d both 06/29/18 and 06 revealed that Resider additional Lasix 40 m 06/29/18 or 06/30/18 Klonopin orders were or 06/30/18. An observation and ir with Resident #2 on 0 Resident #9 was up in She was alert and ori been at the facility for was doing well. She s left leg pain and she r medication and the st could not recall what #9 stated that it does ease once she has ha An interview was con 08/09/18 at 9:29 AM. she wrote an order st placed it in the comm	tion administration record 8 through 06/30/18 revealed received the biotin and iscontinued on 06/29/18) on /30/18. The MAR further nt #9 did not receive the g by mouth x 3 days on and the oxycodone and not carried out on 06/29/18 neterview were conducted 08/08/18 at 2:11 PM. In her wheelchair at bedside. ented and stated she had ra couple of months and stated that she does have requested her pain aff brought it to her, but she the name of it was. Resident take a while for the pain to					

Facility ID: 970078

If continuation sheet Page 8 of 37

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 09/06/2018 APPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345526	B. WING				C 09/2018
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
CAROLIN	A REHAB CENTER OF B	URKE			647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 658	Continued From page	8	F	658			
	processed the orders. had written the orders	. The NP confirmed that she s for Resident #9 on					
		facility's routine left the					
		hication book at the nurse's					
	medication as to when	d, "that it depended on the n the order should be					
		stated that to her knowledge					
	the orders were misse						
		d orders on 07/01/18 they vice and made them aware.					
	An interview was con						
		08/09/18 at 11:11 AM. The					
		29/18 she was the nurse for Resident #9. The UC					
		NP or the Medical Doctor					
		hey place any orders in the					
		that was kept at the nurse's g staff checked it routinely					
		r any new orders that were					
		ed that each nurse was					
	•	for signing off and carrying					
	-	at came in during their shift. the orders were signed off					
		vent back into the notebook					
	and 3rd shift conducted	ed the 2nd check of the					
		was carried out correctly.					
	She confirmed that sh carrying out the order	ne was responsible for s for Resident #9 on					
		ecall seeing those orders					
		was responsible for 2					
	medication carts that	day and got busy.					
	An interview was con	ducted with the MD on					
		. The MD stated that she					
		e of the orders for Resident					
		The MD stated that she ders were written that they					
	-	during that shift or at least					

Facility ID: 970078

If continuation sheet Page 9 of 37

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 09/06/2018 APPROVED . 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
		345526	B. WING		_	() 08/0	; 09/2018
NAME OF PF	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROA	AD		
				CONNELLY SPG, NC 28	3612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	Continued From page the same day.	9 9	F 6	58			
	08/09/18 at 3:46 PM. worked 3rd shift at the that when the NP or N time it was on 1st shift in a communication b The nurse on the unit and place the order b would go back throug that they were carried stated that they also d orders that were miss did not recall seeing t on 06/29/18 or he wo immediately. An interview was com Nursing (DON) on 08 stated that the NP and placed those orders in the nurse ' s station. O received the orders th the electronic system back in the book so th the 2nd check of the o 3rd shift checked to m carried out and was c	ducted with Nurse #3 on Nurse #3 stated that he e facility. Nurse #3 stated <i>AD</i> wrote orders most of the ft and they placed the orders ook at the nurse's station. would carry out the order ack in the book and 3rd shift h the orders and make sure l out correctly. Nurse #3 checked the book for any sed. He further stated that he he orders for Resident #9 uld have carried them out ducted with the Director of /09/18 at 6:49 PM. The DON d MD wrote orders and n a communication book at Once the nursing staff hey were to enter them into and then place the orders nat 3rd shift could perform order. The DON stated that nake sure the order was orrectly entered into the e added that was how they					
F 686 SS=D	expected orders to be they were written and orders then 3rd shift s orders.	The DON stated that she e carried out the same day if one shift missed those should be catching those event/Heal Pressure Ulcer (i)(ii)	F 64	86			9/6/18

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DICAID SERVICES				M APPROVED D. 0938-0391
1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COM	E SURVEY PLETED
345526	B. WING _			C / 09/2018
		STREET ADDRESS, CITY, STATE, ZIP CODE	•	
		3647 MILLER BRIDGE ROAD		
(KE		CONNELLY SPG, NC 28612		
EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
0 y ulcers. Insive assessment of a st ensure that- are, consistent with of practice, to prevent as not develop pressure lual's clinical condition were unavoidable; and sure ulcers receives d services, consistent ards of practice, to nt infection and prevent bing. s not met as evidenced ws and staff interviews the ressure ulcer treatments with pressure ulcers for 1 for pressure ulcers tted to the facility on s which included acute abetes mellitus and right 's Admission Nursing ed 06/29/18 revealed he sore on his left buttock meters (cm) x 3.7 cm x d deep tissue injury on his	F 6	F686 The plan of correcting the specific deficiency. The plan should addre processes that lead to the deficier cited: A nurse failed to follow facil in regards to Admissions Skin Assessments and identifying wour that assessment and failed to imp a treatment on the identified woun on the admission assessment. Al were re-educated on Nursing Polic Pressure Ulcer Monitoring and Documentation (A licensed nurse assess patients for the presence of pressure ulcers; if a pressure ulce present, the nurse will evaluate fo complications) and Nursing Policy General Wound Care and Dressin Changes, notify the physician and orders for treatment(s) and dressin changes. The approved interim tr	cy ity policy nds on ement d found nurses cy 2402, will of r is 3201, g obtain ng eatment	
	IDENTIFICATION NUMBER: 345526 EXE MENT OF DEFICIENCIES UST BE PRECEDED BY FULL DENTIFYING INFORMATION) 0 y ulcers. Insive assessment of a at ensure that- are, consistent with of practice, to prevent as not develop pressure ual's clinical condition were unavoidable; and are ulcers receives d services, consistent ards of practice, to at infection and prevent bing. s not met as evidenced vs and staff interviews the ressure ulcer treatments which included acute abetes mellitus and right 's Admission Nursing ed 06/29/18 revealed he sore on his left buttock meters (cm) x 3.7 cm x d deep tissue injury on his	1) PROVIDER/SUPPLIER/CLIA (x2) MULTI IDENTIFICATION NUMBER: A. BUILDIN 345526 B. WING	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. (x2) MULTIPLE CONSTRUCTION A BUILDING 345526 STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 IDENTIFICATION NUMBER. INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 IDENTIFICATION NUMBER. IDENTIFICATION NUMBER. IDENTIFICATION INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 INTERT ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONSTENDIATION	1) PROVDERSUPPLERCUA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING (X3) DATE COM 345526 B. WING 08 345526 B. WING 08 STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 08 INST FE PRECEDED BY FULL UST FE PRECEDED BY FULL ISTEPTIFYING INFORMATION) IP PROTISK TAC PROVIDER'S PLAN OF CORRECTION (CRACH CORRECTIVE ACTION PAULO DE CONSERFERENCED TO THE APPROPRIATE DEFICIENCY) 00 F 686 F 686 y ulcers. nsive assessment of a t ensure that- are, consistent with of practice, to prevent is not develop pressure uulcers receives d services, consistent triafs of practice, to this pressure ulcers for 1 for pressure ulce

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		· · · ·	E SURVEY IPLETED
			A. BOILDING			С
		345526	B. WING		0	B/09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA		
	A REHAB CENTER OF B			3647 MILLER BRIDGE ROAD)	
CAROLIN	A REHAD CENTER OF D	JURKE		CONNELLY SPG, NC 286	512	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETIC DATE
F 686	Continued From page	e 11	F 68	36		
		nsfers, dressing and toileting.		standards of practice	e regarding dressing	
		ted he had one stage 2 and		change(s). Documer		
	1 unstageable pressu	are ulcers on admission.		and follow-up interve	entions including	
				notification of physic	cian/responsible party.	
		12's Interim Care Plan dated				
		e had a potential for skin		The Procedure for in		
		ventions that included n and dry and a pressure		acceptable plan of c	ited: 100% audit of all	
	reducing mattress on			new admissions, to		
				wounds on admissio		
	Review of Resident #	12's Medication		treatments put in pla		
	Administration Record	d (MAR) dated 06/29/18 to		wounds were identif	ied from August 27th	
		ere were no medication		August 31st, 2018		
		treat neither of the areas on		re-educated on Nurs		
	his left buttock nor his	s right heel.		Pressure Ulcer Mon Documentation (A lice	-	
	Review of Resident #	12's Treatment		assess patients for t		
		d (TAR) dated 06/29/18		pressure ulcers; if a	-	
		cated no treatment had		present, the nurse w		
		reas on his right heel or his		complications) and I	Nursing Policy 3201,	
	left buttock.			General Wound Car	÷	
					physician and obtain	
	Review of Resident #			orders for treatment		
	-	vas applied to his buttocks v from 07/10/18 through			oved interim treatment ed utilizing recognized	
	07/17/18.			standards of practice	• •	
				change(s). Documer		
	Review of Resident #	12's July 2018 TAR revealed		and follow-up interve	•	
		ited on 07/10/18 to cleanse		notification of physic	-	
		h wound cleanser, apply		party.) Education fo		
		auze and ABD pad then			mber 4, 2018 by the	
	wrap with Kerlix after	nis snowers on turdays. According to the		Regional Nurse Con Nursing and the Cor		
		ily received the treatment on		Any nurse, which do		
		018. The TAR also indicated		-	te of compliance, will	
		dis boots (boots worn to		be removed from the		
		uching the surface) were		education is receive		
		3 evening shift to 07/12/18			ary. During the audits,	
	evening shift.			if infractions are four	nd in regards to not	

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STATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) E	ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	, ,)	· · ·	OMPLETED
						С
		345526	B. WING	·····		08/09/2018
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP	CODE	
				3647 MILLER BRIDGE ROAD		
CAROLIN	A REHAB CENTER OF E	JURKE		CONNELLY SPG, NC 28612		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 686	Continued From page	e 12	F 68	16		
				following the policy, will re	sult in initial	
	Review of Resident #	-		verbal with additional educ		
		dated 07/01/18 revealed a		infraction occurs again a v		
		r on his left buttock which 3.7 cm x 0.1 cm and a		counselling will be placed		
		ie injury on his right heel		employees file. New hirec receive the education duri		
		ble. A WSA dated 07/08/18			ng onentation.	
		ock had measured 5.0 cm x		The monitoring procedure	to ensure that	
		the right heel remained		the plan of correction is ef		
	unstageable.	0		specific deficiency cited re		
				corrected/and or in compli	ance with the	
		#12's Wound Record (WR)		regulatory requirements:	New admissions	
		aled a suspected deep tissue		will be checked daily and		
		l described as a blood/serum		reviewed, if a wound had l		
		d opened and measured		that a treatment had not be		
		0.1 cm. The WR indicated t plan was to discontinue the		treatment will be implemen will be completed daily x4		
		apply skin prep, cushion with		every two weeks x2 month		
		essing then wrap with Kerlix.		monthly x1 months.		
		ed he had developed a fluid				
	filled unstageable bli	ster to his left heel that		The Title of the person res	ponsible for	
	measured 4.0 cm x 4	.0 cm x 0.1 cm. The same		implementing the acceptal	ble plan of	
	treatment had been s	started for the new area.		correction:		
				Director of Nursing will be		
		#12's Nurses' Progress Notes aled the blister to his right		ensuring an acceptable Pl Correction, is maintained a		
		and drained large amounts		completed, All audits, wil		
		icated he had bilateral		and reported, to the Qualit		
	blisters to his heels c			Performance Improvemen		
				monthly and Quarterly the		
		PM during an interview with		continued compliance/revi	sions to the	
		that he admitted Resident		plan if needed.		
		recalled that the resident				
		on his left buttock and right				
		d the normal protocol was to				
		ents on the residents when vith pressure ulcers but				
		ocate in the chart where he				
		dent #12. Nurse #1 stated he				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345526	B. WING _				C 09/2018
NAME OF PF	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE			647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 686	for Resident #12. An interview was com Nursing (DON) on 08, reviewed Resident #1 where treatments for been initiated on adm expectation would be	pressure ulcer treatments ducted with the Director of /09/18 at 6:50 PM who 2's chart and could not find his pressure ulcers had ission. The DON stated her for wound treatments be	F	686			
F 757 SS=D	initiated on admission Drug Regimen is Free CFR(s): 483.45(d)(1)- §483.45(d) Unnecess Each resident's drug	n to the facility. e from Unnecessary Drugs -(6)	F	757			9/6/18
	§483.45(d)(1) In exce duplicate drug therap §483.45(d)(2) For exc	y); or					
	§483.45(d)(3) Withou	t adequate monitoring; or					
	§483.45(d)(4) Withou use; or	t adequate indications for its					
	§483.45(d)(5) In the p consequences which reduced or discontinu	indicate the dose should be					
	stated in paragraphs section. This REQUIREMENT by:	mbinations of the reasons (d)(1) through (5) of this is not met as evidenced					
	Based on observatio	ns, record review, staff			F757		

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		MEDICAID SERVICES			UNI	<u>3 NO. 0938-03</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · ·	DATE SURVEY COMPLETED
		345526	B. WING			С
	ROVIDER OR SUPPLIER	545520		STREET ADDRESS, CITY, STATE, ZIP CO		08/09/2018
NAME OF P	ROVIDER OR SUPPLIER			3647 MILLER BRIDGE ROAD	JDE	
CAROLIN	A REHAB CENTER OF B	BURKE				
(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'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 757	Continued From non	- 11				
F / 5/	Continued From page		F 75	57		
		actitioner, and Medical e facility failed to remove a		The plan of correcting the s	necific	
		from the medication cart		deficiency. The plan should		
		as given 6 times after it was		processes that lead to the c		
	discontinued for 1 of	•		cited: Facility failed to follow		
	(Resident #7).	•		in regards to discontinuation		
	. ,			medications and implement	ing physician	
	The findings included	1:		orders as ordered. A patier	nt received	
				doses of a medication that I	had been	
		ted to the facility on 01/27/17		discontinued.		
	with diagnoses that in	•				
	poly-osteoarthritis an	d end stage renal disease.		When an order is obtained		
	Poviou of a physicia	a order dated 06/11/19 read		a medication or decrease th	•	
		n order dated 06/11/18 read amadol. Percocet 5/325		from the physician/practition will place the order in the El		
	milligrams (mg) by m			Medical Record, and scan t		
	iningrame (ing) by in			medication card and return		
	Review of the most re	ecent quarterly minimum		by placing the medication in		
		06/12/18 revealed that		in the Medication Room. If		
	Resident #7 was cog	nitively intact and was		in question is, a narcotic the	e same	
	independent with acti	ivities of daily living. The		process will be used except	t the	
	MDS further revealed			medication will be placed in	a red bag and	
		quently and on a pain scale		secured in the drawer of the		
		and required 7 days of an		cart, so that the medication		
		on) during the assessment		secured until picked up by t		
	Resident #7 received	e MDS also revealed that		Upon discontinuation if the changed or a new medication	•	
	assessment referenc			received, the order will be e		
				Electronic Medical Record a		
	Review of a medication	on administration record		medication ordered from ph		
		8 through 06/30/18 revealed		nurse will take the order; tel	-	
		been discontinued on		written or verbal and enter t	he order into	
	06/11/18 as ordered.			the electronic medical recor		
				order was noted and place		
		ic administration record that		communication book for au		
		ne medication cart revealed		order will be given to medic		
		eived tramadol on 06/12/18,		be scanned into the record.		
	UU/20/18, U//U5/18, U)7/28/18, 08/02/18, and				

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						D. 0938-03	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		· · ·	E SURVEY PLETED	
			A. BUILDING	3		С	
		345526	B. WING				
	ROVIDER OR SUPPLIER	040020		STREET ADDRESS, CITY, STATE, Z		/09/2018	
	NOVIDER OR SOLT LIER			3647 MILLER BRIDGE ROAD			
CAROLIN	A REHAB CENTER OF E	BURKE	CONNELLY SPG, NC 28612				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETIO	
F 757	Continued From pag	e 15	F 75	57			
				acceptable plan of corre	ection for the		
	An observation and i	nterview were conducted		specific deficiency cited			
	with Resident #7 on	08/08/18 at 2:39 PM.		charts checking for new			
	Resident #7 was rest	ting in bed and stated that		orders from August 27th			
		facility for about a year and a		2018 completed to ensu			
		ell. She stated that she took		have been transcribed r	•		
	-	and had taken that most of		or medication from the r			
		ne only thing could control		and returning to pharma	•		
	-	7 stated that the Tramadol		on Omnicare LTC Pharn			
		nonth or so ago because it		Procedure Manual, 8.1 I			
		ontrolling her pain. She would request something for		Medications to Pharmac Omnicare LTC Pharmac			
		before her dialysis treatment		Procedure Manual, 8.2	y Services		
	and the staff would g			Disposal/Destruction of	Expired or		
	-	Percocet because the		Discontinued Medication	-		
		discontinued. Resident #7		the Nurses was complet			
		ys in some kind of pain but		4, 2018 by the Regional			
		d in her pain levels recently.		Consultant, Director of N Corporate QA Monitor.	Nursing and the		
	An interview was cor			does not receive the edu	ucation by the		
	Coordinator (UC) on	08/08/18 at 4:22 PM. The		date of compliance, will	be removed from		
		he had administrated the		the schedule, until educ			
		and explained that in the		in-person or via telepho	•		
	•	7 was always in a hurry to		During the audits, if infra			
		ould request something for		in regards to not followir			
	1 ·	on 06/12/18 Resident #7		result in initial verbal wit			
		for pain and she did not		education. If the infracti	0		
		k the orders, so she pulled ne narcotic drawer and gave		written counselling will b employees file. New hir			
		igned it out on the narcotic		receive the education du			
		The UC stated it was an			anng onontation.		
		she should have checked		The monitoring procedu	re to ensure that		
		the medication had been		the plan of correction is			
		Ided that the currently there		specific deficiency cited			
		ulling discontinued narcotics		corrected/and or in com			
	off the medication ca			regulatory requirements			
	process of developin	g a process so that the		orders/Routine/Non-em			
		a habit to pull the narcotics		Sheets will be audited M			
	off the medication ca	rt when they were		DON, Nursing Supervise	or or Stoff		

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		MEDICAID SERVICES				NO. 0938-03	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	LE CONSTRUCTION		TE SURVEY	
	CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING	i			
			5.14/11/0			С	
		345526	B. WING			08/09/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE		
	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROAD			
0,000				CONNELLY SPG, NC 28612			
(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 THE APPROPRIATE	(X5) COMPLETIO DATE	
F 757	Continued From page	e 16	F 75	7			
	discontinued.		1 / 0	Development Coordinator f	for medication		
				discontinuation orders, dail			
	An attempt to speak t	to Nurse #5 was made on		then every two weeks x2 m			
		was unsuccessful. Nurse #5		monthly x1 months.			
		gned out the tramadol for					
	-	arcotic administration record		The Title of the person resp	oonsible for		
	on 06/28/18 and 07/0	05/18.		implementing the acceptab			
				correction:	- F		
	An interview was con	ducted with Nurse #3 on		Director of Nursing will be r	responsible for		
	08/09/18 at 3:46 PM.	Nurse #3 confirmed that he		ensuring an acceptable Pla			
	had administered trar	madol to Resident #7 on		Correction, is maintained a	ind audits		
	07/28/18, 08/02/18, a	nd 08/04/18 by mistake. He		completed, All audits, will	be reviewed		
	stated that Resident #	#7 left the facility early in the		and reported, to the Quality	y Assurance		
	morning for dialysis a	ind would always request		Performance Improvement	Committee,		
		her way out of the facility.		monthly and Quarterly ther			
		the early morning hours		continued compliance/revis	sions to the		
		e for him and so he would		plan if needed.			
		c drawer and administer the					
		necking the MAR to ensure					
		n and dose. Nurse #3 stated					
		hat the process for removing					
		was, but he would assume					
	that whoever took the	•					
		cation cart and prepare it for					
		cy. He further explained that					
		ic was lengthy process, but					
	-	laced in a special red bag					
		it up. He added that at least					
		on would not be available for					
		e staff would recognize the					
		ve to the pharmacy when					
		ediation each night. Nurse #3					
		t week he went through the					
		and saw the narcotic sign					
		ook and did not verify the					
		ow they missed pulling that					
	medication off the car						

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 09/06/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COMP	SURVEY PLETED
		345526	B. WING _				C 109/2018
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE			17 MILLER BRIDGE ROAD NNNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 757 F 760 SS=D	Nursing (DON) on 08/ stated that systemic b staff not pulling discor medication carts was the tramadol 6 times a 06/11/18. She explain was such a laborious pharmacy pick up was going to make them re discontinued narcotics off the medication car and placed back in the pharmacy could pick f the discontinued med bags they were unava and the staff could ea discontinued and nee pharmacy. Residents are Free of CFR(s): 483.45(f)(2) The facility must ensu §483.45(f)(2) Resider medication errors. This REQUIREMENT by: Based on record revi and Medical Director i to prevent a significar facility failed to carry o physicians order for ir	ducted with the Director of /09/18 at 6:49 PM. The DON preakdown of the nursing thinued medications off the how Resident #7 received after it was discontinued on red that returning narcotics process and the last is on 2nd shift so she was esponsible for ensuring that is were immediately pulled t and placed in the red bags enarcotic drawer until the them up. She added that if ications were in the red ailable to be administered sily identify that they were ded to be returned to the f Significant Med Errors are that its- its are free of any significant is not met as evidenced ew, staff, Nurse Practitioner, interviews the facility failed at medication error when the bout and administer a htravenous (IV) Lasix or 1 of 3 residents sampled		757	F760 The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited: Facility failed to follow facility pol in regards to discontinuation of medications and implementing physicia orders as ordered, which allowed patient to not receive medications that had bee ordered.	e licy an nts	9/6/18

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	· /	PLE CONSTRUCTION	(X3) DA	NO. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	B	CO	MPLETED
		245520	B. WING			С
		345526	D. WING			8/09/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
CAROLIN	A REHAB CENTER OF B	BURKE		3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(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 760	Continued From page	- 18	E 76	50		
F 760	06/20/18 with diagnosis pulmonary edema, correspiratory failure, and Resident #10 expired Review of Resident #10 expired Review of Resident #10 expired and required limited the ractivities of daily revealed that Resider oxygen and had rece (medication that increative of a progress Practitioner (NP) date Resident #10 was be edema." The history of part, "She has also needema, feels like she Resident #10 "had no need reported." The pfollowing, 3+ edema feels normal respiratory eff assessment revealed chronic systolic heart part, Lasix (diuretic) arepeat at 10:00 PM. To me at 6:00 AM and Continue to recommend services given her ovelectronically signed to the provide the service of the provide the part of the provided the provid	ses that included: acute ongestive heart failure, acute of metabolic encephalopathy. It in the facility on 07/31/18. All of smost recent num data set (MDS) dated at she was cognitively intact to extensive assistance with living. The MDS further in #10 required the use of ived 6 days of diuretic eased the passing of urine) issessment reference period. The the Nurse ed 06/29/18 revealed that ing seen for "worsening of present illness read in oted some increase in e continues to gain weight." To change in oxygenation physical exam revealed the to bilateral upper and lower iratory exam revealed fort. The diagnosis and the following, acute on failure. The plan read in 40 milligrams (mg) now and Tomorrow (06/30/18) Lasix d again at 2:00 PM. end Resident #10 for hospice rerall decline. The note was by the NP.	F 76	When an order is obtained to medication from the physician the nurse will place the order Electronic Medical Record. N should be administered now it is on hand in the Pyxis, but wi hours of receiving the order if sources are utilized to obtain medication, if medication is no and will fall outside that time f the physician to make them a additional orders may be obta needed. Document in the pro- to indicate the conversation a The nurse will take the order; written or verbal and enter the the electronic medical record, order was noted and place in communication book for audit order will be given to medical be scanned into the record. The Procedure for implement acceptable plan of correction specific deficiency cited: A 10 all charts checking new medic from August 27th August 37 completed to ensure that all o been transcribed from the Fax Communication form as order medications removed and retu pharmacy if appropriate or ne medication received and adm The nurses were re-educated	/practitioner, in the low orders f medication ithin two outside the of available rame, notify ware so ined if gress note nd request. telephone, order into indicate the the . Then the records to ing the for the 00% audit of cation orders Ist, 2018 rders have c ed and urned to w order inistered. on Nursing	
	signed by the NP and	n order dated 06/29/18 and I provided by Nurse #4 read /ia peripherally inserted		Policy 2301, History and Phys verbal orders shall be immedi recorded and signed by the in	ately	
		C) now and repeat at 10:00		receiving them and shall be co		

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If continuation sheet Page 19 of 37

		MEDICAID SERVICES	A			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		TE SURVEY
			A. BUILDING	3		
		345526	B. WING			С
		545526				8/09/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
CAROLIN	A REHAB CENTER OF E	BURKE		3647 MILLER BRIDGE ROAD		
				CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 760	Continued From page	e 19	F 76	0		
		n 06/30/18 give Lasix 40 mg	-	by the prescribing physici	an.). Now	
	via PICC at 6:00 AM			orders should be adminis		
				medication is on hand in	•	
		ation administration record		within two hours of receiv	ing the order if	
		8 through 06/30/18 revealed		outside sources are utilize		
		1 not received Lasix 40 mg		medication, if medication		
	via PICC line on 06/2	29/18 or 06/30/18 as ordered.		outside that time frame, p		
	.			be made aware so addition	,	
		ducted with the NP on		be obtained if needed. D		
		The NP stated that when he filled out the order and		progress note to indicate		
		nunication book and left the		and request. During the a infractions are found in re		
		tation and the nursing staff		following policy, will result		
		s. The NP confirmed that she		with additional education.		
	'	s for the Lasix on 06/29/18		occurs again a written co		
		routine left the orders in the		placed in the employees	-	
	communication book	at the nurse's station. She		for the Nurses was comp	leted on	
	added that the "now"	Lasix should have been		September 4, 2018 by the		
		n as possible and was not		Consultant, Director of Nu	•	
		have waited a couple of		Corporate QA Monitor. A	•	
		stated that to her knowledge		does not receive the educ	-	
	the orders were miss			date of compliance, will b		
		ed orders on 07/01/18 they		the schedule, until education		
	called the on-call ser	vice and made them aware.		in-person or via telephone During the audits, if infrac	•	
	An interview was cor	ducted with the Unit		in regards to not following		
		08/09/18 at 11:11 AM. The		result in initial verbal with		
		/29/18 she was the nurse		education. If the infractio		
		for Resident #10. The UC		written counselling will be		
		NP or the Medical Doctor		employees file. New hire		
		they place any orders in the		receive the education dur		
		that was kept at the nurse's				
		ng staff checked it routinely		The monitoring procedure		
		or any new orders that were		the plan of correction is e		
		ed that each nurse was		specific deficiency cited r		
		e for signing off and carrying		corrected/and or in comp		
		hat come in during their shift.		regulatory requirements:		
	and carried out they	the orders were signed off		be audited by DON, Nurs Staff Development Coord	ing Supervisor of	

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TATEMENT C	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	LE CONSTRUC	TION		D. 0938-03 SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3		COMF	PLETED
							С
		345526	B. WING			08/	/09/2018
NAME OF PF	ROVIDER OR SUPPLIER				RESS, CITY, STATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE			BRIDGE ROAD SPG, NC 28612		
				CONNELLI	•		
(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 OSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETIO DATE
F 760	Continued From page	e 20	F 76	0			
		ed the 2nd check of the		change	s in medication orders, daily x4		
	order to ensure that it	t was carried out correctly.			hen every two weeks x5 month		
		he was responsible for		and the	n monthly x6 months.		
		rs for Resident #10 on					
		ecall seeing those orders			e of the person responsible for		
		e was responsible for 2 day and got busy. The UC		correcti	enting the acceptable plan of		
		cility had the Lasix in the			of Nursing will be responsible	for	
		system and the "now" order			g an acceptable Plan of		
		been given immediately			ion, is maintained and audits		
		signed off and repeated as			ted, All audits, will be reviewe		
	the order specified.			orted, to the Quality Assurance			
	An interview was son			ance Improvement Committee	,		
	An interview was con 08/09/18 at 11.27 AM			and Quarterly thereafter for ed compliance/revisions to the			
	08/09/18 at 11:27 AM. The MD stated that she had been made aware of the orders for Resident			plan if n	-		
	#10 that were missed	I. She added that Resident					
		load issues and during that					
		quire any increase oxygen					
		pressure was stable which					
		here was no significant ent. The MD stated that she					
		rders were written that they					
	-	during that shift or at least					
	the same day.	C C					
	An interview was con	ducted with Nurse #3 on					
		Nurse #3 stated that he					
		e facility. Nurse #3 stated					
		MD wrote orders most of the ft and they placed the orders					
		book at the nurse's station.					
		would carry out the order					
		ack in the book and 3rd shift					
		h the orders and make sure					
		d out correctly. Nurse #3					
	-	checked the book for any					
	did not recall seeing t	sed. He further stated that he					

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If continuation sheet Page 21 of 37

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MLII T	IPLE CONSTRUCTION	(X3) DAT	O. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED
						С
		345526	B. WING		0	8/09/2018
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
	A REHAB CENTER OF B			3647 MILLER BRIDGE ROAD		
CAROLIN	A REHAD CENTER OF D	URRE		CONNELLY SPG, NC 28612		
(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 COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 760	Continued From page	21	F7	760		
		uld have carried them out				
		#3 stated the "now" order of				
	Lasix should have be	en given immediately after				
		and given to the nursing				
		ave been carried out 2 days				
	later.					
	An interview was con	ducted with the Director of				
		/09/18 at 6:49 PM. The DON				
	- · ·	d MD wrote orders and				
	•	n a communication book at				
		Once the nursing staff				
		ney were to enter them into and then place the orders				
	-	nat 3rd shift could perform				
		order. The DON stated that				
	3rd shift checked to n	nake sure the order was				
		correctly entered into the				
		e added that was how they				
		The DON stated that she e carried out the same day				
	•	if one shift missed those				
		should be catching them.				
		that the "now" order of				
		en as soon as the order				
	was written, and the s					
F 842 SS=E	Resident Records - Io CFR(s): 483.20(f)(5),		F8	342		9/6/18
	§483.20(f)(5) Resider	nt-identifiable information.				
		elease information that is				
	resident-identifiable to	o the public.				
		lease information that is				
	resident-identifiable to					
		ntract under which the agent disclose the information				
		he facility itself is permitted				
	to do so.					

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FOR	D: 09/06/2018 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		345526	B. WING				C / 09/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE			647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 842	Continued From page	22	F	842			
	must maintain medica that are- (i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically org §483.70(i)(2) The faci all information contain regardless of the form records, except when (i) To the individual, o representative where (ii) Required by Law; (iii) For treatment, pay operations, as permitt with 45 CFR 164.506 (iv) For public health a neglect, or domestic v activities, judicial and law enforcement purp purposes, research pur medical examiners, fu a serious threat to hea by and in compliance §483.70(i)(3) The faci record information ag- unauthorized use. §483.70(i)(4) Medical for- (i) The period of time	dance with accepted s and practices, the facility al records on each resident ented; e; and ganized lity must keep confidential ned in the resident's records, n or storage method of the release is- r their resident permitted by applicable law; yment, or health care ted by and in compliance cativities, reporting of abuse, violence, health oversight administrative proceedings,					

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 09/06/20 FORM APPROVE OMB NO. 0938-039
TATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345526	B. WING		C 08/09/2018
NAME OF PR	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	ODE
			3647 MILLER BRIDGE ROAD		
CAROLIN	A REHAB CENTER OF E	JURKE		CONNELLY SPG, NC 28612	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 COMPLETION HE APPROPRIATE DATE
F 842	Continued From page there is no requirement		F 84	12	
	(iii) For a minor, 3 years after a resident reaches legal age under State law.				
		edical record must contain- ion to identify the resident;			
	(ii) A record of the res	sident's assessments; ive plan of care and services			
	provided;				
	(iv) The results of any	y preadmission screening			
	and resident review e				
	determinations condu	-			
		e's, and other licensed			
	professional's progre	logy and other diagnostic			
		equired under §483.50.			
		T is not met as evidenced			
		view, staff, Nurse Practitioner,		The plan for correcting the	specific
		nterviews the facility failed to		deficiency. The plan should	
		e and accurate medical		processes that lead to the c	
	record by failing to re	tain original copies of		cited. Facility failed follow p	policies in
	physician orders for 3	3 of 5 residents sampled		regards to Signing off Narco	
	(Residents #10, #9, a	-		Narcotic Sheet and signing	
	•	the administration of		MAR. It was discovered that	
		lication administration record		discrepancies between doc	
		ampled (Resident #4, 3, 5, 6,		narcotic count sheet and M	
	and 7).			noted. Nurses were educat	
	The findings included	1		hand written orders given to physician and placed in the Communication Book which	Unit
	1a. Resident #10 rea	dmitted to the facility on		maintained at the nurses st	
		ses that included: acute		nurse will run a daily listing	
		ongestive heart failure, acute		ensure that the orders in the	-
		nd metabolic encephalopathy.		Communication Book have	
		in the facility on 07/31/18.		placed in the Electronic Me	
		-		and order has been started	, utilizing the
	Review of Resident #			Facility MD/NP Communica	
	comprehensive minir	num data set (MDS) dated		The nurse will take the orde	er; telephone,

Event ID: BGTW11

Facility ID: 970078

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	OMB (X3) D	ATE SURVEY
ND PLAN OF	CORRECTION	DENTIFICATION NUMBER:	. ,	<u> </u>) íc	OMPLETED
						С
		345526	B. WING			08/09/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	
CAROLIN	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROAD		
				CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETIO DATE
F 842	Continued From page	e 24	F 84	2		
		at she was cognitively intact		written or verbal and e	nter the order into	
		o extensive assistance with		the electronic medical	record, indicate the	
	her activities of daily	living.		order was noted and p		
				communication book for		
	Review of a progress			order will be given to n		
		ed 06/29/18 revealed that ing seen for "worsening		be scanned into the re scanning of the record		
		ad in part, Lasix (diuretic) 40		of the permanent medi		
		and repeat at 10:00 PM.		retained for 10 years p		
		Lasix 40 mg at 6:00 AM and		policy.		
	-	e note was electronically				
	signed by the NP.			The procedure for impl	-	
	Deview of the medies	tion administration record		acceptable plan of con		
		ation administration record 8 through 06/30/18 revealed		specific deficiency cite in compliance with the		
		not received Lasix 40 mg		requirements. Nurses		
		9/18 or 06/30/18 as ordered.		The Routine/Non-Eme		
				Sheet is to be utilized f	for it's intended	
	b. Resident #9 readm			purpose of sending inf		
		ses that included left femur		physician via fax to ob	tain orders if	
	disorder, anemia, and	liabetes, major depressive		appropriate.		
		nypenipidemia.		All New Licensed nurs	es will receive	
	Review of the compre	ehensive minimum data set		education to include "V		
		8 revealed that Resident #9		scheduled or prn narco		
	was cognitively intact	and required extensive		you MUST document i	t on the Narcotic	
	assistance with her a	ctivities of daily living.		Count Sheet and it MU	•	
	Deview of			on the Electronic Medi		
	Review of a progress	note from the Nurse ed 06/29/18 revealed that		Administration Record narcotic medication is		
	Resident #9 was bein			pull narcotic sheet fron		
		eft femur fracture. The plan		narcotic from the medi		
	read in part, discontir	•		dc order", then the me		
		one 5 milligrams (mg) by		a red bag and then see		
	-	when necessary, Klonopin		drawer to maintain sec	• • •	
		y for 14 days, additional		by courier. Routine/No		
		h for 3 days and glucose		Facsimile forms are to		
	signed by the NP.	he note was electronically		immediately if a "now/s	hift the order was	

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		MEDICAID SERVICES			OMB NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED
					С
		345526	B. WING		08/09/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	A REHAB CENTER OF B			3647 MILLER BRIDGE ROAD	
CAROLIN	A KENAB CENTER OF E	JORKE		CONNELLY SPG, NC 28612	
(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 SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETI
F 842	Continued From page	e 25	F 84	2	
	1.0			received. "Now" orders should l	be
(Review of the medica	ation administration record		administered, now if medication	
		8 through 06/30/18 revealed		hand in the Pyxis, but within two	
	that Resident #9 had	received the Biotin and		receiving the order if outside so	urces are
	-	discontinued on 06/29/18) on		utilized to obtain the medication	
		6/30/18. The MAR further		medication is not available outsi	
		nt #9 did not receive the		time frame, physician should be	
		ig by mouth x 3 days on		aware so additional orders may	
		and the oxycodone and e not carried out on 06/29/18		obtained if needed. Document i progress note to indicate the co	
	or 06/30/18.	Filot carried out of 00/29/18		and request. The nurse will take	
	01 00/30/10.			telephone, written or verbal and	
	c. Resident #8 admitt	ted to the facility on 06/15/18		order into the electronic medical	
		ncluded hypertension.		indicate the order was noted and	
		jed home on 07/04/18.		the communication book for aud	
				the order will be given to medica	al records
	Review of the compre	ehensive minimum data set		to be scanned into the record.	
		8 revealed that Resident #8			
		t and required extensive		Education for the Nurses was co	•
	assistance with his a	ctivities of daily living.		on September 4, 2018 by the Re	
	Deview of			Nurse Consultant, Director of Nu	•
	Review of a progress			the Corporate QA Monitor. Any	
		ed 06/29/18 revealed that ng seen for "follow up		which does not receive the educ the date of compliance, will be re	-
		ss, continued management		from the schedule, until education	
	-	." The plan read in part,		received in-person or via telepho	
		5 milligrams (mg) by mouth		necessary. During the audits, if	
		blood pressure less than		are found in regards to not follow	
		ectronically signed by the		policy, will result in initial verbal	
	NP.	-		additional education. If the infra	ction
				occurs again a written counsellin	
		tion administration record		placed in the employees filed.	
		8 through 06/30/18 revealed		audits, if infractions are found in	
		06/30/18 Resident #8		to not following policy, will result	
		mg by mouth instead of 5		verbal with additional education.	
	mg by mouth as orde			infraction occurs again a written counselling will be placed in the	
	An interview was con	ducted with the Director of		employees file. New hired nurs	
		3/08/19 at 1:18 PM who		receive the education during original	

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	OF DEFICIENCIES	MEDICAID SERVICES			OMB NO. 093 (X3) DATE SURVE	
	CORRECTION	IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	COMPLETED	
			A. BUILDING	G	с	
		345526	B. WING		08/09/20	18
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		10
				3647 MILLER BRIDGE ROAD		
CAROLIN	A REHAB CENTER OF B	URKE		CONNELLY SPG, NC 28612		
(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 COM THE APPROPRIATE	(X5) IPLETIO DATE
F 842	Continued From page	26	F 84	12		
1 042			F 04	+2		
		e physician orders were d out and the 2nd check		How the facility plans to m	onitor and	
		was destroyed. The DON		ensure correction is achie		
		not provide a copy of the		sustained		
		ers for Resident #10, 9, or 8		Director of Nursing and/or	RN Unit	
	that were written on 0			Managers, and/or Staff De		
				nurse will audit 20% of par	tients on each	
		ducted with the NP on		unit to ensure that order c		
		The NP stated that when		been implemented and pla		
		he filled out the order and		Electronic Medical Record	-	
	1 ·	unication book and left the tation and the nursing staff		running a daily order sum checking the MD/NP Com		
		. The NP confirmed that she		Form to ensure the orders		
	1	s for Resident #10, 9, and 8		started, these audits will t		
		the facility's routine left the		X 4, every two weeks x5 n	-	
	orders in the commur	nication book at the nurse's		Monthly x6. Results of au	dits will be	
		d she followed the rules of		reviewed at weekly Quality		
		ot aware of what the facility		Risk Meeting, and at Quar		
	did with orders once t	they were written.		Assurance meeting X 12 f		
				problem resolution if need	ed.	
		ducted with the Medical		Any errors found will have	2	
		9/18 at 11:27 AM. The MD rder was written per the		corresponding Medication		
		left in the communication		Report completed.		
		tation and the nursing staff				
		e orders. She stated that		The title of the person res	ponsible for	
		rent in what they did with the		implementing the accepta	ble plan of	
		e written. She stated she		correction.		
	-	ever the facility wanted to do		Director of Nursing will be		
		dded that most facilities		ensuring an acceptable Pl		
		aper items, but she was not sility did with the orders once		Correction, is maintained a completed, All audits, wil		
	they were written.			and reported, to the Qualit		
				Performance Improvemen		
	An interview was con	ducted with Nurse #3 on		monthly and Quarterly the		
		Nurse #3 stated that he		continued compliance/revi		
	worked 3rd shift at the	e facility. Nurse #3 stated		plan if needed.		
		MD wrote orders most of the				
	time it was on 1st shi	ft and they placed the orders				

Facility ID: 970078

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
-	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY LETED
		345526	B. WING				。 09/2018
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
CAROLIN	A REHAB CENTER OF B	URKE			647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 842	in a communication b The nurse on the unit and place the order b would go back throug that they were carried stated that once they the orders they placed cabinet and when the facility administration but he was not sure w the facility manageme uploaded into the sys questioned why they to the electronic system answer. An interview was com Nursing (DON) on 08, stated that the NP and placed those orders in the nurse ' s station. O received the orders th the electronic system back in the book so th the 2nd check of the o after the 2nd check w staff the order was de that once the order w electronic system it co original copy was not facility's policy. The D orders for Resident # destroyed.	ook at the nurse's station. would carry out the order ack in the book and 3rd shift h the orders and make sure l out correctly. Nurse #3 performed the 2nd check of d the orders in a filing filing cabinet was full the did something with them, vhat. Nurse #3 stated that ent did not want the orders tem and when he did not want them uploaded em he never received an ducted with the Director of /09/18 at 6:49 PM. The DON d MD wrote orders and h a communication book at Dnce the nursing staff hey were to enter them into and then place the orders hat 3rd shift could perform order. The DON stated that as completed by 3rd shift testroyed. The DON stated as entered into the puld be printed and the needed and that was their ON again confirmed that the 10, 9, and 8 had been	F	842			

Facility ID: 970078

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 09/06/2018 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMP	SURVEY LETED
		345526	B. WING		_		C 09/2018
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE		647 MILLER BRIDGE ROA CONNELLY SPG, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page	28	F 842				
	dated 06/15/18 reveal cognitively intact and with activities of daily Review of the medical (MAR) for Resident #- 06/30/18 revealed that received Tramadol (pr milligrams (mg) at 12: Review of the narcotic Resident #4 revealed	tion administration record 4 dated 06/01/18 through at on 06/07/18 Resident #4 ain medication) 50 10 AM. c administration record for that on 06/07/18 Resident					
	and again at 8:20 PM (UC).	nadol 50 mg at 12:11 AM by the Unit Coordinator					
	(MDS) dated 06/07/18	hensive minimum data set 3 revealed that Resident #3 and required extensive ties of daily living.					
	(MAR) for Resident #3 06/30/18 revealed that	dication) 5/325 milligrams					
	revealed that on 06/12	c administration record 2/18 the Unit Coordinator d the Oxycodone 5/325 mg					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COMP	
		345526	B. WING				09/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>, </u>	
CAROLIN	A REHAB CENTER OF B	URKE			647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 842	c. Resident #5 admitt with diagnoses that in of spinal cord and box Resident #5 discharg 06/27/18. Review of the minimur revealed that Resider and required supervis- living. Review of the medica (MAR) for Resident # 06/30/18 revealed that no Valium 5 milligram Review of the narcotic revealed that on 06/0 Valium 5 mg at 3:00 A (UC). Further review administration record Resident #5 received the UC. d. Resident #6 admitt with diagnoses that in disease, diabetes me long-term use of insul from the facility on 06 Review of the quaterl dated 06/27/18 revea cognitively intact and assistance with her ac Review of the medica for Resident #6 dated revealed that on 06/0	ed to the facility on 05/25/18 included malignant neoplasm ine, weakness, and anxiety. ed from the facility on im data set (MDS) 06/27/18 in #5 was cognitively intact sion with his activities of daily ition administration record 5 dated 06/01/18 through at on 06/05/18 and 06/07/18 is (mg) was administered. ic administration record 5/18 Resident #5 received AM by the Unit Coordinator of the narcotic revealed that on 06/07/18 Valium 5mg at 12:00 AM by ed to the facility on 05/04/18 included: end stage renal llitus, dysphagia, and lin. Resident #6 discharged /27/18. y minimum data set (MDS) led that Resident #6 was required limited to extensive ctivities of daily living. ttion administration record 1 06/01/18 through 06/30/18	F	342			

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM): 09/06/2018 APPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		345526	B. WING		_		C 09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
CAROLIN	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROA CONNELLY SPG, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page	30	F 842				
	Resident #6 revealed #6 had received hydro AM and 7:48 PM from e. Resident #7 admitte with diagnoses that in poly-osteoarthritis and Review of the most red data set (MDS) dated Resident #7 was cogr independent with activ Review of the medica for Resident #7 dated revealed that on 06/12 medication) 50 millign administered. Review of the narcotic Resident #7 revealed #7 had received Tram the Unit Coordinator (An interview was con 08/08/18 at 4:22 PM. administered narcotic places that the narcotic Cone was on the MAR narcotic administratio that she had administ Resident #4, 3, 5, 6, a to sign it out on the M always signed it out o record but would ofter	d end stage renal disease. cent quarterly minimum 06/12/18 revealed that nitively intact and was vities of daily living. tion administration record 06/01/18 through 06/30/18 2/18 no Tramadol (pain ams had been c administration record for that on 06/12/18 Resident adol 50mg at 5:15 AM by UC). ducted with the UC on The UC stated when she s in the facility there was 2 ic had to be signed out for. and the other was the n record. The UC confirmed ered the narcotics to and 7 and she had forgotten AR. The UC stated she n the narcotic administration n forget to go back and sign					
	it out on the MAR and error.	that was just a human					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 09/06/2018 MAPPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	LETED
		345526	B. WING				C 09/2018
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE	E, ZIP CODE		
CAROLIN	A REHAB CENTER OF B	URKE		647 MILLER BRIDGE ROAD CONNELLY SPG, NC 2861	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page	31	F 842				
F 865 SS=E	Nursing (DON) on 08/ stated that when narc the facility there was 2 had to be signed out f and the other was the record. The DON that sign out for the narcot added that this has be facility and she had 3 where she educated t where they need to si The DON state that m about doing it the corr the staff still was not of instructed and she was disciplinary action to h QAPI Prgm/Plan, Disc CFR(s): 483.75(a)(2)(§483.75(a) Quality as improvement (QAPI) p §483.75(a)(2) Present Survey Agency no late promulgation of this re §483.75(h) Disclosure A State or the Secreta disclosure of the reco except in so far as sur the compliance of suc requirements of this s	een an ongoing issue in the recent nurses meeting he staff on the process and gn out for the medication at. nost of the staff was good rect way but about 10% of doing as they had been as going to have to resort to nold everyone accountable. closure/Good Faith Attmpt h)(i) surance and performance program. t its QAPI plan to the State er than 1 year after the egulation; e of information. ary may not require rds of such committee ch disclosure is related to ch committee with the	F 865				9/6/18

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,			ATE SURVEY OMPLETED
			A. BUILDIN	IG		
		245520	B. WING			С
		345526	B. WING			08/09/2018
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	DDE	
	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROAD		
				CONNELLY SPG, NC 28612		
(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 ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIO DATE
F 865	Continued From page	e 32	F 8	65		
	a basis for sanctions.					
	This REQUIREMENT	is not met as evidenced				
	by: Based on record rev	iew, staff, Nurse Practitioner,		F865		
		nterview the facility's Quality				
		urance Committee failed to		The plan of correcting the s	pecific	
		d procedures and monitor		deficiency. The plan should		
	-	hat the committee put into		processes that lead to the d		
		following a complaint survey		cited: This is a direct result		
		ing a follow up/complaint		Assurance Performance Im		
	-	recited in August 2018 on		Committee from recognizing		
	the current complaint			processes. F760 - Facility f		
	deficiencies are in the			facility policy in regards to d		
	medication errors (76	60) and complete and		of medications and impleme	enting	
	accurate medical rec	ord (F842). These		physician orders as ordered	, which	
	deficiencies were rec	ited during the facility's		allowed patients to not rece	ive	
	current complaint sur	vey. The continued failure of		medications that had been of	ordered.	
	the facility during 3 fe	deral surveys of record				
	show a pattern of the	facility's inability to sustain		When an order is obtained t	o administer a	
	an effective Quality A	ssurance Program.		medication from the physicia	an/practitioner,	
				the nurse will place the orde	er in the	
	The findings included	1:		Electronic Medical Record.	Now orders	
				should be administered now	if medication	
	This tag is cross refer	rred to:		is on hand in the Pyxis, but	within two	
				hours of receiving the order		
	•	edication errors: Based on		sources are utilized to obtai		
		Nurse Practitioner, and		medication, if medication is		
		views the facility failed to		and will fall outside that time	-	
	· •	medication error when the		the physician to make them		
	facility failed to carry			additional orders may be ob		
		r intravenous (IV) Lasix		needed. Document in the p	•	
	· · ·	or 1 of 3 residents sampled		to indicate the conversation		
	(Resident #10).			The nurse will take the orde		
				written or verbal and enter t		
		complaint survey of 04/13/18		the electronic medical recor		
		ted for failing to prevent a		order was noted and place i		
	-	n error when a nurse failed to		communication book for auc order will be given to medic		
	correctly identify a res	sident which resulted in the		order will be given to medic:	al records to	

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			0.00			NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		. ,	ATE SURVEY OMPLETED
			A. BUILDING	G		
		245500				С
		345526	B. WING			08/09/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	IP CODE	
CAROLIN	A REHAB CENTER OF B	URKE		3647 MILLER BRIDGE ROAD		
				CONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED	ACTION SHOULD BE	(X5) COMPLETIO DATE
F 865	Continued From page	e 33	F 86	65		
		d 1 of 3 residents sampled				
		tion error (Resident #1).		F842 - Facility failed foll	low policies in	
				regards to Signing off N	•	
	2. F842: Complete ar	n Accurate Medical Record:		Narcotic Sheet and sigr		
		ew, staff, Nurse Practitioner,		MAR. It was discovered		
		nterviews the facility failed to		discrepancies between	documentation on	
		and accurate medical		narcotic count sheet an		
	record by failing to re	tain original copies of		noted. Nurses were ed	ucated to maintain	
		3 of 5 residents sampled		hand written orders give	en to them by the	
	(Residents #10, #9, a	and #8) and failed to		physician and placed in		
	accurately document	the administration of		Communication Book w	hich will be	
	narcotics on the med	ication administration record		maintained at the nurse	s station, the night	
	for 5 of 5 residents sa	ampled (Resident #4, 3, 5, 6,		nurse will run a daily list	ting report and	
	and 7).			ensure that the orders in	n the	
				Communication Book h	ave all been	
	During the complaint	survey of 03/22/18, this		placed in the Electronic	Medical Record	
	-	for failing to accurately		and order has been star	rted, utilizing the	
	document and record	I the distribution of a		Facility MD/NP Commu		
	controlled medication	to 1 of 1 residents sampled		The nurse will take the		
	(Resident #1).			written or verbal and en	ter the order into	
				the electronic medical r	ecord, indicate the	
	An interview was con			order was noted and pla	ace in the	
		09/18 at 7:44 PM. The		communication book for		
	Administrator stated			order will be given to me		
		mittee met monthly and		be scanned into the rec	ord.	
		all the department heads			<i></i>	
		ctor. She added that the		The Procedure for imple	-	
	pharmacist attended	-		acceptable plan of corre		
	•	Ibmitted reports monthly.		specific deficiency cited		
		ited that they always had an		audit of all charts check	-	
		going over previous months		medication orders from		
	-	ment would present areas of		August 31st, 2018 com		
		t needed improvement. If		that all orders have bee		
	-	rovement the QA committee		the Fax Communication		
	would place the area			and medications remov		
		th audit tools to monitor for		pharmacy if appropriate		
	•	e. The Administrator stated		medication received and		
		o monitor for accuracy		The nurses were re-edu	-	
	regarding documenta	ation from the recent		Policy 2301, History and	a Physical (All	

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM): 09/06/2018 // APPROVED). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345526	B. WING				C 09/2018
NAME OF P	ROVIDER OR SUPPLIER	1		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
	A REHAB CENTER OF E			36	47 MILLER BRIDGE ROAD		
				C	ONNELLY SPG, NC 28612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 865	complaint survey and because we felt like t improvement. The Ac would have to look at	I continued the audits	F	865	 verbal orders shall be immediately recorded and signed by the individual receiving them and shall be countersis by the prescribing physician.). Now orders should be administered, now if medication is on hand in the Pyxis, bu within two hours of receiving the order outside sources are utilized to obtain medication, if medication is not availat outside that time frame, physician sho be made aware so additional orders r be obtained if needed. Document in progress note to indicate the convers and request. During the audits, if infractions are found in regards to not following policy, will result in initial vel with additional education. If the infract occurs again a written counselling will placed in the employees file. New hir nurses will receive the education duri orientation. F842- Director Of Nursing, SDC and Supervisor educated all Licensed nur on correct practice of documenting administration of narcotic medication include When signing out a scheduled prn narcotic for a resident you MUST document it on the Narcotic Count Sr and it MUST be signed out on the Electronic Medication Administration Record and when a narcotic medication Record and when a narcotic medication Administration of narcotic sheet medication from narcotic book and drawer, and dc order Completion 8/9/ 	gned gned f ut r if the ble buld may the ation r bal ction l be red ng ses to d or heet ion and 18. ut a	

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DEPARTMENT OF HEALTH AND CENTERS FOR MEDICARE & M					FORM	D: 09/06/2018 // APPROVED). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		LETED
	345526	B. WING				C 1 09/2018
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CAROLINA REHAB CENTER OF BU	IRKE		36	47 MILLER BRIDGE ROAD		
			C	ONNELLY SPG, NC 28612		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 865 Continued From page	35	F	365	you MUST document it on the Narcot Count Sheet and it MUST be signed of on the Electronic Medication Administration Record. and when a narcotic medication dc□d, nurse mus narcotic sheet and medication from narcotic book and drawer, and dc ord well as Routine/Non-Emergency Facsimile forms are to be transcribed immediately if a now/stat order and dt their shift if received on their shift and medication administered as soon as medication is obtained. Re-education for the Administrator an Director of Nursing on the purpose of Quality Assurance Performance Improvement Committee and the nee follow-up on Plans of Correction was completed on August 30, 2018 by the Regional Nurse Consultant and the Corporate QA Monitor. The monitoring procedure to ensure t the plan of correction is effective and specific deficiency cited remains corrected/and or in compliance with th regulatory requirements: F760 - Chai orders will be audited by DON, Nursin Supervisor or Staff Development Coordinator for changes in medication orders, daily x4 weeks then every two weeks x5 months and then monthly x months. F842 - Director of Nursing, RN Unit Managers, Supervisor and/or Staff Development nurse will audit 20% of patients on each unit to ensure that o	but t pull er as uring d to d to hat that he rt ng h o 6	

Event ID: BGTW11

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AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER CAROLINA REHAB CENTER OF BURK (X4) ID SUMMARY STATEM PREFIX (EACH DEFICIENCY MU	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345526	A. BUILDING	LE CONSTRUCTION STREET ADDRESS, CITY, STATE, ZIP CODE 3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED C 08/09/2018
CAROLINA REHAB CENTER OF BURK (X4) ID PREFIX TAG SUMMARY STATEM (EACH DEFICIENCY MU REGULATORY OR LSC II	KE MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	ID PREFIX	3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 PROVIDER'S PLAN OF CORRECT	08/09/2018
(X4) ID SUMMARY STATEM PREFIX (EACH DEFICIENCY MU TAG REGULATORY OR LSC II	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	ID PREFIX	3647 MILLER BRIDGE ROAD CONNELLY SPG, NC 28612 PROVIDER'S PLAN OF CORRECT	
(X4) ID SUMMARY STATEM PREFIX (EACH DEFICIENCY MU TAG REGULATORY OR LSC II	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	ID PREFIX	CONNELLY SPG, NC 28612 PROVIDER'S PLAN OF CORRECT	
(X4) ID SUMMARY STATEM PREFIX (EACH DEFICIENCY MU TAG REGULATORY OR LSC II	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT	FION (X5)
PREFIX (EACH DEFICIENCY MU TAG REGULATORY OR LSC II	UST BE PRECEDED BY FULL	PREFIX		TION (X5)
F 865 Continued From page 36			CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
	5	F 865	 changes have been implemented a placed in the Electronic Medical Re (MAR), by running a daily order sur and checking the MD/NP Commun Form to ensure the orders have be started, these audits will be done v X 4, two weeks x5 months and Mo x6. The above audits will be taken to th Quality Performance Improvement Committee for review/ revision if ne utilizing the following schedule: wee four (4) weeks and then monthly for eleven (11) months. The Title of the person responsible implementing the acceptable plan of correction: The Administrator will be responsible ensuring an acceptable Plan of Corris maintained and audits completed Administrator. All audits, will be reand reported, to the Quality Assura Performance Improvement Commit monthly and Quarterly thereafter for continued compliance/revisions to the plan if needed. 	ecord mmary ication een weekly onthly ne eeded ekly for r for of ole for rrection d. If the ne he eviewed ance ttee, or

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