PRINTED: 12/13/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7. BOILEST				С
		345441	B. WING			11/	16/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
AL EXAND	RIA PLACE			17	770 OAK HOLLOW ROAD		
ALLXAND	MATEROL			G.	ASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 600 SS=J	A recertification survinvestigation (Event I on 11/13/18 through jeopardy was identified CFR 483.12 at tag F6 of J. CFR 483.25 at tag F6 of J. Tags F600 and F684 quality of care. Immediate jeopardy by removed on 11/16/18 completed. There were no deficied complaint investigation Free from Abuse and CFR(s): 483.12(a)(1) §483.12 Freedom from Exploitation The resident has the neglect, misapproprial and exploitation as deincludes but is not lim corporal punishment,	ey and complaint D #HEJP11) was conducted 11/16/18. Immediate ed at: 600 at a scope and severity 684 at a scope and severity constituted substandard began on 10/30/18 and was 6. An extended survey was encies cited as a result of the on. Neglect Imm Abuse, Neglect, and right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and incal restraint not required to edical symptoms.		600			12/7/18
	§483.12(a)(1) Not use physical abuse, corportinvoluntary seclusion						
I ABORATORY	 DIRECTOR'S OR PROVIDER/:	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u> =		TITLE		(X6) DATE

Electronically Signed 12/10/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345441	B. WING			C 1/16/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1/10/2016
	10 113211 011 001 1 2.2.1			1770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE			GASTONIA, NC 28054		
(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	(X5) COMPLETION DATE
F 600	Continued From page	e 1	F 60	0		
	This REQUIREMENT	is not met as evidenced	. 33			
	by:	iew, Nurse Practitioner,		Alexandria Place ☐s response to	o this	
	Physician, and staff in			survey report does not constitute		
	neglected to assess a			agreement with the statement of		
	_	neglected to implement		deficiencies; nor does it constitu		
		s to prevent a resident from		admission that any stated deficie		
	picking at a wound to	prevent maggot infestation		accurate. We are submitting the	POC	
		riewed with having maggots		because it is required by law.		
		#5). In addition the facility				
		ordered assistive equipment			(0) 14511	
		riewed for assistive devices		Address How Corrective Action		
	(Resident #2).			Be Accomplished For Those Re-		
	Immediate Jeonardy	began on 10/30/18 when		Found To Have Been Affected B Deficient Practice:	y trie	
		in Resident #5's wound		Immediately after learning of the	incident	
		diate Jeopardy was removed		the following interventions were		
		e facility implemented a		place by the Director of Nursing	•	
	credible allegation of			Corporate Quality Assurance Nu		
	removal. The facility	will remain out of compliance		1. Resident #5 was sent to the	hospital	
	at a lower scope and	severity level of D (no actual		for evaluation and treatment of t	he open	
	-	for minimal harm that is not		cancerous lesion On October 30		
	Immediate Jeopardy)	for example #2.		The facility nursing staff had not		
				resident #5 had maggots in the		
	The findings included	I:		Per the resident □s family □s req	uest, he	
	1 Desident #F was a	dmitted to the facility on		did not return to this facility	uality	
		dmitted to the facility on		2. On October 30, 2018 the Q Assurance nurse completed a tr		
	01/29/18 with diagnos unspecified dementia			skin assessments on all residen	•	
	•	idemia, muscle weakness,		wounds and noted that no other		
		re was no diagnosis of a		residents wounds showed any		
	wound for Resident #	· ·		of foreign bodies, infection, or ne		
				nursing staff.	J - 1 - 1	
	There were no docun	nented wound assessments		3. The Director of nursing and	Quality	
	completed for Reside	ent #5 from his admission of		Assurance nurse began intervie	•	
	01/29/18 until his disc	charge of 10/30/18.		nursing staff concerning these re	esidents 🗆	
				wounds to determine when the I	ast wound	
		sessment dated 02/16/18		treatment was done and when it		
	revealed Resident #5	had an open area/blister to		noted that the resident #5 had re	emoved	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 1/16/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	1/16/2016
TO UNIC OF T	TO VIDER OR GOT FEILING			1770 OAK HOLLOW ROAD	-	
ALEXAND	RIA PLACE			GASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From page	e 2	F 60	00		
	left side of head.			the dressing from the wound.	Staff had	
				noted that the dressing was in		
	Review of the physic	ian order dated 02/20/18		all round made on the residen	t up until the	
	revealed Resident #5	should have a		5am round on October 30th w	hen the	
		ng applied to the wound over		dressing was noted to be miss		
	his left ear every thre	e days.		facility had an order to change		
				dressing daily and to use dry of	-	
	Review of the nurse's notes for Resident #5			the open cancerous lesion. Th		
	revealed the following	g:		orders for ointments or other to		
	00/00/40 44.40 AM	Desident channed sicking		due to resident #5□s propensi the wound and to eat the scab	•	
		Resident observed picking r. Blood noted dripping down		material from the wound. Oth		
		eansed, and dry dressing		intervening and re-directing th		
		ntinues to pick at area.		when he was noted to be picki		
	арриоси : коопсон со.	Time of the profit at area.		wound, no other interventions	-	
	03/01/18 - Dressing t	o left ear is not present and		place as the resident ☐s cognit		
	new one applied.	•		prevented him from being able	to to	
				understand the need for leavir	ng the	
				wound alone. An in-house inve	-	
		Practitioner (NP) progress		began immediately on Octobe		
		revealed Resident #5 had a		and neglect was not suspected		
		alp removed with a wound		-hour initial report was not sen		
		love dressing from the ar. He refused to leave the		neglect not being suspected. S from staff collected during the		
		ated area of skin cancer		30th interviews that were done		
	-	e was having some minimal		Director of nursing, show that	•	
		ue to monitor, as potentially		aware of the resident removing		
	_	residents if his drainage		dressing and that they would i	-	
		at another patient will touch.		when he was observed doing		
	There were no signs	and symptoms of infection		4. 4. Resident #2 was provide	led with a	
		certainly high risk related to		nosey cup at all meals as orde		
		y have opted for no further		appropriate dietary aides, licer		
	workup or treatment	related to this at this time.		and nursing assitants were im	•	
				re-trained on following tray car		
	Davison of the NB B	N-t- d-t- 05/04/40		Address How Corrective Actio		
		ogress Note dated 05/31/18		Accomplished For Those Resi		
		was seen due to nursing		Having Potential To be Affecte	u by ine	
		me green drainage from the e of his head this AM. He		Same Deficient Practice: Immediately after learning of the	he incident	
	would on the left Sid	C OI HIS HEAU WIIS AWI. HE		minieulately after learning of the	ii iii ii	I

NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PREFIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA, NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD OASTONIA NC 28954 PROVIDERS HAN OF CORRECTION IPPERIX 1770 OAX HOLLOW ROAD IPPERIX 1770 OAX HOLLOW ROAD IPPERIX 1770 OAX HOLLOW ROAD IPPERIX 1770 OAX HOLLOW CORRECTION IPPERIX 1770 OAX HOLLOW CORP IPPERIX 1770 OAX HOLLOW COR	_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ALEXANDRIA PLACE SUMMARY STATEMENT OF DEPICIENCES (ACAT OFFICIENCES) (EACH OFFICIENCY AUGIT BE PRECEDED BY FULL BEQUIATORY OR I.SC IDENTIFYING INFORMATION) F 600 Continued From page 3 has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not heated because of this. Nursing continues to try to cover it several times a day, but he continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenishthan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not key this dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection. STREET ADDRESS.CITY, STATE, 2PCODE 1770 OAK HOLLOW ROAD GASTONIA, NO EXPENDENCE CORNECTION FROM TOR OAK HOLLOW ROAD GASTONIA, NO EXPENDENCE CORNECTION FROM TOR PROVIDENCE PLAN CORNECTION FROM TOR PROVIDENCE PLAN CORNECTION FROM TOR PROVIDENCE PLAN CORNECTION I PROVIDENCE PLAN CORNECTION FROM TOR PROVIDENCE PLAN CORNECTION FROM TOR PROVIDENCE PLAN CORNECTION I PROVIDENCE PLAN CORNECTION FROM TOR PROPRIATE F 600 On October 30, 2018 the following interventions were put into place by the Director of Nourising and the following interventions were put into place by the Director of Nursing and the family in any change to confident procedures that prohibit and prevent abuse, reglect and exploitation of resident property. Annually and as needed, in-services and or property and the family in any change to a provide place			345441	B. WING					
ALEXANDRIA PLACE MAJ ID	NAME OF D	DOVIDED OD SLIDDI IED	040441	1	STD	EET ADDRESS CITY STATE ZID CODE	1 11/	/16/2018	
ALEXANDRIA PLACE (PAJID) SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL RESOLATORY OR LSC IDENTIFYING INFORMATION) F 600 Continued From page 3 has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to prove and pick at it. Plan - He continues to the province and pick at it. Plan - He continue to military and pick at the province and pick at it. Plan - He continues to pick at this lession. Will likely continue to province and pick at it. Plan - He continues to remove and pick at it. Plan - He continues to remove and pick at it. Plan - He continues to remove and pick at it. Plan - He province and pick a	NAME OF T	TOVIDER OR SOLT LIER							
F 600 Continued From page 3 has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to prove it several times a day, but he continues to prove it several times a day, but he continues to remove and pick at it. Plan - He continues to prove it several times a day, but he continues to remove and pick at it. Plan - He continues to prove it several times a day, but he continues to prove it several times a day, but he continues to prove it several times a day, but he continues to prove it several times a day, but he continues to prove it several times and it is done, noted today. Continue to the open. Nursing will continue to try to fress this, but he will continue to try to fress this, but he will continue to try to fress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to fix the province of the prov	ALEXAND	RIA PLACE							
F 600 Continued From page 3 has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to ty to cover it several times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on solled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing to a dry dressing that is to be changed dally as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.					GA	5 TUNIA, NC 28054			
has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not headed because of this. Nursing continues to try to cover it several times a day, but he continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenishtan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear; She reports that he has had some greenish/ran odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.	PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	×	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to mortlor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear; She reports that he has had some greenish/tan done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.	F 600	Continued From page	age 3	F 6	500				
excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to present at times a day, but he continues to present at times a day, but he continues to pick at the lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.		· ·	-			on October 30 2018 the following			
at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection. Director of Nursing and the Corporate Quality Assurance Nurse: 1. The facility. 1. The facility and implemented written policies and procedures that prohicit and propedure that provedure that provedure that provedure, including propential or fresident procedures that prohibit and including dressin						ے			
this. Nursing continues to try to cover it several times a day, but he continues to premove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to provide the continue to the continue to try to dress this, but he will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection. The facility and repady has developed and implemented written policies and procedures that prohibit and prevent abuse, neglect and exploitations of residents and misappropriation of resident procedures that prohibit and prevent abuse, neglect and exploitations of residents and misappropriation of resident procedures that prohibit and procedures that prohibit and prevent abuse, neglect and exploitations of residents and misappropriation of resident procedures that prohibit and an acknowledgement is signed by all staff in the facility. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice President on Always and neglect of residents on November 1, 2018 all unress and aides were			•				•		
times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to tremove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a fry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days for infection.									
at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to tremove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed dally as this may help with the odor since it was only changed every 3 days for infection to motitor as he has high risk for infection the doce in the property. Annually and as exeded, in-service are recompleted, and an acknowledgement is signed by all staff in the facility. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice President on abuse and neglect of residents and misappropriation of residents and misappropriation of resident property. Annually and as needed, in-service by the Social worker and Vice Presidents and misappropriation of resident property. Annually and as exeded, in-service by the Social worker and Vice Presidents and misappropriation of resident sand misappropriation of resident property. Annually and as needed, in-service by the Social worker and Vice Presidents and misappropriation of residents and macknowled		_							
Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odrous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only change every 3 days before. Continue to monitor as he has high risk for infection.									
continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.									
remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with he odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. residents and misappropriation of resident in seneded, in-services are completed, and an acknowledgement is signed by all staff in the facility. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice President on abuse and neglect of residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the facility. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice President on abuse and neglect of residents on November 9, 2018 to ensure in-serviced by the Director of Nursing on what cachange in condition is not when neglet is suspected. On November 15, 2018 b									
infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point. Change the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the oddr since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. In serviced by the Social worker and Vice President on abuse and neglect of residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their					residents and misappropriation of residents	lent			
Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. All staff, including PRN staff were in-serviced by the Social worker and Vice President on abuse and neglect of residents on november 9, 2018 to ensure that all staff nevel and vice President on abuse and neglect of residents on november 9, 2018 to ensure in-serviced by the Director of Nursing on what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in orondition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their		noted today. Conti	nue to monitor, high risk for			property. Annually and as needed,			
the facility. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. the facility. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice President on abuse and neglect of resident on abuse and neglect of residents on November 1, 2018 to do what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing to nursing on what a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to w		infection given his	hands always being in it.			in-services are completed, and an			
Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Confliue to monitor as he has high risk for infection. 2. All staff, including PRN staff were in-serviced by the Social worker and Vice residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and hon should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition. November 15, 2018 by the Director of Nursing that they should notify the nurse of any changes in condition including dressings that are not intact or are in need of						acknowledgement is signed by all staff	in		
AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. in-serviced by the Social worker and Vice President on abuse and neglect of residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 by the Director of Nursing on condition in-serviced by the Director of Nursing of in-serviced by the Social worker and Vice President on abuse and neglect is suspected. On November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 by the Director of Nursing on condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in a resident. Any nurse or aide not present on November 15, 2018 will receive an before. Continue to monitor as he has high risk in-service by the Director of Nursing or or-serviced on Novemb						<u> </u>			
completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. President on abuse and neglect of residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurses of any change in a resident on sovember 15, 2018 by the Director of Nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an before. Continue to monitor as he has high risk for infection.									
drainage on soiled dressing. Acute sheet completed for the physician for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. residents on November 9, 2018 to ensure that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition is and who should be notified in the event of a change in condition. November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their			_				ice		
that all staff have an understanding of what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.									
what constitutes neglect and what to do when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident so condition is and vorsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection.		_					ure		
when neglect is suspected. On November 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their		completed for the p	onysician for further instruction.			-	_		
Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. 1, 2018 all nurses and aides were in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their						——————————————————————————————————————			
revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. in-serviced by the Director of Nursing on what a change in condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident S of condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition is and who should be notified in the event of a change in condition. November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing and the family in any change in condition is and who should be notified in the event of a change in condition. November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on November 15, 2018 by the Director of Nursing on		Review of the NP's	Progress Note dated 08/14/18				Dei		
concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. what a change in condition is and who should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident □s condition in including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that they should notify the nurse of any change in a resident □s condition in including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in need of changing. The nurses were including dressings that are not intact or are in			•			•	าท		
reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. should be notified in the event of a change in condition. Aides were in-serviced on November 15, 2018 by the Director of Aursing that they should notify the nurse of any change in a resident are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition or a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their									
odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with healing. Condition are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of Nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their									
removal of skin cancer. Since he has had this done, he has not kept his dressing on this and has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with before. Continue to monitor as he has high risk for infection. November 15, 2018 by the Director of nursing that they should notify the nurse of any change in a resident □s condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the nurse of any change in a resident □s condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their									
has been frequently picking at it which has worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. of any change in a resident □s condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident □s condition including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident □s are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing and the family in any change in condition of a resident □s are in need of changing. The nurses were									
worsened it. Nursing has devised a way it seems at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. including dressings that are not intact or are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their							se		
at this point to keep the dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. are in need of changing. The nurses were in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their		has been frequentl	y picking at it which has			of any change in a resident □s condition	n		
not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. in-serviced on November 15, 2018 by the Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their		worsened it. Nursir	ng has devised a way it seems			including dressings that are not intact of	or		
healing. I do not see any signs or symptoms of infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. Director of Nursing that they should notify the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their									
infection that would warrant antibiotics at this point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. the physicians, Director of nursing and the family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their									
point. Change the dressing to a dry dressing that is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. family in any change in condition of a resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their		_				•	•		
is to be changed daily as this may help with the odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. resident. Any nurse or aide not present on November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their						• •	the		
odor since it was only changed every 3 days before. Continue to monitor as he has high risk for infection. November 15, 2018 will receive an in-service by the Director of Nursing as they report to work before beginning their							4		
before. Continue to monitor as he has high risk in-service by the Director of Nursing as they report to work before beginning their						· · · · · · · · · · · · · · · · · · ·	i on		
for infection. they report to work before beginning their									
			monitor as he has high risk						
shift All now hires will receive training on		ior imection.				shift. All new hires will receive training th			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
		345441	B. WING _				C / 16/2018
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 11/	16/2016
	10 113 211 011 001 1 21211				70 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE				ASTONIA, NC 28054		
					<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From pag	e 4	F 6	500			
	Review of the physic Resident #5's reveal dressing to left ear to a dry dressing. Review of the quarte dated 10/23/18 reveal severely cognitively extensive assistance	cian orders dated 08/14/18 for ed a new order for the be changed every day with erly Minimum Data Set (MDS) aled Resident #5 was impaired and required e with bed mobility, transfers,			abuse and neglect, change in condition and reporting change in condition durir initial classroom orientation that is conducted prior to new staff being assigned to work the floor. 3. All residents were interviewed by t social worker on November 9, 2018 to ensure they feel safe in the facility, if th feel anyone has harmed them, and if the feel they are receiving good care. All residents reported feeling safe and the	ng he ney ney	
	and personal hygiene. The MDS furi Resident #5 had behavioral symptor others 1 to 3 days during the assess and was receiving dressing changes wound type checked on the MDS.				feel the care provided to them is good. resident reported any harm. 4. On October 30th the Quality assurance nurse completed a thorough skin assessment on all residents with wounds that included visually looking at the control of	n t	
	Review of the care plan dated 10/23/18 revealed Resident #5 was care planned for removing the dressing from his left ear and picking at the area. The goal was for the staff to reapply the dressing as needed. The interventions were as follows: weekly skin assessments per facility protocol. Assist resident to reposition/shift weight frequently when up in wheelchair to reduce risk for redness or impairment at pressure points. Keep skin clean and dry. Keep nails clean and trimmed, rough edges filed.				the wounds to ensure that basic care a cleanliness had been provided and dressing changes and treatments were completed as ordered. 5. All residents with orders for assistit devices were reviewed by the Director Nursing on 12/7/18 to ensure they are receiving the appropriate assistive devias ordered. On 12/12/18 the Director on Nursing in-serviced the appropriate nurses and nursing assistants on readiting cards to ensure residents were	ve of ice f	
	10/2018 revealed all being completed as				receiving the ordered assistive device is documented on the tray card. The Certified Dietary Manager observed the dietary aids completing the tray line to ensure they are reading tray cards and	е	
	12:29 PM revealed it nurse that resident h wound. The NP was	s note dated 10/30/18 at t was reported by night shift ad maggots noted in left ear in and looked at wound. ergency room for evaluation			adding the appropriate devices as ordered. Any Nurse or nurse aide not present on 12/12/18, will receive an in-service by the Director of Nursing or tray cards and assistive devices before		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345441	B. WING			C 1/16/2018
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1710/2010
				1770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE			GASTONIA, NC 28054		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	Continued From page	e 5	F 60	0		
	and treatment possib notified, and resident non-emergent transp	•		the beginning of their shift. All n will receive training on tray card assistive devices during the initiclassroom orientation that is coprior to new staff being assigne	ls and ial nducted	
	PM as an Addendum documented revealed about 5:00 AM the N took dressing off his new dressing, foreign wound. Wound was designed to the second of the second	s note dated 11/02/18 at 2:26 with no late entry date d the following: Late entry: At A told this writer that resident wound. During application of a bodies were noted in the cleaned, and 2 foreign e left in physician's book for dity this AM.		Address What Measures Will Be Place Or Systemic Changes Ma Ensure That The Deficient Pract Not Recur: 1. All neglect policies, practice procedures and protocols were with all staff including any PRN November 9, 2018. This was do through in-servicing that was constituted in the facility social worker and	ede To tice Will es, reviewed staff on one onducted	
	Review of the hospital records dated 10/30/18 through 11/02/18 revealed Resident #5 was seen in the emergency room (ER) for evaluation of a wound infection. The Plan of Care revealed the following statement from the ER physician, "I am concerned for this patient's well-being as I do not believe that all of his maggots appeared just today. They were likely there before today. I believe that he warrants hospitalization today for aggressive wound care and intravenous antibiotics." Medical Decision Making and Plan of Care revealed there was an infestation by maggots and wound infection. The patient had numerous, very large maggots in his wound which runs very deep. It does still appear to be superficial to the skull however. Did not believe imagining was indicated but certainly extensive blood work was warranted including blood cultures.			by the facility social worker and Vice President. All new hires wi in-servicing and training on neg policies, practices, procedures a protocols during their initial class orientation prior to being assign the floor. 2. All wounds will be assesse Director of Nursing on November 2018. All wounds will be assesse Director of Nursing and the new physician on a weekly basis to eneglect and infections are not proceeded and infections are not proceeded. On November 15, 2018, The for Nursing will review the behave communication form and audit and fresidents documented to have non-compliant behaviors to enson the communication form and interventions have been put in president.	Il receive lect and ssroom led to work d by the er 15, sed by the wound ensure resent. ne Director wior all charts re lure nurses cumented I that blace. For	
		al discharge summary dated s 80-year-old male who		cognition, interventions will be of based upon the individual residual	developed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′) MULTIPLE CONSTRUCTION SUILDING		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>		
				1770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE			GASTONIA, NC 28054			
(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) COMPLETION DATE	
F 600	F 600 Continued From page 6 presented from skilled assisted living facility with a wound infection was noted to have a wound over his left ear that had been chronic and biopsied in the past and was noted to be cancer. He was noted to have maggots around his left ear wound. He was given intravenous antibiotics and admitted to the hospital. He was transitioned to by mouth antibiotics prior to discharge. A wound consult was placed, and it was recommended that the patient be placed on twice a day/as needed wound care with Dakins solution, a strong antiseptic that kills most forms of bacteria and viruses then cover with a moist gauze dressing.		F 60	behavior to ensure that sever cognitive residents do not suf	fer from		
				neglect due to non-compliant 4. All dietary aides and cool in-serviced by the Certified Di Manager on 12/7/18 on how t cards and ensure the required	ks will be ietary o read tray d device is		
				put on the resident tray as do the tray card. The Certified Di Manager will audit two meals for two weeks, weekly for two monthly time three months to	etary a day daily weeks and		
				residents needing assistive de meals have their ordered assi The Certified Dietary Manage document all observations an	evices with istive device. r will d report		
	with Nurse #1 revealed from the time he was discharged to the hose #5 was admitted with upper ear and they we every three days. She pick at his wound und dressing off. She state greenish/tan odorous notified the NP and we the dressing every day would clean the wour cover with a dry dressing discharge with the trees would clean the wour cover with a dry dressing every with a dry d	ed on 11/14/18 at 10:42 AM ed she cared for Resident #5 admitted to the day he was spital. She stated Resident a wound above his left ere changing his dressing e stated Resident #5 would der his dressing and take his ted when she observed the drainage on 08/14/18 she who wrote an order to change ay. Nurse #1 stated they and with wound cleanser and sing once a day. She further idn't remove his dressing		Indicate How The Facility Plan Monitor It s Performance To That Solutions Are Sustained Must Develop A Plan For Ens Correction Is Achieved And S. 1. The Quality Assurance C QAPI Committee and the Medand Wound Physician have be of this plan and commit their sassisting the facility with achie sustaining compliance with the citation. The QAPI Committee notified on November 11, 201	ns To Make Sure . The Facility uring That ustained: committee, dical Director een apprised support to eving and is alleged e was		
	every day, it was more She stated she wasn in place to keep him removing the dressin she had never observed.	re when he was anxious. I't aware of any interventions from picking at his wound or g. Nurse #1 further stated yed maggots in Resident morning he was sent out to		2. The Director of Nursing wound assessment rounds ar charts to ensure documentation of physician due to resident wound conditions will presented at monthly QA meet quarterly to the QAPI Commit evaluation to determine if the	s weekly and audit of on, o change in I be etings and ttee for		

PRINTED: 12/13/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING				C	
NAME OF D	ROVIDER OR SUPPLIER	343441	3:		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER							
ALEXAND	RIA PLACE				770 OAK HOLLOW ROAD			
				(GASTONIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 600	Continued From pa	ge 7	F	600	adequate and if determined it is not, the			
	Interview conducted on 11/14/18 at 2:24 PM with Nurse #2 revealed he was working the 11:00 PM to 7:00 AM shift on 10/30/18 when the NA told him Resident #5 had taken off his dressing over his left ear. Nurse #2 stated he went in to replace the dressing and as he was cleaning it with				will devise and re-implement a system ensure the alleged deficient practice of not occur again. 3. The review done by the			
					interdisciplinary team on all residents non-compliant behavior will be presen			
	wound cleanser he saw 2 maggots, which he				to the QA committee monthly and the			
	removed from the wound. He stated he covered				QAPI committee quarterly.			
		dressing and put a note in the			4. All policies, procedures and proto	cols		
	1	r the NP to see him later that			pertaining to neglect will be reviewed	. .		
	_	further stated he never had to			quarterly by the QAPI Committee for t			
	I -	5's wound dressing during the the first time he had observed and.			next 3 quarters and annually thereafter appropriateness in preventing neglect 5. The Quality Assurance Committee be responsible for reviewing all audits completed by the Certified Dietary	e will		
	Interview conducted	d on 11/14/18 2:54 PM with the			Manager. They audits will be presented	d to		
	_	tioner stated Resident #5 had			the Quality Assurance Committee for			
		er his left ear from a cancer			evaluation monthly for 12 months. The	;		
		e stated the family didn't want			Quality Assurance Committee will be			
	1	tion or chemotherapy for the			charged with ensuring that correction			
		treatment for the wound. She			achieved and sustained, or new plans	Of		
		ought the wound looked and never cultured or measured			correction are devised to achieve and maintain substantial compliance. The			
		ted she never considered a			Administrator will be responsible for			
		Resident #5 because he picked			implementing this plan of correction.			
		time and she didn't think a			implementing the plan of correction.			
		ld benefit him. The NP stated						
	she did not expect s	staff to do weekly						
	measurements or w	eekly documentation of						
		d. The NP stated she had not						
	assessed Resident	#5's wound in about 2 months						
		ed to look at it on 10/30/18.						
		nd had maggots in it that						
		rote an order for him to be						
	-	for evaluation. The NP stated						
		rom Resident #5 picking at his						
	wound and removing	ig nis aressing.						

Facility ID: 923196

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF IDENTIFICATION		1 ' '			(X3) DATE SURVEY COMPLETED	
		345441	B. WING	-			C 16/2018
	ROVIDER OR SUPPLIER		-	1	STREET ADDRESS, CITY, STATE, ZIP CODE 770 OAK HOLLOW ROAD GASTONIA, NC 28054	1 117	16/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From pag	e 8	F	600			
	11/14/18 at 3:11 PM with Resident #5 and would let the nurse k it. She stated Reside the wound and remo An interview conduct with the facility Physi wounds came from fl wound. He stated the	red with Nurse Aide #1 on revealed if she was working I his dressing wasn't on she now and they would replace int #5 constantly picked at wed his dressing often. The don 11/15/18 at 3:11 PM cian revealed maggots in its laying eggs on the ey started growing within 8 to ger they were the longer they the wound.					
	with Nurse #3 reveal Resident #5's dressil and 10/29/18 and ha any signs or symptor Nurse #3 further reve measurements or sk #5's wound above hi treated as a pressure An interview conduct with the Director of N	ng on 10/27/18, 10/28/18, d not observed maggots or ms of infection in his wound. ealed she didn't do weekly in assessments for Resident is ear since it wasn't being e area.					
		e should have been ekly skin assessments ent #5's wound over his left					
	On 11/14/18 at 5:12	PM the Administrator and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345441	B. WING		C 11/16/2018	
	ROVIDER OR SUPPLIER	1 0000		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	11/10/2016	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION	
F 600	Immediate Jeopardy On 11/16/18 the faci	ident were notified of '. lity provided a credible	F 60	00		
	Immediately after leafollowing intervention Director of Nursing a Assurance Nurse: 1. Resident #5 was evaluation and treatr lesion On October 3 staff had noted that it the wound. Per the ridid not return to this 2. On October 30, nurse completed a the	2018 the Quality Assurance norough skin assessments				
	other residents' wou foreign bodies, infect staff. 3. The Director of Assurance nurse beconcerning these resident when it was first note removed the dressin noted that the dressin made on the resident October 30th when the missing. The facility dressing daily and to open cancerous lesionitments or other trestaff.	wounds and noted that no nds showed any evidence of tion, or neglect by nursing nursing and Quality gan interviewing nursing staff sidents' wounds to determine I treatment was done and led that the resident #5 had g from the wound. Staff had ling was intact during all round in the until the 5am round on the dressing was noted to be had an order to change the ouse dry dressings on the con. There were no orders for leatments due to resident #5's the wound and to eat the				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVE	Υ
		345441	B. WING		C 11/16/201	18
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		10
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMP	X5) PLETION ATE
F 600	scabs and other mathan staff intervenir resident when he wound, no other into the resident's cognibeing able to under wound alone. An in immediately on Oct was not suspected. Not sent in due to not sent	aterial from the wound. Other ag and re-directing this as noted to be picking at the erventions were in place as tive status prevented him from stand the need for leaving the house investigation began ober 31, 2018 and neglect A 24 -hour initial report was eglect not being suspected. aff collected during the iews that were done by the show that staff were aware of any the dressing and that they en he was observed doing so. Bective Action Will Be Those Residents Having acted By The Same Deficient earning of the incident on the following interventions were be Director of Nursing and the assurance Nurse: Beady has developed and an policies and procedures that the abuse, neglect and dents and misappropriation of annually and as needed,	F 600			

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345441	B. WING _			C 1 1/16/2018	
	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP CO 1770 OAK HOLLOW ROAD GASTONIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 600	condition. Aides w 15, 2018 by the Di should notify the n resident's condition not intact or are in were in-serviced o Director of Nursing physicians, Director any change in con or aide not present receive an in-servi as they report to w All new hires will re neglect, change in change in condition orientation that is of being assigned to 3. All residents w worker on Novemb safe in the facility, them, and if they for care. All residents feel the care provior resident reported a 4. On October 30 completed a thoror residents with woul looking at the woul and cleanliness ha changes and treat ordered. Address What Mea Or Systemic Chan Deficient Practice 1. All neglect pol and protocols were	iffied in the event of a change in ere in-serviced on November rector of Nursing that they urse of any change in a including dressings that are need of changing. The nurses in November 15, 2018 by the part of nursing and the family in dition of a resident. Any nurse it on November 15, 2018 will one by the Director of Nursing ork before beginning their shift. Here is training on abuse and condition, and reporting in during initial classroom conducted prior to new staff work the floor. Were interviewed by the social one 9, 2018 to ensure they feel if they feel anyone has harmed evel they are receiving good reported feeling safe and they ded to them is good. No any harm. Of the Quality assurance nurse ugh skin assessment on all inds that included visually inds to ensure that basic care ind been provided and dressing ments were completed as	F	500			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C I 1/16/2018	
	NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		11/16/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 600	conducted by the factoric facility Vice Presidentin-servicing and train practices, procedures initial classroom orier assigned to work the 2. All wounds will be Nursing on November to see assessed by the Dearwood physician neglect and infection 3. On November 18 Nursing will review the form and audit all charton have non-complian nurses notes include on the communication have been put in place severely impaired condeveloped based upon behavior to ensure the cognitive residents do non-compliant behavior to ensure the cognitive residents do n	gh in-servicing that was illity social worker and the t. All new hires will receive ing on neglect policies, is and protocols during their natation prior to being floor. It is assessed by the Director of it is 2018. All wounds will Director of Nursing and the in on a weekly basis to ensure is are not present. It is a present in the behavior communication in the behaviors to ensure the behaviors documented in form and that interventions is it. For residents with graition, interventions will be on the individual resident's it is at severely impaired in not suffer from neglect due in aviors. It is esure That Solutions Are it is Must Develop A Plan For it is a sufficient of this plan and to assisting the facility with ning compliance with this QAPI Committee was	F 6				

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		PLE CONSTRUCTION G	(X3)	(X3) DATE SURVEY COMPLETED		
		345441	B. WING			C
	ROVIDER OR SUPPLIER	J 340441		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	<u> </u>	11/16/2018
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	change in resident work presented at monthly to the QAPI Committed determine if the systed determined it is not, to re-implement a systed deficient practice does 3. The review done on all residents with the presented to the Capital Committee 4. All policies, procepertaining to neglect the QAPI Committee annually thereafter for preventing neglect. Date of compliance North Administrator will implementing this plant Immediate Jeopardy 12:26 PM when facility demonstrated they have and neglect report of change in compliance in compli	ound conditions will be QA meetings and quarterly ee for evaluation to em is adequate and if hey will devise and m to ensure the alleged es not occur again. e by the interdisciplinary team non-compliant behavior will QA committee monthly and quarterly. edures and protocols will be reviewed quarterly by for the next 3 quarters and or appropriateness in November 16, 2018 I be responsible for in of correction. was removed on 11/16/18 at ty staff were interviewed and ad been trained on the topics , change in condition, and ondition.	F 6			
		admitted to the facility ses including Parkinson's dination, and muscle				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		345441	B. WING			C 11/16/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	I	11/16/2016
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	Continued From pa	ge 14	F 60	00		
	dated 08/09/18 reviseverely impaired for supervision with ear Resident #2's care 11/01/18 revealed secup with meals. (A shaped cut out on ousing it to drink with tilting their head.) Review of Resident 09/01/17 revealed secup with meal trays Observation of Resident of the container of the container of the container. There we have the container. There we resident #2's meal An interview with the 11/15/18 at 8:39 AM responsible for putter trays and she was anot receive a nosey.	plan for nutrition last updated she was to receive a nosey nosey cup is a cup with a upone side that allows the person nout bending their neck or a #2's Physician orders dated she was to receive a nosey dident #2 on 11/13/18 on 12:32 as feeding herself and her everages were in regular there was no nosey cupent #2's meal tray. Indent #2 on 11/15/18 at 8:12 as eating breakfast with her quid beverages in their original ras no nosey cup observed on tray. The Dietary Manager on the provided the kitchen was ing nosey cup on residents' not sure why Resident #2 did to cup on her tray. The Speech Therapist on				
	the recommendation	A revealed he did not make in for Resident #2 to receive a the Speech Therapist that				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
			7 50.25.			,	С	
		345441	B. WING			11/	16/2018	
	ROVIDER OR SUPPLIER			17	TREET ADDRESS, CITY, STATE, ZIP CODE 770 OAK HOLLOW ROAD ASTONIA, NC 28054			
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 656 SS=D	An interview with the on 11/16/18 at 9:55 A that Resident #2 had nosey cup on her meroffer any reason as to see why Resident #2 cup. The DON stated nosey cup Resident # cup. An interview with the 1:18 AM revealed she to be followed and if a receive a nosey cup to the nosey cup. Develop/Implement CCFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The faci implement a compreheare plan for each resident rights set for §483.10(c)(3), that incobjectives and timeframedical, nursing, and needs that are identificated assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and	before him made the he agreed with the felt it was helpful for e to drink needed fluids. Director of Nursing (DON) M revealed she was aware not been receiving the al tray. The DON did not be why she did follow up to did not receive the nosey of if the Physician ordered the expected Physician orders a resident had orders to the resident should receive the nosey of the resident should receive the nose of the nos		600			12/14/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	_) ا	C	
		345441	B. WING				16/2018	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		10/2010	
				1	770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE				GASTONIA, NC 28054			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 656	Continued From page	e 16	F	656				
		would otherwise be required		000				
		.25 or §483.40 but are not						
		esident's exercise of rights						
		ding the right to refuse						
	treatment under §483	•						
	_	ervices or specialized						
		s the nursing facility will						
	provide as a result of							
	recommendations. If							
	_	RR, it must indicate its						
	rationale in the reside							
	(iv)In consultation wit							
	resident's representa							
	' '	als for admission and						
	desired outcomes.	of a variance and material for						
		eference and potential for illities must document						
	_	s desire to return to the						
		ssed and any referrals to						
	-	s and/or other appropriate						
	entities, for this purpo							
		n the comprehensive care						
		in accordance with the						
	' ' ' '	h in paragraph (c) of this						
	section.							
	This REQUIREMENT by:	is not met as evidenced						
	- ·	iew and staff interviews the			Alexandria Place ☐s response to this			
		the care plan to implement			survey report does not constitute			
	-	ents and reapply dressing			agreement with the statement of			
	_	maggot infestation for 1 of			deficiencies; nor does it constitute an			
		vith having maggots in a			admission that any stated deficiency is			
	wound (Resident #5)				accurate. We are submitting the POC because it is required by law.			
	The findings included	l:				ho		
	Pasident #5 was ada	nitted to the facility on			A. Address how corrective action will			
	02/20/18 with diagnost	nitted to the facility on			accomplished for each resident found to be affected by the deficient practice an			
	unspecified dementia	* ·			what led to this deficiency being cited.	u		

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		I DENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING _			1	C / 16/2018	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	16/2016	
	10 115211 011 001 1 21211				770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE				ASTONIA, NC 28054			
				_	·			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 656	Continued From page	ge 17	F 6	656				
	disturbance, hyperli	pidemia, muscle weakness,			It is the policy of Alexandria Place to			
		and depression. There was no diagnosis of a			ensure care plans are initiated and			
	wound for Resident				followed appropriately. The appropriate	е		
					nursing staff were immediately re-train			
	There were no docu	imented wound assessments			on completing weekly skin assessmen			
	completed for Resid	dent #5 from his admission of			and documentation. They were also			
	01/29/18 until his di	scharge of 10/30/18.			immediately re-trained on following car	re		
					plans. The records cannot be amende	d		
	Review of the care	plan dated 10/23/18 revealed			retrospectively due to Resident #5 beir	ng		
		re planned for removing the			discharged from the facility to the hosp			
		ft ear and picking at the area.			for treatment. Resident #5□s responsi			
	The goal was for the staff to reapply the dressing party chose no		party chose not to re-admit Resident #	5 to				
		ed. The interventions were as follows: Alexandria Place.						
	-	ments per facility protocol.			B. Address how corrective action will			
		position/shift weight			accomplished for those residents having	ng a		
		in wheelchair to reduce risk			potential to be affected by the same			
		irment at pressure points.			deficient practice.			
		d dry. Keep nails clean and			All residents have the potential to be			
		es filed. The previous care			affected by the deficient practice. The			
		reviewed due to them being			Director of Nursing and the MDS			
	were updated.	lectronic document when they			Coordinator audited all care plans with wounds for accuracy and completion of			
	were upuateu.				12/7/18. The Director of Nursing audite			
	Current physician or	rders dated 08/14/18 for			all weekly skin assessments on 12/7/1			
		led a new order for the			ensure they are accurate and being	0 10		
		to be changed every day with			completed weekly. All residents with			
	a dry dressing.	to be changed every day with			wounds were audited and reviewed on	ı		
	a a., a. eeeg.				12/7/18 by the MDS Coordinator to en			
	Review of the quart	erly Minimum Data Set (MDS)			their prospective wound type is	J		
	-	ealed Resident #5 was			documented in the MDS. No other			
		impaired and required			residents were found to be affected.			
	, ,	e with bed mobility, transfers,						
		ne. The MDS further revealed			C. Address what measures will be pu	ut		
	Resident #5 had be	havioral symptoms toward			into place or systematic changes made			
	others 1 to 3 days d	luring the assessment period			ensure that the deficient practice will n	ot		
		Iressing changes with no			occur.			
	wound type checked	d on the MDS.			All licensed nurses will be receiving an	i		
					in-service by the Director of Nursing or	1		
	Review of the facility	y Treatment Record for			12/10/18 on completing weekly skin			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDII				
		345441	B. WING_				16/2018
NAME OF P	ROVIDER OR SUPPLIER	•	•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
AL EVAND	RIA PLACE			17	770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE			G	ASTONIA, NC 28054		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From page 10/2018 revealed all being completed as of Review of the nurse's 12:29 PM revealed it nurse that resident has wound. The NP was it Order to send to eme and treatment possib notified, and resident non-emergent transport transpo	treatments were checked as ordered. Is note dated 10/30/18 at was reported by night shift ad maggots noted in left ear in and looked at wound. If gency room for evaluation le surgical debridement. RP transported via ort. Is note dated 11/02/18 at 2:26 with no late entry date if the following: Late entry: At A told this writer that resident wound. During application of a bodies were noted in the eleaned, and 2 foreign is left in physician's book for		656		for es. neir on '18 on udit ir d, ed	
	with Nurse #1 revealed from the time he was discharged to the hose #5 was admitted with upper ear and they we every three days. She pick at his wound underessing off. She state greenish/tan odorous notified the NP and we the dressing every day would clean the wour cover with a dry dress.	ed she cared for Resident #5 admitted to the day he was spital. She stated Resident a wound above his left ere changing his dressing e stated Resident #5 would der his dressing and take his ed when she observed the drainage on 08/14/18 she who wrote an order to change ay. Nurse #1 stated they and with wound cleanser and sing once a day. She further dn't remove his dressing			D. Indicate how the facility plans to monitor the measures to make sure the solutions are sustained. The facility mudevelop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility. The Quality Assurance Committee will responsible for reviewing the audits	st I.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING _			1	C 1/16/2018
	ROVIDER OR SUPPLIER			177	REET ADDRESS, CITY, STATE, ZIP CODE 70 OAK HOLLOW ROAD ASTONIA, NC 28054		1710/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 656	Continued From page 19 every day, it was more when he was anxious.			556	completed by the Director of Nursing ar		
	every day, it was more when he was anxious. She stated she wasn't aware of any interventions in place to keep him from picking at his wound or removing the dressing and she did not document weekly skin assessments of the wound.				the MDS Coordinator. The audits will be presented to the Quality Assurance Committee for evaluation monthly for months. The Quality Assurance Committee and DON will be charged wensuring that corrections are achieved.	12 vith	
	on 11/14/18 at 3:11 working with Reside on she would let the replace it. She state	ted with Nurse Aide (NA) #1 PM revealed if she was nt #5 and his dressing wasn't nurse know and they would d Resident #5 constantly and removed his dressing	and sustained, or new plans of correct are devised to achieve and maintain substantial compliance. The Administ		ator		
	with NA #2 revealed often and he would left ear and take the	sted on 11/15/18 at 11:54 PM she worked with Resident #5 pick at his wound above his dressing off most days. She se showers or nail care often.					
	with Nurse #3 reveal Resident #5's dress and 10/29/18 and had any signs or sympton Nurse #3 further sta	ated on 11/16/18 at 9:40 AM led she had changed ing on 10/27/18, 10/28/18, ad not observed maggots or ms of infection in his wound. ted she did not document nents of Resident #5's wound					
	with the Director of I expectation that the stated there should	eted on 11/16/18 at 10:30 AM Nursing revealed it was her care plan be followed. She have been weekly skin eted for Resident #5's wound					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		345441	B. WING		11/16/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	1111012010
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 684 SS=J	§ 483.25 Quality of or Quality of care is a frapplies to all treatment facility residents. Base assessment of a resist that residents receive accordance with proportice, the comprecare plan, and the residents receive and Physician interviprovide care and treatment accordance with accor	andamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure e treatment and care in fessional standards of hensive person-centered esidents' choices. T is not met as evidenced view, staff, Nurse Practitioner, iews, the facility failed to atment to a wound in epted professional standards in one resident's wound and infested with maggots and tion. This was evidenced in 1 not reviewed for maggots began on 10/30/18 when a credible allegation of removal. The facility will ance at a lower scope and o actual harm with a potential it is not Immediate Jeopardy) of systems are put in place ployee in-service.	F 684	Alexandria Place s response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it is required by law. Address How Corrective Action (S) Wi Be Accomplished For Those Residents Found To Have Been Affected By the Deficient Practice: Immediately after learning of the incide the following interventions were put int place by the Director of Nursing and the Corporate Quality Assurance Nurse: 1. Resident #5 was sent to the hosp for evaluation and treatment of the operance concerous lesion on October 30, 2018 The facility nursing staff had noted that the resident #5 had maggots in the wound. Per the resident s family s request, he did not return to the facility 2. On October 30, 2018 the Quality Assurance nurse completed a thorouge.	III sent too ne ital en . t
	1	oses of hypertension,		skin assessments on all residents with	

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345441	B. WING		C 11/16/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	11/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 684	Continued From pag		F 68	4	
	unspecified dementia without behavioral disturbance, hyperlipidemia, muscle weakness, and depression.			wounds and noted that no other residents wounds showed any evident of foreign bodies, infection, or neglect nursing staff.	
	completed for Resid 01/29/18 until his dis	lmented wound assessments lent #5 from his admission of scharge of 10/30/18.		3. The Director of nursing and Qua Assurance nurse interviewed nursing between October 31st and Novembe 2018 concerning this resident s wou determine when the last wound treatr	staff r 1, nd to
	revealed Resident#	5 should have a ing applied to the wound over		was done and when it was first noted resident #5 had removed the dressing some point between the late evening	that g at of
	Review of the nurse revealed the following	's notes for Resident #5 ng:		October 29th and early morning Octo 30, 2018. Staff interviews showed th the dressing was noted to be intact through the day on October 29, 2018	at
	at area above left easide of head. Area	I Resident observed picking ar. Blood noted dripping down cleansed, and dry dressing ontinues to pick at area.		into the evening/night on October 29, 2018. Staff had noted that the dressir was intact during all rounds made on resident up until the 5am round when	ng the
	03/01/18 - Dressing new one applied.	to left ear is not present and		dressing was noted to be removed. Statements from staff also spoke to the spoke prior to October 30th 2018 and resident #5 was noted not to have maggots in the wound prior to 5am of the spoke.	
	notes dated 03/13/1 skin cancer of the so and continued to rer wound over his left of dressing over suspensive his left ear. His drainage. Will continue this is a risk to other ends up in places the	e Practitioner (NP) progress 8 revealed Resident #5 had a calp removed with a wound move dressing from the ear. He refused to leave the ected area of skin cancer le was having some minimal nue to monitor, as potentially r residents if his drainage nat another patient will touch.		October 30th 2018. The facility had a order to change the dressing daily an use dry dressings on the open cance lesion. There were no orders for any ointments due to resident s propens pick at the wound and eat scabbed material from the wound. Other than intervening and redirecting resident # when he was noted to be picking and eating at the dressing/wound, no other	n d to rous ity to staff 5
	There were no signs at this time, but he is this. He and his fam	s and symptoms of infection s certainly high risk related to illy have opted for no further t related to this at this time.		interventions were in place Address How Corrective Action Will E Accomplished For Those Residents Having Potential To be Affected By TI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE C A. BUILDING A. BUILDING		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
	345441	B. WING _			,
	-		STREET ADDRESS, CITY, STATE, ZIF 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	•	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACCROSS-REFERENCED TO	CTION SHOULD BE COMPLE O THE APPROPRIATE DAT	ETION
Review of the NP Pr revealed Resident # report that he had so wound on the left sid has had this wound excision related to a at the wound and it I this. Nursing continu- times a day, but he of at it. Plan - He continu- Will likely continue to continue to try to dre remove. No signs ar noted today. Continue	rogress Note dated 05/31/18 5 was seen due to nursing ome green drainage from the de of his head this AM. He for several months after an cancer. He continues to pick has not healed because of ues to try to cover it several continues to remove and pick nues to pick at this lesion. To be open. Nursing will east this, but he will continue to and symptoms of infection ue to monitor, high risk for	F 6	Same Deficient Practice: Immediately after learning the following intervention: place by the Director of N Corporate Quality Assura 1. On October 31, 2018 Assurance nurse complet skin assessments on all r wounds and noted that no residents□ wounds show of foreign bodies, infectio nursing staff. 2. On November 2, 201 signed a contract with a w physician in order to get a wound care physician con over the treatment and pr wounds in the facility. The	s were put into lursing and the nce Nurse: 3 the Quality ted a thorough residents with to other red any evidence n, or neglect by 8 the facility round services a designated ntracted to take rescribing of re wound	
AM revealed Resider completed this am. If drainage on soiled of completed for PEC to the Review of the NP's If revealed Resident # concern about the wareports that he has a dorous drainage. To removal of skin candidone, he has not ke has been frequently worsened it. Nursing at this point to keep not able to touch it, versions are side of the side of th	ent #5's dressing to left ear Noted odorous greenish/tan Iressing. Acute sheet for further instruction. Progress Note dated 08/14/18 5 was seen today for nursing round above his left ear. She had some greenish/tan This is a persistent wound cer. Since he has had this pt his dressing on this and picking at it which has g has devised a way it seems the dressing on so that he is which will certainly help with		31, 2018. 3. All nurses and aides by the Director of Nursing change in condition is an notified in the event of a condition on November 1 were in-serviced by the D Nursing on November 1, should notify the nurse or change in a resident □ so dressings that are not into being changed. The nursin-serviced on November Director of Nursing that the physician, the directo the family of any change residents and non-complicare or removing dressings	were in-serviced g on what a d who should be change in , 2018. Aides director of 2018 that they in the unit of any condition including fact or in need of ses will be 15, 2018 by the ney should notify or of nursing and in condition of ance with wound g. For the nurses	
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page Review of the NP Pr revealed Resident # report that he had so wound on the left sid has had this wound excision related to a at the wound and it I this. Nursing continu times a day, but he o at it. Plan - He continu Will likely continue to continue to try to dre remove. No signs ar noted today. Continue infection given his had Review of the nurse AM revealed Reside completed this am. I drainage on soiled of completed for PEC for Review of the NP's I revealed Resident # concern about the w reports that he has he odorous drainage. T removal of skin can done, he has not ke has been frequently worsened it. Nursing at this point to keep not able to touch it, healing. I do not see	TORRECTION IDENTIFICATION NUMBER: 345441 ROVIDER OR SUPPLIER	ROVIDER OR SUPPLIER RIA PLACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 Review of the NP Progress Note dated 05/31/18 revealed Resident #5 was seen due to nursing report that he had some green drainage from the wound on the left side of his head this AM. He has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5 was seen today for nursing concern about the wound above his left ear. She reports that he has had some greenish/tan odorous drainage. This is a persistent wound removal of skin cancer. Since he has had this done, he has not kept his dressing on so that he is not able to touch it, which will certainly help with healing. I do not see any signs or symptoms of	ROUIDER OR SUPPLIER RIA PLACE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. IDENTIFYING INFORMATION) Review of the NP Progress Note dated 05/31/18 revealed Resident #5 was seen due to nursing report that he had some green drainage from the wound on the left side of his head this AM. He has had this wound for several months after an excision related to a cancer. He continues to pick at the wound and it has not healed because of this. Nursing continues to try to cover it several times a day, but he continues to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to try to dress this, but he will continue to remove. No signs and symptoms of infection noted today. Continue to monitor, high risk for infection given his hands always being in it. Review of the nurse's note dated 08/13/18 11:35 AM revealed Resident #5's dressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear completed this am. Soit dated 08/14/18 revealed Resident #5's dressing to left ear completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's acressing to left ear completed this am. Noted odorous greenish/tan drainage on soiled dressing. Acute sheet completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear completed for PEC for further instruction. Review of the NP's Progress Note dated 08/14/18 revealed Resident #5's dressing to left ear comp	A BUILDING 345441 ROUNDER OR SUPPLIER RIA PLACE SUMMARY STATEMENT OF DEPICIENCIES (PLACE) DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY ON LSC IDENTIFYING INFORMATION) Continued From page 22 Continued From page 22 F 684 Review of the NP Progress Note dated 05/31/18 revealed Resident #5 was seen due to nursing report that he had some green drainage from the wound on the left side of his head this AM. He wound and and it has not healed because of this. Nursing continues to pick at this lesion. Will likely continue to the open. Nursing will continue to the yot oriess this, but he will continue to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to be open. Nursing will continue to the yot of ress this, but he will continue to remove and pick at it. Plan - He continues to pick at this lesion. Will likely continue to to price of the present will be a continued to make the wound and removal of skin cancer. Since he has had this wound removal of skin cancer. Since he has had this wound removal of skin cancer. Since he has had this wound removal of skin cancer. Since he has had this wound removal of skin cancer. Since he has had this wound removal of skin cancer. Since he has had this in a this point to keep the dressing on so hat he is not able to touch it, which will certainly help with habiling. I do not see any sligns or symptoms of infection not wound a since the precision of wounds and noted that the skin cancer. Since he has had this once he has not keep the dressing on so that he is not able to touch it, which will certainly help with habiling. I do not see any sligns or symptoms of infection not wormed to have not seen any sligns or symptoms of the family of any change in condition of residents and non-compliance with wound acre or removing dressing. For the nurses and adia to present on November 15, 15.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	0.0111	 	STREET ADDRESS, CITY, STATE, ZIP CODI		1/16/2018	
TVAIVIL OF T	TOVIDER OR OUT FILE				-		
ALEXAND	RIA PLACE			1770 OAK HOLLOW ROAD			
				GASTONIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 684	Continued From page	e 23	F 68	34			
	is to be changed dail odor since it was only	essing to a dry dressing that y as this may help with the y changed every 3 days nonitor as he has high risk		Director of Nursing as they replace to ensure they are re-educate they begin their shift. 4. All wound orders were aureviewed by the Director of Nuthe Corporate Quality Assurar November 14, 2018 to ensure	d before dited and ursing and nce nurse on		
	Review of the physician orders dated 08/14/18 for Resident #5's revealed a new order for the dressing to left ear to be changed every day with a dry dressing.			are being done as ordered an dressings were intact. This au reviewed with the wound phys November 21, 2018. 5. All residents who are kno the behavior of non-compliance.	dit will be iician on wn to exhibit		
	dated 10/23/18 reveal severely cognitively in extensive assistance and personal hygiene	mpaired and required with bed mobility, transfers, b. The MDS further revealed eiving dressing changes with		wound care will be re-assessed Interdisciplinary Team to ensu appropriate interventions are it appropriate interventions will be place by November 16, 2018. Intervention that is found to be place it will be re-initiated immore.	ed by the re that n place and be put in For any e out of lediately,		
	Resident #5 was care dressing from his left The goal was for the as needed. The interweekly skin assessm Assist resident to repfrequently when up ir for redness or impain Keep skin clean and trimmed, rough edge Review of the facility 10/2018 revealed all	n wheelchair to reduce risk ment at pressure points. dry. Keep nails clean and s filed. Treatment Record for treatments were checked as		and staff will be re-trained on importance of maintaining interpretations with severely incognition, interventions will be based upon the individual resistence of the behavior to ensure that a severely impaired cognitive resident of the standard and oriented residents where we deducation by November 16, 20 regarding possible negative of non-compliance with dressing and leaving dressings intact. A will be in-serviced on Novembon the procedure for the behavior and the standard form. This form	ervention. Impaired I developed I receive I receive		
	being completed as of Review of the nurse's	ordered. s note dated 10/30/18 at		communication form. This form staff to write in the date, reside behaviors noted and what intended they initiated at that time and the state of the	ents name, erventions		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345441 B. WING			C 11/16/2018			
NAME OF D	ROVIDER OR SUPPLIER	0.01.1		9	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	16/2016
TVAIVIL OF T	TOVIDER OR OUT FEEL				770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE						
					GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	REFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 684	Continued From pag	e 24	F	684			
	12:29 PM revealed it	was reported by night shift			those interventions were effective. For		
		maggots noted in left ear			the nurses and aids not present on		
		ractitioner (NP) was in and			November 15, 2018 they will be		
		der to send to the emergency			in-serviced by the Director of Nursing a	ıs	
		and treatment possible			they report to work to ensure they are		
		. The responsible party was			re-educated before they begin their shi	ft.	
	non-emergent transp				Address What Measures Will Be Put Ir	nto	
	non omorgani adnopora				Place Or Systemic Changes Made To		
					Ensure That The Deficient Practice Wil	I	
	Review of the nurse's	s note dated 11/02/18 at 2:26			Not Recur:		
	PM as an Addendum	with no late entry date			1. All nursing staff will be in-serviced	by	
	documented revealed the following: Late entry: At				the Director of Nursing before the start		
	about 5:00 AM the N	urse Aide (NA) told this writer			their shift on November 15, 2018 on ho		
	that resident took dre	essing off his wound. During			to complete and document on a behavi	ior	
	application of new dr	essing, foreign bodies were			communication form all noted behavior	s	
	noted in the wound.	Wound was cleaned, and 2			including non-compliant behavior. For a	any	
	foreign bodies remov	ed. Note left in physician's			nurse or aide that is not present on		
	book for NP who is d	ue in facility this AM.			November 15, 2018, they will receive a	ın	
					in-service as they report to work before	;	
					the start of their shift by the Director of		
	Review of the hospital	al records dated 10/30/18			Nursing. Staff will turn in the behavior		
	through 11/02/18 rev	ealed Resident #5 was seen			communication forms to the Director of	:	
		om (ER) for evaluation of a			Nursing once they have completed the	m.	
		Plan of Care revealed the			All housekeeping, laundry, dietary,		
	_	rom the ER physician, "I am			maintenance and administrative staff w	/ill	
		tient's well-being as I do not			be educated on the importance of		
		maggots appeared just			reporting behaviors to the unit nurse by		
		ely there before today. I			November 15, 2018.All new hires will b		
		ints hospitalization today for			educated during their initial orientation		
	aggressive wound ca				the communication of behaviors include	-	
		Decision Making and Plan of			non-compliant behavior before they are	9	
		was an infestation by			released to work on the floor.		
		infection. The patient had			2. For any resident with non-complian	nt	
		e maggots in his wound			behaviors noted on the behavior		
	which runs very deep. It does still appear to be				communication form, the Interdisciplina	-	
	-	Il however. Did not believe			team will review interventions weekly the	nat	
		ted but certainly extensive			are in place to ensure that these		
blood work was warranted including blood				interventions are effective in ensuring t	ne		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345441 B. WING			C 11/16/2018				
NAME OF PI	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	10/2010	
					770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE				GASTONIA, NC 28054			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684	Continued From pag	e 25	F 6	84				
	cultures.				resident remains free from			
	oditareo.				non-compliance to as the high of a deg	ıree		
					as possible. For resident s with severe			
	Review of the hospita	al discharge summary dated			impaired cognition, interventions will be			
		is 80-year-old male who			developed based upon the individual			
		ed assisted living facility with			resident□s behavior to ensure that a			
	•	as noted to have a wound			severely impaired cognitive resident □s	,		
	over his left ear that	had been chronic and			wound dressings remain intact at all			
	biopsied in the past a	and was noted to be cancer.			times.			
		e maggots around his left ear			The Director of Nursing will inspec			
	_	n intravenous antibiotics and			each wound in the facility to ensure that			
		ital. He was transitioned to by			the wound is free of foreign bodies, sig			
		or to discharge. A wound			of infection, and neglect. These rounds			
	-	and it was recommended			will begin November 15, 2018. For any			
		aced on twice a day/as			wound that shows a negative change in			
		with Dakins solution, a strong			condition the Director of Nursing will al	so		
	-	ost forms of bacteria and			review residents medical records to			
	viruses then cover w	ith a moist gauze dressing.			ensure that the physician was notified	of		
	D : 1 / //= 1:				the change in condition.			
		charged from the hospital to			4. The Director of Nursing □s	124		
	a different skilled nur	sing facility on 11/02/18.			observations will be recorded on a Qua			
					Assurance form and will be presented to			
	An intensious conduct	ted with Nurse Aide #1 on			the interdisciplinary team each week for review and discussion to ensure that	ır		
		revealed if she was working			wounds remain free of signs of neglect	on		
		his dressing wasn't on she			November 15, 2018.	OH		
		now and they would replace			Indicate How The Facility Plans To			
		ent #5 constantly picked at			Monitor It□s Performance To Make Su	ro		
		ved his dressing often.			That Solutions Are Sustained. The Fac			
	the wearia and reme	ved the dressing ettern.			Must Develop A Plan For Ensuring Tha	-		
					Correction Is Achieved And Sustained:			
	An interview conduct	ted on 11/14/18 at 10:42 AM			The Quality Assurance Committee			
		ed she cared for Resident #5			QAPI Committee and the Medical Direct			
		admitted to the day he was			and Wound Physician have been appri			
		spital. She stated Resident			of this plan and commit their support to			
		a wound above his left			assisting the facility with achieving and			
		vere changing his dressing			sustaining compliance with this alleged			
		e stated they did not do			citation. The QAPI Committee was			
		sments or measurements on			notified on November 11, 2018.			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 1/16/2018	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		1/10/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 684	pick at his wound un dressing off. She sta greenish/tan odorous notified the NP and withe dressing every dwould clean the wou cover with a dry dres Resident #5 didn't re it was more when he aware of any interve from picking at his widressing. Nurse #1 fobserved maggots in	d because it wasn't a e stated Resident #5 would der his dressing and take his ited when she observed the s drainage on 08/14/18 she who wrote an order to change ay. Nurse #1 stated they ind with wound cleanser and sing once a day. She stated amove his dressing every day, was anxious and she wasn't intions in place to keep him ound or removing the urther stated she had never in Resident #1's wound until sent out to the hospital to	F 68	2. The Director of Nursing sound assessment rounds and charts to ensure notification of due to change in resident wou will be presented at monthly Q and quarterly for 12 months to Committee for evaluation to de the system is adequate and if it is not, they will devise and rea system to ensure the alleged practice does not occur again. 3. The review done by the interdisciplinary team on all resonon-compliant behavior will be to the QA committee monthly a QAPI committee quarterly for The Administrator is responsible implementing this plan of corrections.	d audit of physician nd condition A meetings the QAPI etermine if determined e-implement d deficient sidents with presented and the 12 months. lle for		
	with Nurse #3 reveal Resident #5's dressi and 10/29/18 and ha any signs or sympton Nurse #3 stated his and she didn't notice observe any flies in the changed his dream the hospital. She further weekly wound assess because it wasn't a purple of the Nurse #2 revealed his 7:00 AM shift on 1 him Resident #5 had his left ear. Nurse #2	ng on 10/27/18, 10/28/18, and not observed maggots or ms of infection in his wound. Wound always had an odor eany difference in the odor or the building the three days ssing before he was sent to ther she they did not do ssments on his wound					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345441 B. WING			C 11/16/2018			
	NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE			STREET ADDRESS, CITY, STATE, ZIP COD 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		1710/2010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 684	removed from the wood the wound with the diphysician's book for morning. Nurse #2 for replace Resident #5's night and that was the Resident #1's wound. Interview conducted facility Nurse Practition a chronic wound over being removed. She to pursue any radiation cancer but did want to stated she never those infected and she had the wound. She state wound consult for Reat the wound all the towound consult would she had not assesse about 2 months when on 10/30/18. She state in it that morning and to be sent to the hose stated the maggots we picking at his wound.	aw 2 maggots, which he bund. He stated he covered ressing and put a note in the the NP to see him later that urther stated he never had to s wound dressing during the e first time he had observed	F 6	84			
	with the facility Physi wounds came from fl wound. He stated the	cian revealed maggots in ies laying eggs on the ey started growing within 8 to ger they were the longer they					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345441	B. WING		C 11/16/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	111/10/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 684	with the Director of expectation that the documentation of w the treatment nurse Resident #5's woun any odor or change	ge 28 cted on 11/16/18 at 10:30 AM Nursing revealed it was her ere should have been reekly wound assessments by e and floor nurse completed for ed over his left ear. She stated in the wound should have on the wound assessments.	F 68	34	
		2 PM the Administrator and sident were notified of y.			
	allegation of Immediately after lefollowing interventic Director of Nursing Assurance Nurse: 1. Resident #5 watevaluation and treat lesion on October 30 staff had noted that in the wound. Per the did not return to 2. On October 30 nurse completed at on all residents with other residents' wor foreign bodies, inferstaff. 3. The Director of	carning of the incident the cons were put into place by the and the Corporate Quality as sent to the hospital for the the form to the open cancerous to, 2018. The facility nursing the resident #5 had maggots the resident's family's request, the facility. 1, 2018 the Quality Assurance thorough skin assessments in wounds and noted that no cunds showed any evidence of ction, or neglect by nursing To nursing and Quality terviewed nursing staff			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345441	B. WING				C / 16/2018
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 11/	10/2010
				177	0 OAK HOLLOW ROAD		
ALEXANL	ORIA PLACE			GA	STONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	concerning this resimble when the last woun when it was first no removed the dressi late evening of Octo October 30, 2018. The dressing was not day on October 29, evening/night on October 19, evening/night on October 10, evening/night on October 10, evening/night on October 10, evening/night on October 10, evening/night on October 11, evening 19, evening/night or evening 19, evening/night or evening 19, evening/night or evening 19, evening/night or evening/	and November 1, 2018 dent's wound to determine d treatment was done and ted that resident #5 had ang at some point between the ober 29th and early morning Staff interviews showed that oted to be intact through the 2018 and into the ctober 29, 2018. Staff had sing was intact during all e resident up until the 5am assing was noted to be not from staff also spoke to ctober 30th 2018 and resident to have maggots in the wound ober 30th 2018. The facility ange the dressing daily and to an the open cancerous lesion. The for any ointments due to the top to pick at the wound and eat om the wound. Other than directing resident #5 when picking and eating at the other interventions were in	F	684			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345441	B. WING		C 11/16/2018	
	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	11/16/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 684	contract with a would to get a designated contracted to take of prescribing of wour physician had been 2018. 3. All nurses and Director of Nursing is and who should be change in condition were in-serviced by November 1, 2018 nurse on the unit of condition including in need of being chin-serviced on Nove of Nursing that they the director of nursichange in condition non-compliance with dressing. For the in November 15, 2018 Director of Nursing ensure they are retheir shift. 4. All wound order by the Director of Nursing ensure treatment and that all dressing be reviewed with the November 21, 2018 5. All residents when be behavior of non-combine re-assessed by ensure that appropriate in the singular properties of the signature o	2, 2018 the facility signed a nd services physician in order wound care physician pover the treatment and add in the facility. The wound a contacted on October 31, aides were in-serviced by the on what a change in condition be notified in the event of a non November 1, 2018. Aides the Director of Nursing on that they should notify the any change in a resident's dressings that are not intact or anged. The nurses will be ember 15, 2018 by the Director a should notify the physician, and the family of any of residents and the wound care or removing curses and aids not present on the step will be in-serviced by the as they report to work to be ducated before they begin the services on November 14, 2018 are being done as ordered great wound physician on	F 684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 11/16/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	•	11/16/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
F 684	is found to be out of immediately, and sta importance of maintaresident's with several interventions will be a individual resident's I severely impaired codressing remains into oriented residents windividual residents of non-conchanges and leaving will be in-serviced on procedure for the bell This form will allow sidents name, behavior the nurses and aids in 2018 they will be in-sidents w	18. For any intervention that place it will be re-initiated if will be re-trained on the sining intervention. For ely impaired cognition, developed based upon the pehavior to ensure that a gnitive resident's wound act at all times. All alert and ill receive education by regarding possible negative enpliance with dressing dressings intact. All nurses in November 15, 2018 on the navior communication form. It is to write in the date, aviors noted and what the time and entions were effective. For not present on November 15, serviced by the Director of int to work to ensure they are ney begin their shift. Ures Will Be Put Into Place is Made To Ensure That The ill Not Recur: will be in-serviced by the effore the start of their shift 18 on how to complete and vior communication form all uding non-compliant in the start is not present to work before the start irector of Nursing. Staff will communication forms to the noce they have completed	F 68	34			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345441	B. WING _			C 11/16/2018		
	NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	I	11/10/2010		
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 684	educated on the implehaviors to the unit 2018. All new hires winitial orientation on behaviors including before they are released. For any resident behaviors noted on the form, the Interdisciplinterventions weekly that these interventions weekly that these interventions as the high of a degresident's with sever interventions will be individual resident's severely impaired conditional that the foreign bodies neglect. These round 2018. For any wound change in conditionalso review residents that the physician was condition. 4. The Director of recorded on a Quality presented to the interfor review and discurremain free of signs 2018. Indicate How The Fasci Performance To Mak Sustained. The Faci	ministrative staff will be ortance of reporting nurse by November 15, will be educated during their the communication of non-compliant behavior ased to work on the floor. It with non-compliant the behavior communication inary team will review that are in place to ensure ons are effective in ensuring a free from non-compliance to ree as possible. For rely impaired cognition, developed based upon the behavior to ensure that a ognitive resident's wound	F 6	84				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345441 B. WING			C 1/16/2018			
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		1/16/2016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 690	Committee and the Methysician have been commit their support achieving and sustain alleged citation. The notified on November 2. The Director of Methysician assessment rounds a notification of physician wound condition will meetings and quarter for evaluation to deter adequate and if deter devise and re-implementalleged deficient practices. The review done on all residents with the presented to the QAPI committee Date of Compliance in The Administrator will implementing this plan the properties of the properties of the properties of abuse and neglect report of change in committee of the properties o	ledical Director and Wound apprised of this plan and to assisting the facility with hing compliance with this QAPI Committee was 11, 2018. Sursing's weekly wound and audit of charts to ensure an due to change in resident to presented at monthly QA ray to the QAPI Committee rmine if the system is rmined it is not, they will ment a system to ensure the etice does not occur again. It by the interdisciplinary team fron-compliant behavior will place to the presented at monthly and quarterly. Is November 16, 2018. I be responsible for an of correction. Was removed on 11/16/18 at the ty staff were interviewed and and been trained on the topics of change in condition, and or ondition.	F 6			12/14/18	
SS=D	§483.25(e) Incontine §483.25(e)(1) The far resident who is contin admission receives s maintain continence						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			71. 501251	_		С	
		345441	B. WING			11/	16/2018
	ROVIDER OR SUPPLIER DRIA PLACE			1	TREET ADDRESS, CITY, STATE, ZIP CODE 770 OAK HOLLOW ROAD BASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 690	ensure that- (i) A resident who entindwelling catheter is resident's clinical concatheterization was note indwelling catheter or is assessed for removas possible unless the demonstrates that can and (iii) A resident who is receives appropriate prevent urinary tractic continence to the extremely experience as much norm possible. This REQUIREMENT by: Based on observation interviews the facility indwelling urinary catheter. The findings included	esident with urinary on the resident's sament, the facility must ters the facility without an not catheterized unless the addition demonstrates that secessary; ters the facility with an raubsequently receives one val of the catheter as soon e resident's clinical condition theterization is necessary; incontinent of bladder treatment and services to infections and to restore ent possible. esident with fecal on the resident's assment, the facility must at who is incontinent of bowel treatment and services to nal bowel function as is not met as evidenced ons, record review and staff failed to prevent an theter bag and tubing from an 1 of 1 residents reviewed (Resident #27).	F	690	Alexandria Place □s response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency is accurate. We are submitting the POC because it is required by law.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345441	B. WING		C 11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	11/10/2010	
	10 115211 011 001 1 21211			1770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE					
				GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	5.475	
F 690	Continued From page	÷ 35	F 690			
	and neurogenic blade Review of the annual	diagnoses of heart failure ler. Minimum Data Set dated esident #27 was cognitively		A. Address how corrective action will accomplished for each resident found be affected by the deficient practice at what led to this deficiency being cited.	to nd	
		welling urinary catheter.		It is the policy of Alexandria Place to ensure catheter bags and tubing be keep off the floor. The catheter bag and tub		
	Resident #27 had an urinary catheter due to neurogenic bladder, to The goal was for Residiscomfort noted from or symptoms of infect The interventions includer every shift. Main system. Be careful with on suprapubic catheter Observations made the revealed the following 11/14/18 at 11:30 AM in her wheelchair in the bag hanging on the best of the reverse of the system.	n the catheter or any signs ion through the next review. uded: give good catheter tain closed drainage th movement and do not pull er.		off the floor. The catheter bag and tub for resident #27 was immediately secuso it would not hang under the wheeld. The appropriate nursing staff were immediately re-trained on proper cathecare. Address how corrective action will be accomplished for those residents havi potential to be affected by the same deficient practice. All residents with indwelling urinary catheter bags have the potential to be affected by the deficient practice. The Director of Nursing completed visual audits on 12/7/18 to ensure all resider with indwelling catheters, identified by Minimum Data Set, have their bags ar tubing off the floor. Nurse Aide #2 received appropriate disciplinary actio and was re-trained on the handling,	ts the	
	wheelchair in the mai catheter bag hanging wheelchair with the caresting on the floor. 11/16/18 8:42 AM obspropelling herself from hallway with her cathe bottom of her wheelch	atheter bag and tubing		positioning and securement of urinary catheter bags and tubing. B. Address what measures will be printo place or systematic changes mad ensure that the deficient practice will roccur. Audits on all urinary catheter bags and tubing will be completed daily for one week and weekly for 4 weeks to ensur bags and tubing remain off the floor ar are properly secured. Any bags or tub to be noted on the floor will be	e to ot I e all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 11/16/2018	
NAME OF PI	ROVIDER OR SUPPLIER	VIO 111		S	TREET ADDRESS, CITY, STATE, ZIP CODE	111/	16/2016
AL EVAND	DIA DI 405			17	770 OAK HOLLOW ROAD		
ALEXAND	ALEXANDRIA PLACE			G	ASTONIA, NC 28054		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 690	Continued From page	e 36	F	690			
F 690	down the hallway. An interview conductor with Nurse #1, who carevealed all catheter cover and the catheter ever touch the floor. Sobserved Resident #2 tubing being on the floor with Nurse Aide (NA) #27, revealed she has catheter bag and tubing before but didn't didn't report it to the rand forgot about it. Nand tubing should not with the Director of Nexpected all urinary to be kept off the floor to	ed on 11/16/18 at 10:12 AM ared for Resident #27, bags should have a privacy er bag or tubing should not She stated she had not 27's urinary catheter bag and bor. ed on 11/16/18 at 10:14 AM #2, who cared for Resident d observed Resident #27's ng resting on the floor the try to get it off the floor and hurse because she got busy A #2 stated the catheter bag at touch the floor. ed on 11/16/18 at 11:30 AM ursing revealed she atheter bags and tubing to prevent possible urinary saw them on the floor to fix	F	690	immediately secured so it does not tout the floor. All nursing staff will be in-serviced by the Director of nursing of the handling, positioning, and securem of urinary catheter bags and tubing on 12/7/18. Any licensed nurse or nursing assistants not present on 12/7/18 will be in-serviced by the Director of Nursing before the start of their shift. All new his will receive training on handling, positioning and securement of urinary catheter bags and tubing during the init classroom orientation that is conducted prior to new staff being assigned to worthe floor. The Director of nursing saud will be recorded and presented to the Quality Assurance Committee. C. Indicate how the facility plans to monitor the measures to make sure the solutions are sustained. The facility must develop a plan for ensuring that corrections are achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility. The Quality Assurance Committee will responsible for reviewing the audits completed by the Director of nursing. The quality Assurance Committee will presponsible for reviewing the audits completed by the Director of nursing. The Quality Assurance Committee for evaluation monthly for 1 months. The Quality Assurance Committee and DON will be charged we ensuring that corrections are achieved ensuring that corrections are achieved ensuring that corrections are achieved.	n ent e res tial I rk dits t. e be	
					and sustained, or new plans of correcti are devised to achieve and maintain	on	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED			
						С	
		345441	B. WING _			11/	16/2018
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALEXAND	RIA PLACE				770 OAK HOLLOW ROAD		
				G	ASTONIA, NC 28054		
(X4) ID PREFIX TAG			ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 690	Continued From page 37		F 6	90	substantial compliance. The Administra will be responsible for implementing thi plan of correction.		
F 761 SS=D	Label/Store Drugs an CFR(s): 483.45(g)(h)(F 7	'61			12/14/18
	Drugs and biologicals	y and cautionary					
		f Drugs and Biologicals					
	Federal laws, the faci biologicals in locked of	ordance with State and lity must store all drugs and compartments under proper and permit only authorized cess to the keys.					
	locked, permanently a storage of controlled of the Comprehensive E Control Act of 1976 at abuse, except when the package drug distribution quantity stored is min be readily detected.	cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and other drugs subject to he facility uses single unit ution systems in which the imal and a missing dose can					
	facility failed to remov	ns and staff interviews the re expired medications of 1 medication rooms.			Alexandria Place □s response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an		
	The findings included	:			admission that any stated deficiency is		

OLIVILIV	O T OIL MEDIO TILE A	WEDIO/ ND OEI WIOLO				CITIES I TO	3. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
				_			С
		345441	B. WING				/16/2018
NAME OF P	ROVIDER OR SUPPLIER	•		S ⁻	TREET ADDRESS, CITY, STATE, ZIP CODE	·	
AL EVAND	ADIA DI ACE			17	770 OAK HOLLOW ROAD		
ALEXANL	PRIA PLACE			G	SASTONIA, NC 28054		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	· '	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 761	Continued From page	e 38	F	761			
					accurate. We are submitting the POC		
	An observation made			because it is required by law.			
	the Medication Storag						
	following expired med	dications:			A. Address how corrective action will	be	
					accomplished for each resident found t		
	1	Iro-APAP 5-325 milligram			be affected by the deficient practice an	d	
	1	expiration date of 05/22/18			what led to this deficiency being cited.		
	_	Iro-APAP 5-325 mg tablets			It is the well as of Alessandria Diese to		
	with an expiration dat	lro-APAP 5-325 mg tablets			It is the policy of Alexandria Place to ensure all expired medications are		
	with an expiration dat	<u> </u>			removed from the facility. Appropriate		
		lro-APAP 5-325 mg tablets			nursing staff were immediately re-train	ed	
	with an expiration dat			on the policy of handling and removing			
		ro-APAP 5-325 mg tablets			expired medications. All five cards of the		
	with an expiration dat				Hydro-APAP 5-325 mg tablets that wer		
	•				expired were immediately removed from		
	An interview conduct	ed on 11/15/18 at 11:14 AM			the medication room and sent back to t		
	with Nurse #1 revealed	ed the nurse's count all			pharmacy.		
	I .	cation Storage Room at the					
		ift. She stated she had			B. Address how corrective action will		
		orning but did not check the			accomplished for those residents having	ıg a	
	· .	ne cards. Nurse #1 stated			potential to be affected by the same		
	1	should have been checked			deficient practice.	ho	
		ere counted and the expired t back to the pharmacy.			All residents taking medications have to potential to be affected by this practice		
	1	ed she didn't know why she			The first shift nurse manager and the	•	
		ration dates when she			Director of Nursing assessed all		
	counted the cards.	ation dates when one			medications in the medication room for		
					expired dates. No other expired		
	An interview conduct	ed with the Director of			medications were found, and no reside	nts	
	Nursing (DON) revea	led it was her expectation			were affected.		
	· ·	s of narcotics to be checked			C. Address what measures will be pu		
	-	nted at the beginning of each			into place or systematic changes made		
	I .	xpired medications should			ensure that the deficient practice will no	ot	
	1	d sent back to the pharmacy.			occur.		
		ealed she didn't think the			All licensed nurses will be in-serviced by	y	
	I .	nurse's had been using the extra supply of			the Director of Nursing no later than		
	Hydro-APAP in the m			12/10/18 on the proper labeling, dating			
	re-orgering from the i	pharmacy when they ran out			and discarding of expired medications.		1

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '			(X3) DATE SURVEY COMPLETED	
		345441	B. WING			С	
	ROVIDER OR SUPPLIER	345441	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		DATE	
F 761	Continued From page on the medication can were expired.	ge 39 art and that was why some	F 7	Any licensed nurse not 12/10/18 will be in-servi Director of Nursing on p dating and discarding or medications before the All new hires will receive proper labeling, dating a expired medications dur classroom orientation the prior to new staff being the floor. On 12/7/18, the Nursing conducted an amedication storage roor medications were not expired or Nursing will amedication storage roor week for two weeks, we and monthly thereafter. presented to and review Assurance Committee ameeting. D. Indicate how the famonitor the measures to solutions are sustained. develop a plan for ensu corrections are achieved The plan must be imple corrective action evaluate effectiveness. The POC integrated into the Quality Assurance responsible for reviewin completed by the Direct audits will be presented Nursing to the Quality Ascommittee and DON with the surface of the plan in the Quality Ascommittee and DON with the poly with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the presented Nursing to the Quality Ascommittee and DON with the	iced by the proper labeling, of expired start of their shift to training on the and discarding or ring the initial nat is conducted assigned to wor he Director of audit on the m to ensure all xpired. The audit the m three times a eekly for two weekly for two make sure that and sustained emented, and the ated for its committee will the first two of Nursing. To the processor of Nursing. To the processor monthly for 12 startance	eks eks be ity t st	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345441	B. WING _		1	C I/ 16/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054		710/2010	
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		ULD BE	(X5) COMPLETION DATE	
F 761	F 810 Assistive Devices - Eating Equipment/Utensils		F 7	ensuring that corrections are achieved and sustained, or new plans of correction are devised to achieve and maintain substantial compliance. The Administrator will be responsible for implementing this plan of correction			
F 810 SS=D			F8	10		12/14/18	
				Alexandria Place seponse to a survey report does not constitute agreement with the statement of deficiencies; nor does it constitute admission that any stated deficient accurate. We are submitting the P because it is required by law.	e an ncy is		
				A. Address how corrective action accomplished for each resident for be affected by the deficient practic what led to this deficiency being countries the policy of Alexandria Place ensure all orders from the physician all care plans are followed. Residen care plan and orders were review. Resident #2 has been given a nose as ordered with all three meals. The appropriate dietary aides were immediately re-trained on followin card orders.	ound to ce and ited. to an and ent #2 s ed, and sey cup he		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING _			C 1 1/16/2018	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	'		
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 810	Continued From page 41 tilting their head.) Review of Resident #2's Physician orders dated			B. Address how corrective ac accomplished for those residen potential to be affected by the s	its having a		
	09/01/17 revealed sh cup with meal trays. Observation of Residual	ne was to receive a nosey dent #2 on 11/13/18 on 12:32		deficient practice. All residents needing assistive have the potential to be affected deficient practice. All residents	devices d by the care		
	PM revealed she was feeding herself and her nectar thickened beverages were in regular glasses. There was no nosey cup observed on Resident #2's meal tray. Observation of Resident #2 on 11/15/18 at 8:12 AM revealed she was eating breakfast with her nectar thickened liquid beverages in their original container. There was no nosey cup observed on Resident #2's meal tray.			planned to have assistive device meals were reviewed on 12/7/1 Director of Nursing and the Cer Dietary Manager to ensure they receiving the appropriate assist	8 by the tified y are		
				as ordered and that the order is the dietary tray card. The Certif Manager observed the dietary a completing the tray line on 12/7 ensure they are reading tray ca adding the appropriate devices	fied Dietary aides 7/18 to ards and		
	11/15/18 at 8:39 AM responsible for putting	e Dietary Manager on revealed the kitchen was ng nosey cup on residents' ot sure why Resident #2 did cup on her tray.		ordered. No other residents we to be affected. C. Address what measures we into place or systematic change ensure that the deficient practic occur.	ere found ill be put es made to		
	An interview with the Director of Nursing on 11/16/18 at 10:50 AM revealed she was aware that Resident #2 had not been receiving the nosey cup on her meal tray but if the Physician ordered the nosey cup Resident #2 should receive the nosey cup. An interview with the Administrator on 11/16/18 at 1:18 AM revealed she expected Physician orders to be followed and if a resident had orders to receive a nosey cup the resident should receive the nosey cup.			All dietary aides and cooks will in-serviced by the Certified Diet Manager on 12/7/18 on how to cards and ensure the required put on the resident tray as docuthe tray card. All dietary aids n on 12/7/18 will be in-serviced by	tary read tray device is umented on ot present		
				Certified Dietary Manager before of their shift. All new hires will retraining on tray cards and assist devices during the initial classroprientation that is conducted prestaff being assigned to work the 12/12/18 the Director of Nursing in-serviced the appropriate nursing staff being assigned to work the serviced the appropriate nursing in-serviced the appropriate nursing serviced the service	eceive stive oom ior to new e floor. On g		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		345441	B. WING		11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ΔΙ ΕΥΔΝΓ	RIA PLACE			1770 OAK HOLLOW ROAD		
ALLAAND	INIA FLAGE			GASTONIA, NC 28054		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 810	Continued From page	e 42	F 81	nursing assistants on reading tray can to ensure residents were receiving the ordered assistive device that is documented on the tray card. Any nursing on tray cards and assistive devices before the beginning of their All new hires will receive training on the cards and assistive devices before the beginning of their All new hires will receive training on the cards and assistive devices during the initial classroom orientation that is conducted prior to new staff being assigned to work. The Certified Dieta Manager will audit two meals a day of for two weeks, weekly for two weeks monthly time three months to ensure residents needing assistive devices where their ordered assistive devices where the commonity of the facility plans to monitor the measures to make sure the solutions are sustained. The facility in develop a plan for ensuring that corrections are achieved and sustains. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assurance system of the facility. The Quality Assurance Committee wiresponsible for reviewing the audits completed by the Certified Dietary Manager. The audits will be presented the Quality Assurance Committee for evaluation monthly for 12 months. The Quality Assurance Committee and	e urse B, will of shift. ray e ry ailly and all vith evice. In at houst ed. the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345441	B. WING		C 44/40/2049	
NAME OF PE	ROVIDER OR SUPPLIER	0.0.1.1		STREET ADDRESS, CITY, STATE, ZIP CODE	11/16/2018	
TO THE OT TH	TO VIDEIX OIX OUT I EIEIX			1770 OAK HOLLOW ROAD		
ALEXAND	RIA PLACE			GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 810	Continued From page		F 81	Certified Dietary Manager will be chat with ensuring that corrections are achieved and sustained, or new plant correction are devised to achieve and maintain substantial compliance. The Administrator will be responsible for implementing this plan of correction.	s of	
F 812 SS=E	Food Procurement, St CFR(s): 483.60(i)(1)(2)	ore/Prepare/Serve-Sanitary 2)	F 81	2	12/14/18	
	§483.60(i) Food safet The facility must - §483.60(i)(1) - Procur					
	state or local authoriti (i) This may include for from local producers, and local laws or regulii) This provision doe facilities from using progradens, subject to consafe growing and food (iii) This provision does	es. pood items obtained directly subject to applicable State plations. s not prohibit or prevent roduce grown in facility pompliance with applicable				
	serve food in accorda standards for food ser This REQUIREMENT by: Based on observation interviews the facility hazardous food after coolers, failed to removalk in coolers, failed being opened in acco			Alexandria Place s response to this survey report does not constitute agreement with the statement of deficiencies; nor does it constitute an admission that any stated deficiency accurate. We are submitting the POC because it is required by law.	is	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SURVEY COMPLETED	
		345441	B. WING		C
	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	11/16/2018
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 812			F 81:	,	nd to and ed. o d foods are not y of the ees t Aids es. colorer se
				and 15-pound box of thawed bacon immediately discarded. The nourishment room refrigerator or removed from use on 11/14/18 until proper temperature could be documed a new thermometer was placed in the refrigerator and within 15 minutes of 11/14/18 it read a proper temperature 41 degrees and was properly documented in the temperature log. Nurses were immediately in-serviced on proper refrigeration temperatures and documentation. B. Address how corrective actions accomplished for those residents has potential to be affected by the same deficient practice	were was the nented. he n re of mented e will be aving a

CENTER	S FOR MEDICARE &	WEDICAID SERVICES				OIVID INC	7. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(С
		345441	B. WING			11/	16/2018
NAME OF P	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALEXAND	RIA PLACE				770 OAK HOLLOW ROAD		
				G	ASTONIA, NC 28054		
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
TAG	REGULATORY OR	TAG		DEFICIENCY)			
F 812	Continued From page	e 45	F.	812			
		original packaging and there			All residents have the potential to be		
	should have been no			affected by this deficient practice. All			
		oler. The Dietary Manager			opened food items in the walk-in coole	r	
		e tuna salad should be good			were audited on 12/6/18 to ensure an		
	after being opened of				open date was in place and was not		
	expiration date of 11/	16/18 but she would check.			expired. An audit was also done on		
		also stated she thought the			12/6/18 on thawing food items to ensu	re	
	bacon that was place			they were properly being thawed and u	used		
	10/30/18 was good u			within the manufacturer's guideline. Ar	า		
	01/01/19 but she wou			audit was completed on12/7/18 on all			
	Manager stated she			nourishment room refrigerators to ensu	ure		
	was labeled and date			they hold the proper temperature of 32			
	through Friday but ea				42 degrees and to ensure a staff mem	ber	
	-	ng and dating food when it			was documenting the refrigerator		
	-	lk in cooler. The Dietary			temperatures daily. No residents were		
		tchen employees should be			affected.		
		pired food and discarding the			C. Address what measures will be pu		
	expired food if found.				into place or systematic changes made		
	A	:			ensure that the deficient practice will n	ot	
	-	ew with the Dietary Manager			occur.		
		AM revealed that per the			The Certified Dietary Manager will	ر ا د	
	_	lines bacon should only be			in-service all dietary staff, with return be demonstration, on 12/7/18 on proper for		
		after being thawed and available for use. The			labeling, dating and removing expired	Jou	
	Dietary Manager also				foods from use. Any dietary staff mem	her	
		lines tuna salad was only			not present on 12/7/18 will receive an	DC1	
		after being opened and			in-service from the Certified Dietary		
	should not have beer				Manager on proper food labeling, datir	na	
	onoura not navo poor	ravallasio for acc.			and the removal of expired foods from		
	An interview with the	Administrator on 11/16/18 at			available use before the start of their s		
		he expected food to be dated			All new hires will receive training on	-	
		or discarded on or before the			proper food labeling, dating and remov	/ing	
	-	all food to be used according			expired foods from use during the initia	-	
	to the manufacturer's				classroom orientation that is conducted		
		-			prior to new staff being assigned to wo	rk.	
	2. An observation of	the nourishment room			The Certified Dietary manager will		
	refrigerator on 11/14/	frigerator on 11/14/18 at 9:15 AM revealed a			complete an audit of the walk in cooler	•	
	temperature reading				weekly for 4 weeks and then monthly f	or	
					three months to ensure there are no		

		IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE .		
AL EVAND	DIA DI 405			1770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE			GASTONIA, NC 28054			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 812	9:49 AM revealed sharoom refrigerator tem 42 degrees and that responsible for filling daily. The Administrathe nourishment room to the temperature reexpectations. 3. A review of the not logs on 11/14/18 at 9 recorded temperature 09/01/18, 51 degrees 09/10/18, 51 degrees 09/16/18, and 51 degrees	Administrator on 11/14/18 at e expected the nourishment operature to range from 32 to housekeeping was out the temperature log ator stated she was taking in refrigerator out of use due adings not meeting her ourishment room refrigerator:15 AM revealed staff	F8	expired or outdated foods. The Dietary Manager will docume and report them monthly to the Assurance Committee. The Director of Nursing will in licensed nurses, with return to demonstration, on 12/7/18 or and logging nourishment refrestemperatures. Any license nupresent on 12/7/18 will be inthe Director of Nursing before their shift. All new hires will retraining on checking and logging nourishment room refrigerate temperatures during the initial orientation that is conducted staff being assigned to work. responsibility of the licensed ensure temperatures are applogged daily. The Administrate perform random temperature checks to ensure logs are co	ent the audits the Quality n-service all back the checking tigerator turse not tiserviced by the start of the eceive tiging to real classroom to new the start of the tist the the nurses to the propriate and tor will the and logging		
	miscommunication regarding who should fill out the temperature logs for the nourishment room refrigerator. The Administrator stated third shift nurses thought housekeeping was responsible for filling out the temperature logs and housekeeping thought third shift nurses were responsible for filling out the temperature logs so the logs did not get filled out. The Administrator further stated it was third shift nurses' responsibility to fill out the temperature logs and she would be doing an in-service to clarify who was responsible for filling out the temperature logs.			the refrigerator temperatures normal limits of 32 degrees to three times a week for two withen weekly for three months Administrator will document a completed and report them to Quality Assurance Committee D. Indicate how the facility promitor the measures to make solutions are sustained. The develop a plan for ensuring the corrections are achieved and The plan must be implemented corrective action evaluated for effectiveness. The POC must integrated into the Quality Assystem of the facility.	o 42 degrees eeks and . The all audits of the monthly e meeting. plans to see sure that facility must hat I sustained. ed, and the or its to be		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		0.454.44		D WING		С	
		345441	B. WING _			11/16/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
ALEXAND	RIA PLACE			1770 OAK HOLLOW ROAD			
				GASTONIA, NC 28054			
(X4) ID PREFIX TAG			ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 812			F 8	The Quality Assurance Committee will be responsible for reviewing the audits completed by the Certified Dietary Manager and the Administrator. The audits will be presented to the Quality Assurance Committee for evaluation monthly for 12 months. The Quality Assurance Committee, Certified Dietary Manager and the Administrator will be charged with ensuring that corrections are achieved and sustained, or new plans of correction are devised to achieve and maintain substantial compliance. The Administrator will be responsible for implementing this plan of correction.		y are	
\$\$=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized						

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		IULTIPLE CONSTRUCTION LDING		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 11/16/2018	
NAME OF PROVIDER OR SUPPLIER ALEXANDRIA PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1770 OAK HOLLOW ROAD GASTONIA, NC 28054	,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 842	all information contaregardless of the for records, except when (i) To the individual, representative wher (ii) Required by Law (iii) For treatment, poperations, as perm with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial an law enforcement pur purposes, research medical examiners, a serious threat to h by and in compliance §483.70(i)(3) The farecord information a unauthorized use. §483.70(i)(4) Medicator (ii) The period of time (iii) Five years from the there is no requirem	cility must keep confidential ined in the resident's records, m or storage method of the in release isor their resident e permitted by applicable law; grayment, or health care litted by and in compliance 6; a activities, reporting of abuse, eviolence, health oversight dadministrative proceedings, reposes, organ donation purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted e with 45 CFR 164.512. cility must safeguard medical gainst loss, destruction, or all records must be retained be required by State law; or he date of discharge when	F 84	,			
	(i) Sufficient informa (ii) A record of the re (iii) The comprehens provided;	ee law. edical record must containtion to identify the resident; esident's assessments; sive plan of care and services by preadmission screening					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C 1/16/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	•	1710/2010	
AL EVAND	DIA DI AGE			1770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE			GASTONIA, NC 28054			
(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)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE	
F 842	Continued From page 49 and resident review evaluations and determinations conducted by the State;		F 8	42			
	(v) Physician's, nurse professional's progre (vi) Laboratory, radio services reports as re This REQUIREMEN	e's, and other licensed					
	interview, and staff ir maintain an accurate Record (TAR) for doo	ons, record review, resident herview the facility failed to Treatment Administration cumenting refusal of a of 1 sampled residents		Alexandria Place s respons survey report does not constitute agreement with the statement deficiencies; nor does it constadmission that any stated defaccurate. We are submitting the because it is required by law.	tute t of titute an ficiency is the POC		
	12/24/2013 with a dia Hypertension, Periph	Imitted to the facility on agnosis that included leral Vascular Disease, perlipidemia, Thyroid and Asthma.		Alexandria Place s response survey report does not constitute agreement with the statemen deficiencies; nor does it constadmission that any stated defaccurate. We are submitting the statement of the statement o	e to this tute t of titute an ficiency is		
	-	Data Set (MDS) assessment ated Resident #19 was		because it is required by law. A. Address how corrective a accomplished for each reside be affected by the deficient p what led to this deficiency be	action will be ent found to ractice and		
		f19's medical record order dated 07/07/18 which dright heel with multipodis		It is the policy of Alexandria F ensure Treatment Administration are documented and accurate records for Resident #19 have reviewed for accuracy and contact the policy of Alexandria F and the policy of	tion Records e. Treatment e been		
	2018 revealed an orderead, "Offload right h times, checking place 2:00PM, and 10:00P the order had been in	#19's TAR for November der dated 07/07/18 which eel with multipodis boot at all ement daily at 6:00AM, M. The TAR further indicated nitialed as completed and of 11/13/18, 11/14/18, and		Nurse #3 and Nurse #4 were retrained on documenting a retreatment. Nurse #3 and Nurbeen immediately re-trained documenting ordered treatment with how to properly document #19 s refusal of treatment.	immediately efused rse #4 have on accurately ents along nt Resident		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345441	B. WING			C I1/16/2018	
NAME OF PI	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		11/10/2010	
				1770 OAK HOLLOW ROAD			
ALEXAND	RIA PLACE			GASTONIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	Continued From page	ge 50	F 84	2			
	11/15/18 for 6:00AM, 2:00PM, and 10:00PM. The			#19□s attending wound physic	ian was		
	TAR indicated the order had been initialed as			notified of the refusal to wear th			
		lied at 6:00AM on 11/16/18.		multipodus boot.			
		Resident #19 on 11/13/18 at		B. Address how corrective ac			
		she did not have a multipodus		accomplished for those residen			
	boot in place to her	right heel.		potential to be affected by the s	same		
				deficient practice.			
		Resident #19 on 11/14/18 at		All residents with ordered treatr			
		ne did not have a multipodus		the potential to be affected by t			
	boot in place to her	right neel.		deficient practice. The Director assessed all residents with order	•		
	An absorvation of D	Resident #19 on 11/15/18 at		treatments on 12/5/18 and 12/6			
		ne did not have a multipodus		ensure accuracy and completic			
	boot in place to her			documentation and treatment.			
	boot in place to fici	right ficel.		residents were affected.	NO Other		
	An observation and	interview with Resident #19		residents were unceted.			
		PM revealed she did not have		C. Address what measures w	ill be put		
		n place. Resident #19		into place or systematic change	•		
		had not had the multipodus		ensure that the deficient practic			
		k and had refused to have the		occur.			
	multipodus boot app	olied due to her leg being		The Director of Nursing will re-	-train and		
	swollen.	5 5		in-service all licensed nurses of			
				and accurate documentation of	ordered		
	During an interview	on 11/15/18 at 2:46PM Nurse		treatments and refusal of order			
	•	dus boot was ordered for		treatments by 12/10/18. Any lic			
		worn at all times. The		nurse not present on 12/10/18			
		Resident #19 had refused		in-serviced by the Director of N			
		ultipodus boot on 11/15/18.		before the start of their shift on	•		
	The interview revea			and accurate documentation of			
		ation of the multipodus boot on		treatments and the refusal of or			
	Resident #19's TAR	t in mistake.		treatments. All new hires will re			
		44/45/40 10 4055455		training on accurate documenta			
	_	on 11/15/18 at 3:48PM Nurse		ordered treatments and refusal			
	-	d a multipodus boot was		treatments during the initial class			
		nt #19 to be worn at all times.		orientation that is conducted pr			
		lled if Resident #19 had		staff being assigned to work the			
		of the multipodus boot, her		Director of Nursing will be taske			
	expectation of the n	urse would be to document	1	completing audits on the Treatr	HEIIL	1	

PRINTED: 12/13/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	345441	B. WING			C / 16/2018	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	11/	10/2010	
			1770 OAK HOLLOW ROAD			
ALEXANDRIA PLACE			GASTONIA, NC 28054			
PREFIX (EACH DEFICIEN			PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 842 Continued From page	Continued From page 51		2			
the resident's refusal Supervisor #1 states care from the Wounthis interview she not 11/14/18 regarding #19. An observation and on 11/16/18 at 8:38/a multipodus boot in Resident #19 confirst the multipodus boot of 11/16/18. An interview was confirst the multipodus boot of 11/16/18. An interview was confirst the multipodus boot of 11/16/18. An interview was confirst the multipodus boot of 11/16/18. During an interview was confirst the multipodus boot of 11/16/18. During are refusal instant and a green check of 11/14/18, 11/15/18, During an interview Nurse #4 she states of Resident #19's multipodus the states of Resident #19's multip	al on the TAR. Nurse d Resident #19 was receiving d Center. She stated during otified the Wound Center on treatment orders for Resident interview with Resident #19 AM revealed she did not have a place to her right heel. med that she had not worn overnight or on the morning anducted on 11/16/18 at ector of Nursing. The efusal should have been sident #19's TAR using a (N) stead of the nurse's initials on the dates of 11/13/18, and 11/16/18. on 11/16/18 at 9:12AM with d she had initialed application fullipodus boot on the dates of the nurse's revealed then to document refusal for sipodus boot and had initialed Resident #19's	F 84.	Administration Record for complete accuracy. The Director of Nursing audit all Treatment Administration Records daily for one week, week two weeks and monthly for three All discrepancies identified will be corrected immediately during the These audits will be documented reported at the monthly Quality Ameetings. D. Indicate how the facility plans monitor the measures to make suscitions are sustained. The facil develop a plan for ensuring that corrections are achieved and sus The plan must be implemented, a corrective action evaluated for its effectiveness. The POC must be integrated into the Quality Assuras system of the facility. The Quality Assurance Committe responsible for reviewing the aud completed by the Director of Nursing will audit 5 Transport Administration Records for accuracy completion daily for one week, we two weeks and monthly for three These audits will be presented an reviewed by the Quality Assurance Committee monthly for 12 months Quality Assurance Committee and will be charged with ensuring that corrections are achieved and sus or new plans of correction are deachieve and maintain substantial compliance. The Administrator wiresponsible for implementing this	g will kly for months. e audit. and ssurance s to ure that ity must tained. and the ance e will be its sing. The eatment acy and eekly for months. and be s. The d DON t tained, vised to all be		

Facility ID: 923196

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345441	B. WING		C	
NAME OF PR	ROVIDER OR SUPPLIER	0.00.00.00	STREET ADDRESS, CITY, STATE, ZIP CODE			
ALEXANDI	RIA PLACE			1770 OAK HOLLOW ROAD GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION	NC