PRINTED: 02/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE A. BUILDING							
		345357	B. WING _			C 01/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1303 HEALTH DRIVE NEW BERN, NC 28560	;ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00			
F 000	conducted on 12/08/1	t ID #IFMD11.	FO	00			
	No deficiencies were complaint investigation	cited as a result of one for Event ID IFMD11.					
	to conduct a recert ar exited on 12/14/18. The facility on 01/07/1	d on 01/08/19. Therefore,					
		cert and complaint survey 01/07/19 through 01/08/19. was identified at:					
	(J)	680 at a scope and severity					
	The tag F600 constitu Care.	ited Substandard Quality of					
F 580	removed on 01/08/19 conducted.	began on 10/25/18 and was . An extended survey was jury/Decline/Room, etc.)	F 5	80			1/16/19
SS=J	CFR(s): 483.10(g)(14)(i)-(iv)(15)	FS	00			1/10/19
ABORATORY	§483.10(g)(14) Notific	cation of Changes. SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE			(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

01/15/2019

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345357	B. WING		C 01/08/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	1 01.03.2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 580	(i) A facility must immonsult with the resident sin injury and physician intervention (B) A significant charmental, or psychosodeterioration in health status in either life-th clinical complications (C) A need to alter that a need to discontinual treatment due to advocommence a new for (D) A decision to transesident from the fact §483.15(c)(1)(ii). (iii) When making not (14)(i) of this section all pertinent informatics available and proving physician. (iii) The facility must resident and the re	nediately inform the resident; dent's physician; and notify, r her authority, the resident en there is- lving the resident which has the potential for requiring in; nge in the resident's physical, cial status (that is, a th, mental, or psychosocial preatening conditions or is); eatment significantly (that is, e an existing form of treatment); or insfer or discharge the cility as specified in the facility must ensure that it ion specified in §483.15(c)(2) rided upon request to the dent representative, if any, in or roommate assignment 10(e)(6); or dent rights under Federal or ions as specified in paragraph in. record and periodically (mailing and email) and	F 58		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345357	B. WING			C 01/08/2019	
	ROVIDER OR SUPPLIER	,		13	TREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE EW BERN, NC 28560		50,2010
(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 580	that is a composite di §483.5) must discloss its physical configura locations that compris part, and must specif room changes betwe under §483.15(c)(9). This REQUIREMENT by: Based on record rev Nurse Practitioner int notify the physician o significant change in (Resident #94) when respiratory difficulty a saturation levels). Re 10/28/18. Immediate Jeopardy Nurse #1 found Resid oximetry reading of 4 oxygen, suctioned the recorded a repeat pu without notification to Immediate Jeopardy when the facility implected in the facility implementation of the facility in at a lower scope and harm with a potential not immediate jeopar Findings included: Resident #94 was ad 2/11/2016. Admitting	osite distinct part. A facility istinct part (as defined in e in its admission agreement tion, including the various se the composite distinct by the policies that apply to en its different locations is not met as evidenced iew, and staff, physician, and terviews the facility failed to rail Nurse Practitioner of a condition for 1 of 1 residents the resident was found with and hypoxia (low oxygen esident #94 expired on began on 10/25/18 when dent #94 with a pulse 6 percent (%), applied e resident twice, and lise oximetry reading of 64% of the physician. was removed on 1/8/19 emented an acceptable Immediate Jeopardy will remain out of compliance severity level D (no actual for minimal harm which is dy).	F	580	This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely becaute it is required by the provision of the state and federal law. It also demonstrates of good faith and desire to continue to improve the quality of care and service our residents. Resident # 94 was admitted to Pruitt Health Neuse on 2/11/2016 from Crysta Coast Hospice Upon admission family revoked 3HC hospice and transferred to Pruitt-Healthcare. Resident admitting diagnosis: Sepsis, Chronic obstructive pulmonary disease Bipolar, cerebral infarct, TIA, essential hypertension, dementia without behavious disturbance, Diabetes type 2, dysphagituTI, unspecifies asthma.	use te our s to al	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		345357	B. WING		C 01/08/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01/00/2019
				1303 HEALTH DRIVE	
PRUITTHE	EALTH-NEUSE			NEW BERN, NC 28560	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE COMPLETION
F 580	Continued From page	e 3	F 58	0	
F 580	pneumonia, and acut respiratory failure. A physician progress part, "No current comfurther revealed she land clear lung sound rhonchi (rattling lung obstruction or secretiat high risk for repeat The plan included, "Current treatment plan Routine follow up." A Quarterly MDS (Minfor resident assessments assessments assistance for all Active diagnoses included non-Alzheimer's dem depression, and COF assessments related oxygen therapy. A care plan last upda #94) has Dx (diagnose for respiratory distress maintain ventilation wand without s/s (signs respiratory distress. I	note dated 9/27/18 read, in uplaints or concerns." It had unlabored respirations is without wheezes or sounds which could indicate ons), and Resident #94 was a saspiration and pneumonia. Overall stable. Continue in and medication regimen. Inimum Data Set-a tool used ent) dated 10/2/18 revealed ent) dated 10/2/18 revealed ent) dated toylong it with the companion of the companio	F 58	7/10/16 Carolina East Health Systed discharge diagnosis included: Acut chronic respiratory failure with hyprobipolar disorder, dehydration, unspidementia without behavioral disturbatupor, pneumonia due to other spibacteria, sepsis due to anaerobes. 2/21/2016 Physician notes indicate resident was being admitted the factories and conservative long-term care. On 7/20/2016 physician visit notes indicate supportive care and comformeasures were being provided. On 8/13/18 physician visit notes indicate supportive care and comeasures were being provided. On 9/27/18 physician visit notes indicate supportive care and comeasures were being provided. On 9/27/18 physician visit notes indicate supportive care and comeasures were being provided. On 10/25/18, 12:00am a resident oxygen saturation dropped to 46%. Oxygen was started at 4 liters per uper nasal cannula, resident was sufficient was dry to touch. Resident placed in high fowlers position to a with breathing. Oxygen saturation increased to 64%. On 10/25/18 6:30am condition uncono gurgling respirations, non-respondent to tactile stimuli. No further sympto currently. Resident took morphine	te and oxia, secified bance, ecified cility for sthat ort entified omfort entified omfort s
	rest periods, O2 (oxy (listen with a stethoso O2 sat (saturation) Pl	f bed) as tolerated, provide gen) per order, auscultate cope) lung sounds, monitor RN (as needed), monitor tify MD (physician) as		sublingually, the off-going nurse direport resident condition to Physici Director of Nursing and on-coming at shift change, nor did they docum further oxygen saturations during the shift. 10/26/18 7am: resident restless in	an, nurse nent heir

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345357	B. WING		C 01/08/2019
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/00/2013
				1303 HEALTH DRIVE	
PRUITTHE	EALTH-NEUSE		I	NEW BERN, NC 28560	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	
F 580	Continued From pag	ge 4	F 580		
	Physician orders dat	ted 10/1/18 through 10/31/18		with signs of dyspnea. SPO2 84% of	on 4
	read, in part, "May u	se standing orders: Oxygen		L/M. Registered Nurse notified phys	sician
		nute prn SOB (shortness of		of condition change and titrated Ox	ygen to
	, · ·	not relieved or if SOB is		5 L/M, administered order for DuoN	eb,
	accompanied with of	ther symptoms."		Ativan for restlessness, order for ch	
				X-ray. SPO2 up to 90% on 5 L/M vi	
		cation Administration record		cannula., Licensed Nurse called far	nily
		rough 10/31/18 revealed prn		without contact. X-ray ordered and	
	, , ,	tered on 10/24/18. No other		completed on 10/26/2018 with biba	
	entries were reveale	a.		pneumonia noted. Licensed nurse continue to monitor.	WIII
	Poviow of a pureing	note dated 10/25/18 at		10/26/18 10pm: □ neb treatment ar	nd O3
		by Nurse #1 read, "During		on going comfort measure in place,	
		ent (JH) observed to be		25% T 99.2	ale
		ile stimuli. O2 sat 46%		10/27/18 2pm □ O2 90% with nebs	. No
		kygen saturation levels are		food, mouth swabbed provided, AB	
		n RA (room air). O2 started at		ongoing DuoNeb⊡s as ordered.	
		ite) per NC (nasal cannula).		10/28/18 12:50am: □ Pt found by n	urse
	Suctioned x 2. Thick	, white mucus from throat.		without pulse or respirations. Pt is a	DNR
		n) O2. Color pale and ashen. igh) fowlers to assist /c		and Death verified by 2 nurses□.	
		as no notification to the		The Facilities Clinical Competency	
	medical provider.			Coordinator began educating the	
				Licensed Nurses on 12/14/18 utilizi	
		note dated 10/25/18 at		interact change in condition protoco	
		by Nurse #1 read, in part,		which include clinical pathways of v	
		ed. Non responsive to tactile		contact the physician. Education a	SO
		ne as ordered." There was no		began on 12/14/18 by the Clinical	
	notification to the me	edicai provider.		Competence Coordinator to the Lic	ensea
	An interview was see	advated with Nurse #1 on		Nurses regarding placing residents	
		nducted with Nurse #1 on He stated Resident #94 was		change of conditions on the 24-hou report sheets utilized by the License	
		reath, but had not required		Nurses for reporting from shift to sh	
		le stated she was a DNR (Do		of 1/7/2019, 25 of 27 Licensed Nurs	
		it a DNR did not mean you		have been educated regarding char	
		ident for shortness of breath		condition with notification to the phy	_
		so stated she received		Licensed Nurses whom have not re	
		for dyspnea since she was		the education by 12/21/18 will be re	
		ty in 2016. He stated, "When		from the schedule until the education	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, a boileb	_		(2
		345357	B. WING				08/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHE	EALTH-NEUSE				303 HEALTH DRIVE		
				N	IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI. DEFICIENCY)		(X5) COMPLETION DATE
F 580		night (10/25/18) she was	F	580	completed. The Two Licensed Nurses		
	oxygen level was 46%	cked her vital signs and her %. I sat her all the way up er. Her oxygen level went to			who have not completed the education have been removed from the schedule until the education is completed.		
	64%. Usually we wou	ald call the doctor, but I didn't e was a hospice resident. I			On 1/9/2019, 27 out of 27 Licensed Nurses have been educated regarding		
	have no excuse for n	ot calling the doctor other as hospice. I don't know why			change of condition with notification to physician. This education has been ad	the	
	I thought that, but I w	as wrong and I should've He stated hospice status and			to the general orientation of newly hire Registered and Licensed Practical		
		eeds were communicated in			Nurses. The Clinical Competency		
		recall of hospice information			Coordinator began educating all staff		
	_	to him about Resident #94.			(certified nursing assistance,		
		art by exception so if there s from July through October			housekeeping, maintenance, therapy department, social services, activities,	and	
		eant there was nothing out			administration) on the stop and watch	u	
		e resident during that time.			cards identifying a resident change in		
	He also stated he had				condition with notification to the Licens	ed	
	Resident #94's hypox	kia to the on-coming shift.			Nurse on 12/14/2018. Facility staff will		
	Dii				educated be 12/21/2018. Staff whom h		
		note dated 1026/18 at "Resident restless /c (with)			not received the education by 12/21/18 will be removed from the schedule until		
		piratory difficulty). Spo2			the education is completed. As of	, !	
	(oxygen saturation) 8	• • • • •			1/7/2019, 115 employees out of 126		
	received order for Ativ				employees have been educated on sto	р	
	medication)."	•			and watch cards. As of 1/9/2019, 126	-	
					of 126 employees have been educated		
		ducted with Nurse #2 on			stop and watch cards. This education I		
		She stated, "(Nurse #1)			been added to the general orientation		
	didn't pass any conce				newly hired certified nursing assistance	€,	
	1 .	sn't on the cart (medication			housekeeping, maintenance, therapy	a.a.d	
		ses sometimes asked me to			department, social services, activities,		
		ney had concerns. A care			administration. On 1/7/2019 the Clinica		
		per who does not provide ed me to come have a look			Competency Coordinator began educathe Licensed Nurses to contact the	ung	
		ause she said she wasn't			physician with resident change in		
	,	essed her, increased her			conditions as the change in condition		
	_	led the doctor. He ordered a			occurred. The Licensed Nurses are no	ıt	
		(Prednisone), breathing			required to contact the Director of Nurs		

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
						(c
		345357	B. WING _			01/	08/2019
NAME OF P	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				13	303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page	e 6	F!	580			
	· -	iotics. I was not aware of her			prior to physician notification. All Licen	202	
		nt before or that would have			Nurses (27 out of 27) have been	303	
		Her change in condition was			in-serviced as of 1/7/2019.		
		me in report from (Nurse			III-serviced as or 1/1/2019.		
		(Nurse #5). She had been			2. Monitor: Address how the facility wi	II	
	T	almost 2 years I have worked			identify other residents having the		
		lorphine for her COPD." She			potential to be affected by the deficient	ł	
	-	an order was needed for			practice		
	comfort measures an				P. C. C.		
	measures as a way t	o keep symptoms at bay			On 12/13/12/14/18 the Nurse		
	without looking for cu	rative measures when a			management team including (RN Unit		
	patient is at the end	of life. She stated Resident			Managers, RN Clinical Competency		
	#94 had a slow declin	ne over the last several			Coordinator, RN Nurse Navigator, RN		
	months, but was not	ordered for comfort			Case Mix Director, RN Case Mix		
		. She stated she was			Coordinator) reviewed all active reside		
	surprised when Resid	dent #94 expired.			charts nursing notes for the past 90 da	-	
					to validate that the physician was notifi		
		ers included: "DuoNebs-1			of all change in conditions. 89 resident		
		6hrs (every 6 hours) x (for) 7			charts reviewed with 31 changes in		
		ue) PRN (as needed) O2			conditions noted with 31 physician		
		en via NC (nasal cannula)			notifications identified.		
		en saturation) > (greater			O- 40/40/0040 the Discrete of Newsia		
	, ,,	CXR (chest x-ray) 2 views			On 12/13/2018 the Director of Nursing		
	T	reath)/congestion; Ativan			and/or Nurse Managers began reviewi	-	
		1 tab PO/SL (by mouth or I (restlessness/anxiety) x 14			the 24-hour report sheet daily to identic change of conditions and validate that		
		mg PO q day x 3 then			physician notification is documented in		
	-	o q day x 3; Levaquin 500mg			nursing notes. The Director of Health	uic	
		lobe PNA (pneumonia) x 7			Services, Unit Managers and Nurse		
	days."	iese i ivi (piieamema) x i			Managers utilizes the Notification Revi	ew	
	aa , o.				form, to review the 24-hour report shee		
	A review of the death	certificate for Resident #94			weekly for 4 weeks then monthly	· - -	
		eath as respiratory failure as			thereafter.		
		nce of pneumonia as a result					
		OPD (Chronic Obstructive			The Director of Nursing and/or Nurse		
	Pulmonary Disease).	The state of the s			Managers as of 1/7/2019 are reviewing	j	
	,				the nursing documentation for resident		
	An interview was con	nducted with the Director of			with change in condition until resident	has	
	Nursing (DON) on 12	2/13/18 at 1:35PM. She			72 hours of return to baseline		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OIVID IV	7. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY
							С
		345357	B. WING _			01/	08/2019
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DDUUTTUI	EALTH NEUCE			13	303 HEALTH DRIVE		
PRUITIN	EALTH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
				1			
F 580	Continued From page	e 7	F !	580			
	_	or a unit manager for	' `		documentation. This review has been		
		ange in status and I contact			added to the Notification Review form	on	
	-	ay he (the physician) wanted			1/8/2018 The Director of Nursing and/o		
		vare of (Resident #94's)			Nurse managers will complete this revi		
	•	intil we did an x-ray on			daily for 5 days then weekly for 4 week		
	_	notify me of the change. I			then monthly thereafter.		
		D2 sats being 46% until you,			,		
		today (12/13/18) because			On 1/7/2019 the Director of Nursing		
	nobody notified me of			began tracking and trending the results	of		
	wasn't notified. I shou			the 24-hour report sheet, physician			
		n was found to be 46%. And			notification regarding resident change	in	
	_	only 64%. Actually, 911			condition, documented in the nursing		
		d when her saturation was			notes on the Notification review DHS		
		ld have been notified. I would			form. The analysis of the tracking and	L	
	have called 911, then				trending will be presented at the month	lly	
		d've been sent out to the ts were 46%. My expectation			Quality Assurance meeting until 3 consecutive months of compliance is		
	•	ant change in condition of a			sustained then quarterly thereafter.		
	_	should be made to myself			Sustained their quarterly thereafter.		
		ner (Resident #94) situation I			3. Address what measures will be put i	nto	
		911 to be called, notification			place or systemic changes made to		
	-	vider, and then notification			ensure the deficient practice does not		
	of the family. I don't k	know why I was not notified. I			recur		
	would have sent her	to the emergency					
	· ·	uld have been sent to the			Effective 1/7/2019 the Medical Doctors		
	emergency room."				phone number has been posted at both		
					nurse ☐s stations to provide Nurses dir	ect	
		ducted with the physician on			contact with the Physician for resident		
		He stated if a resident had a			care needs. Prior to 1/7/2019 the nurse		
	_	he nurses or DON (if she			contacted the Director of Nursing and/o	ונ	
		vere supposed to notify him.			Unit Managers prior to contacting the		
		s not notified of the change ent #94 and would have			physician. The audit completed on		
		resident to the hospital had			12/14/2018 did not reveal a systemic issue with contacting the physician.		
	-	stated it sounded like she			issue with contacting the physician.		
		ent, by the time he was			On 1/8/2018 the facility Nurse Manage	rs	
	· ·	ner oxygen saturation was			began interviewing 3 nurses per day to		
		n't know why I wasn't			audit their understanding of the training		
		came real hypoxic, but she			and change in condition and when to	,	

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		TE SURVEY
						С
		345357	B. WING		(01/08/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
				1303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE			NEW BERN, NC 28560		
(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 E APPROPRIATE	(X5) COMPLETION DATE
F 580	Continued From page	e 8	F 58	0		
F 580	would have been bet immediately sent out they called me (31 ho saturation was aroun x-ray and antibiotics. been so hypoxic." He aware she had been facility told him today sent her immediately department. An additional intervie physician on 1/8/19 a no recall of writing a was not treating Resi end of her life. He stameasures or end of li ordered a chest x-ray Prednisone, and antifacility normally sent emergency condition not sent out because nurse mistakenly tho patient. If he had bee hypoxia on 10/25/18	ter served if she had been to the hospital. By the time ours later) her oxygen d 90% so I ordered a chest. They never told me she had also stated he was not so hypoxic (46%) until the (12/13/18) or he would have out to the emergency. w was conducted with the at 8:35AM. He stated he had comfort measures order and dent #94 as if she was at the ated, "If she was comfort fe care only I would not have on the properties." He also stated the out residents with so, but (Resident #94) was it was his understanding the uight she was a hospice the mould have immediately	F 58	contact the physician. This w weekly for 12 weeks and rest brought to the QA Committee. On 1/8/18 the Clinical Competer Coordinator began interview staff members (Certified Nursel Assistants, housekeeping, metherapy, social services, activated administration) per day to aurunderstanding of stop and war and how to use them. The Cl Competency Coordinator will responsible for bringing the regard committee monthly. The Clinical Competency Corresponsible that all new staff nursing assistance, housekeem aintenance, therapy depart services, activities, and adminate educated regarding stop (the stop and watch cards ideresident change in condition notification to the Licensed N Clinical Competency Coordinator Coo	ults will be e monthly. etency ing 5 ancillary sing aintenance, wities, and dit their atch cards linical libe esults to the ordinator is (Certified eping, ment, social inistration) and watch entifying a with lurse). The nator will	
	also stated the facility at each nursing static facility staff contacted contacted him. He als puzzled as you were anything for her. She	so stated, "We were just as about why they didn't do had actually bounced back		report the number of staff edic Quality Assurance / Performa Improvement committee by the Competency Coordinator mo ensure 100% of employees in completed the education.	ance he Clinical onthly to	
	An interview was con Practitioner (NP) on stated, "She (Reside health. Comfort meas	I gave were initiated." Iducted with the Nurse 12/14/18 at 9:46AM. She Int #94) was definitely in bad Isures include manage pain, In patient comfortable. In her		Indicate how the facility pla monitor its performance to m solutions are sustained: On 12/14/2018 the Administer facility met with the Department	ake sure er of the	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		OATE SURVEY OMPLETED	
						С	
		345357	B. WING _		01	/08/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	ODE		
DDIUTTU	ALTH NEUCE			1303 HEALTH DRIVE			
PRUITIHE	ALTH-NEUSE			NEW BERN, NC 28560			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI) TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLETION DATE	
F 580	Continued From pa	ge 9	F 5	580			
	case it meant preve	enting ulcers, treating her pain,		regarding pending survey re	esults and		
		om her severe dementia,		began to develop an on-goi			
		r medical conditions, like		correction.			
	pneumonia. She wa			The Medical Director was n	otified		
	•	ber of 2018. The staff should		regarding the survey and fa			
	· .	of any change in condition for		12/14/2018 and was update	• •		
		ay or may not treat, but we		regarding the plan changes			
	_	I was never notified of a pulse		On 12/13/2018 the Director			
	ox reading of 46% of	or 64%. She was a high risk		and/or Nurse Managers beg	gan reviewing		
	for aspiration pneur	monia and already had		the 24-hour report sheet da	ily to identify		
	pneumonia. I becar	ne aware of her hypoxia after		change of conditions and va			
	•	ay. The provider should have		physician notification is doc			
		hypoxia (46% and 64%)		nursing notes. The Director			
	-	er pneumonia was the cause		Services, Unit Managers an			
	of her hypoxia."			Managers utilizes the Notifi			
	0 4/7/40 4 4 000	M. II. A. I		form, to review the 24-hour	•		
		M, the Administrator and DON		weekly for 4 weeks then mo	•		
	were notified of the	Immediate Jeopardy.		thereafter. The Director of N	•		
	On 1/8/10 the facilit	y provided an acceptable		report the analysis of the tra trending of the Notification I			
		of Immediate Jeopardy		Quality Assurance / Perform			
	removal which inclu			Improvement Committee m			
	Tomovar willom more	idod.		months of sustained compli	-		
	"This plan of correc	tion constitutes a written		maintained then quarterly th			
		intial compliance with Federal		, , , , , , , , , , , , , , , , , , , ,			
		rements. Preparation and/or		The Director of Nursing and	l/or Nurse		
	-	rrection does not constitute		Managers as of 1/7/2019 ar			
	admission or agree	ment by the provider of the		the nursing documentation			
	truth of items allege	ed or conclusions set forth for		with change in condition un			
	the alleged deficien	cies. The plan of correction is		72 hours of return to baseling	пе		
		ecuted solely because it is		documentation. This review	has been		
		vision of the state and federal		added to the Notification Re	view form on		
		trates our good faith and		1/8/2018 The Director of Nu	•		
		o improve the quality of care		Nurse managers will comple			
	and services to our	residents.		daily for 5 days then weekly			
				then monthly thereafter. The			
		admitted to Pruitt Health		Nursing will report the analy			
	Neuse on 2/11/2010	6 from Crystal Coast Hospice		and trending of the Notificat			
				the Quality Assurance / Per	formance		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		DATE SURVEY COMPLETED
		345357	B. WING _			C 01/08/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z	ZIP CODE	01/00/2013
				1303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE			NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE JENCY)	(X5) COMPLETION DATE
F 580	Continued From page	e 10	F 5	580		
	Upon admission fami transferred to Pruitt-H	ly revoked 3HC hospice and lealthcare.		Improvement Committe months of sustained co maintained then quarter	mpliance is	
	obstructive pulmonar infarct, TIA, essential without behavioral dis dysphagia, UTI, unsp 7/10/16 Carolina Eas diagnosis included: A failure with hypoxia, buspecified demential disturbance, stupor, pspecified bacteria, and 2/21/2016 Physician being admitted the falong-term care." On 7/20/2016 physician being provided. On 8/13/18 physician indicate supportive care and obeing provided. On 9/27/18 physician indicate supportive care were being provided. On 10/25/18, 12:00ar saturation dropped to at 4 liters per minute was suctioned X 2 withroat. Resident was placed in high fowler'	t Health System discharge acute and chronic respiratory bipolar disorder, dehydration, a without behavioral beneumonia due to other ad sepsis due to anaerobes. Inotes indicate resident was cility for "conservative cian visit notes that indicate comfort measures were a visit notes identified that are and comfort measures wisit notes identified that are and comfort measures		The Clinical Competence Coordinators/Director of ensure all staff is educated utilization of the interaction (stop and wate communication form, Morm for non-emergent) the Quality Assurance / Improvement committed Competency Coordinated ensure all employees whave completed and uneducation. The Clinical Competency Director of Nursing will number of new staff education and Watch will be Quality Assurance / Per Improvement committed Competency Coordinated three months of continuated the grant was all newly hired completed and understated the plan of correction is The completion date for action is 1/16/19.	of Nursing will ated related to to the change in the chang	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		345357	B. WING _			C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1303 HEALTH DRIVE NEW BERN, NC 28560		01/00/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	gurgling respirations stimuli. No further six Resident took morp off-going nurse did in Physician, Director of the property of	in condition unchanged no is, non-responsive to tactile symptoms currently. Thine sublingually, the not report resident condition to of Nursing and on-coming ite, nor did they document rations during their shift. The steless in bed with signs and on the steless in bed with signs and on the steless of th	F	580		
	protocol which inclu to contact the physion 12/14/18 by the	e interact change in condition de clinical pathways of when cian. Education also began Clinical Competence icensed Nurses regarding				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345357	B. WING			l '	C
NAME OF PROMPTS OF GUIDBLIER	343397	D. WING			01/	08/2019
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHEALTH-NEUSE				303 HEALTH DRIVE IEW BERN, NC 28560		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
24-hour report shee Nurses for reporting 1/7/2019, 25 of 27 L educated regarding notification to the ph whom have not rece 12/21/18 will be rem the education is con Nurses who have not have been removed education is comple added to the general Registered and Lice Clinical Competency educating all staff (chousekeeping, main social services, activities stop and watch change in condition Licensed Nurse on be educated be 12/2 received the education removed from the scompleted. As of 1 126 employees have watch cards. This education is competency coordi Licensed Nurses to resident change in condition occurred.	ange of conditions on the ts utilized by the Licensed from shift to shift. As of icensed Nurses have been change of condition with pysician. Licensed Nurses sived the education by toved from the schedule until inpleted. The Two Licensed of completed the education from the schedule until the ted. This education has been all orientation of newly hired insed Practical Nurses The y Coordinator began certified nursing assistance, attenance, therapy department, wities, and administration) on cards identifying a resident with notification to the 12/14/2018. Staff whom has not ion by 12/21/18 will be chedule until the education is 12/2019 115 employees out of the been educated on stop and ducation has been added to on for newly hired certified housekeeping, maintenance, a social services, activities, On 1/7/2019 the Clinical nator began educating the contact the physician with conditions as the change in	F	580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY DMPLETED			
		345357	B. WING _			C 01/08/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODI 1303 HEALTH DRIVE NEW BERN, NC 28560		0 1700/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	other residents having by the deficient prace. On 12/13/12/14/18 the including (RN Unit M Competency Coordinator) reviewed nursing notes for the the physician was not conditions. 89 residenchanges in conditions notifications identified. On 12/13/2018 the ENURSE Managers begreport sheet daily to and validate that physician the incomplete in the incomple	how the facility will identify ng the potential to be affected tice the Nurse Management team lanagers, RN Clinical nator, RN Nurse Navigator, or, and RN Case Mix ed all active resident charts a past 90 days to validate that offied of all change in ent charts reviewed with 31 as noted with 31 physician d. Director of Nursing and/or gan reviewing the 24-hour identify change of conditions	F	580		
	Managers utilizes the to review the 24-hou weeks then monthly The Director of Nurs as of 1/7/2019 are redocumentation for recondition until reside baseline documenta added to the "Notific 1/8/2018 The Director Managers will completely the the condition of the complete the condition of the cond	e "Notification Review" form, r report sheets weekly for 4 thereafter. ing and/or Nurse Managers				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345357	B. WING _			1	08/2019
	ROVIDER OR SUPPLIER			STREET ADDRES 1303 HEALTH D NEW BERN, N		<u>, </u>	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PROVIDER'S PLAN OF CORRECTION ICH CORRECTIVE ACTION SHOULD B SS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 580	nursing notes on the form. The analysis of will be presented at the Assurance meeting of compliance is sustain. 3. Address what mean or systemic changes practice does not receptive 1/7/2019 the number has been post to provide Nurses dir Physician for residen 1/7/2019 the nurses' Nursing and/or Unit Nursing and/or Unit Nursing and/or Unit Nursing the physician. The autological that the physician interviewing 3 nurses understanding of the condition and when the will continue weekly to be brought to the QA On 1/8/18 the Clinical began interviewing 5 (Certified Nursing Assurantenance, therapy and administration) punderstanding of stort ouse them. The Clirical compliance is sustained as the continue to the physician interviewing 5 (Certified Nursing Assurantenance, therapy and administration) punderstanding of stort ouse them. The Clirical compliance is sustained as the continue to the physician interviewing 5 (Certified Nursing Assurantenance, therapy and administration) punderstanding of stort output the province of the continue to the physician that the physician interviewing 5 (Certified Nursing Assurantenance, therapy and administration) punderstanding of stort output the physician that the	Indition, documented in the "Notification review" DHS the tracking and trending the monthly Quality ntil 3 consecutive months of the then quarterly thereafter. Sures will be put into place made to ensure the deficient of the d	F	580			
	The Clinical Competer responsible that all ne	ency Coordinator is ew staff (Certified nursing					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ATE SURVEY OMPLETED
		345357	B. WING _			C 04/09/2040
	ROVIDER OR SUPPLIER	1 040001		STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	<u> </u>	01/08/2019
(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 CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 580	department, social sadministration) are elevatch (the stop and resident change in control the Licensed Nurse) Coordinator will reported to the Qualimprovement commit Competency Coordinator	eping, maintenance, therapy ervices, activities, and ducated regarding stop and watch cards identifying a condition with notification to. The Clinical Competency of the number of staff lity Assurance / Performance tree by the Clinical nator monthly to ensure hired have completed the accility plans to monitor its ersure solutions are Administrator of the facility ment Managers regarding lits and began to develop an rection. The was notified regarding the an on 12/14/2018 and was began on 12/14/2018 and was began or reviewing the plan changes. Director of Nursing and/or gan reviewing the 24-hour identify change of conditions visician notification is ursing notes. The Director of the Managers and Nurse er "Notification Review" form, report sheets weekly for 4 thereafter. The Director of er analysis of the track and fication Review" to the Quality	F 5	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C			
		345357	B. WING		01/08/2019
	ROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE IEW BERN, NC 28560	,
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 580	thereafter. The Director of Nurs as of 1/7/2019 are redocumentation for recondition until reside baseline documentated to the "Notification added to the "Notification and years will compedays then weekly for thereafter. The Direct analysis of the track "Notification Review Performance Improvement 3 months of sumaintained then quality and watch, SBAR or communication form taken to the Quality Improvement commediated to the Quality Improvement competency Coordinated and understand the The Clinical Compee Nursing will present educated related to to the Quality Assur Improvement commediates and understand the Improvement c	sing and/or Nurse Managers eviewing the nursing esidents with change in ent has 72 hours of return to ation. This review has been cation Review" form on or of Nursing and/or Nurse elete this review daily for 5 or 4 weeks then monthly ctor of Nursing will report the orand trending of the orand trending of the orand to the Quality Assurance / orement Committee monthly estained compliance is earterly thereafter. Itency Coordinators/Director of all staff is educated related to oract change in condition (stop communication form, MD or for non-emergent) will be Assurance / Performance interest by the Clinical inator monthly to ensure all ore worked have completed education. Itency Coordinator/ Director of the number of new staff Stop and Watch will be taken ance / Performance	F 580		
	then quarterly there	d compliance is sustained after, to ensure all newly hired mpleted and understand the			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	34337	D. WIITO		TREET ADDRESS, CITY, STATE, ZIP CODE	01/	08/2019
	EALTH-NEUSE			1	303 HEALTH DRIVE IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page education.		F	580			
	The Administrator is r plan of correction is c	esponsible to ensure the ompleted.					
	Completion date 1/8/2	2019."					
	1:00PM when observ revealed the credible	was removed on 1/8/19 at ations and staff interviews allegation of Immediate d been implemented and					
F 600	Free from Abuse and		F	600			1/16/19
SS=J	CFR(s): 483.12(a)(1)	rtogicot		000			1710/10
	Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	involuntary seclusion and ical restraint not required to					
	§483.12(a) The facilit	y must-					
	physical abuse, corporativoluntary seclusion; This REQUIREMENT by: Based on record reviand Nurse Practitions neglected to monitor response to intervention	ew, and staff, Physician, or interviews the facility and/or evaluate a resident ons and/or revise xia (low oxygen saturation			Resident # 94 was admitted to Pruitt Health Neuse on 2/11/2016 from Cryst Coast Hospice Upon admission family revoked 3HC hospice and transferred to Pruitt-Healthcare.	al	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345357	B. WING		01	C / 08/2019
NAME OF P	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	700/2010
DDUUTTUE	ALTU NEUCE			1303 HEALTH DRIVE		
PRUITIHE	EALTH-NEUSE			NEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 600	Continued From pag	e 18	F 60	0		
F 6000	reviewed for death in expired 10/28/18. Immediate Jeopardy Resident #94 was in situation and was no nursing and/or medical provider consignificant change in was removed on 1/8 implemented an accommediate jeopardy remain out of complic severity level D (no a for minimal harm while jeopardy). Findings included: Resident #94 was ac 2/11/2016. Admitting (Chronic Obstructive Cerebrovascular According Resident #94 was ac 2/11/2016. Admitting (Chronic Obstructive Cerebrovascular According Resident #94 was ac 2/11/2016.	began on 10/25/18 when a compromised respiratory t provided ongoing, effective cal interventions, nor was a tacted to communicate a status. Immediate Jeopardy 19 when the facility eptable credible allegation of removal. The facility will ance at a lower scope and actual harm with a potential ich is not immediate	F 60	Resident admitting diagnosis: Sec Chronic obstructive pulmonary d Bipolar, cerebral infarct, TIA, ess hypertension, dementia without I disturbance, Diabetes type 2, dy UTI, unspecifies asthma. 7/10/16 Carolina East Health Sydischarge diagnosis included: Ac chronic respiratory failure with hybipolar disorder, dehydration, undementia without behavioral dist stupor, pneumonia due to other bacteria, sepsis due to anaerobe 2/21/2016 Physician notes indicaresident was being admitted the conservative long-term care. On 7/20/2016 physician visit not indicate supportive care and con measures were being provided. On 8/13/18 physician visit notes that indicate supportive care and measures were being provided. On 9/27/18 physician visit notes that indicate supportive care and that indic	isease, sential behavioral sphagia, stem cute and ypoxia, specified urbance, specified es. ate facility for tes that infort identified identified identified identified	
	A physician progress part, "No current confurther revealed she and clear lung sound rhonchi (rattling lung obstruction or secret at high risk for repea The plan included, "Current treatment pla Routine follow up."	note dated 9/27/18 read, in applaints or concerns." It had unlabored respirations is without wheezes or sounds which could indicate ions), and Resident #94 was a spiration and pneumonia. Overall stable. Continue in and medication regimen.		measures were being provided. On 10/25/18, 12:00am a residen oxygen saturation dropped to 46 Oxygen was started at 4 liters per per nasal cannula, resident was X2 with thick white mucus from the Resident was dry to touch. Resident was dry to touch. Resident with breathing. Oxygen saturation increased to 64%. On 10/25/18 6:30am condition uno gurgling respirations, non-resito tactile stimuli. No further symptourrently. Resident took morphin	t□s %. er minute suctioned hroat. dent was a assist in inchanged ponsive otoms	
		ent) dated 10/2/18 revealed		sublingually, the off-going nurse		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDI	_		,	С
		345357	B. WING _				08/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	00/2010
				13	303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	F 600 Continued From page 19 Resident #94 was severely cognitively impaired and required extensive to total assistance for all Activities of Daily Living (ADLs). Active diagnose included diabetes mellitus (DM), non-Alzheimer's		F	600	report resident condition to Physician, Director of Nursing and on-coming nurs at shift change, nor did they document further oxygen saturations during their		
	dementia, depression COPD.	n, manic depression, and			shift. 10/26/18 7am: resident restless in bed with signs of dyspnea. SPO2 84% on 4		
	A care plan last updated 10/2/18 read: "(Resident #94) has Dx (diagnosis) of COPD and is at risk for respiratory distress." Goals included "will maintain ventilation within resident's normal range and without s/s (signs and symptoms) of				L/M. Registered Nurse notified physicial of condition change and titrated Oxyge 5 L/M, administered order for DuoNeb, Ativan for restlessness, order for chest X-ray. SPO2 up to 90% on 5 L/M via not set.	n to asal	
	"elevate HOB (head of rest periods, O2 (oxyo (listen with a stethoso O2 sat (saturation) Pl	Interventions included of bed) as tolerated, provide gen) per order, auscultate cope) lung sounds, monitor RN (as needed), monitor tify MD (physician) as			cannula., Licensed Nurse called family without contact. X-ray ordered and completed on 10/26/2018 with bibasila pneumonia noted. Licensed nurse will continue to monitor. 10/26/18 10pm: □ neb treatment and 0 on going comfort measure in place, ate)2	
	Physician orders dated 10/1/18 through 10/31/18 read, in part, "May use standing orders: Oxygen at 2l (liters)/ (per) minute prn SOB (shortness of breath), notify MD if not relieved or if SOB is accompanied with other symptoms, and Morphine Sulfate 100mg/5 mL (100 milligrams in 5 milliliters) 1mL PO (by mouth) q6hrs (every six			25% T 99.2 10/27/18 2pm □ O2 90% with nebs. No food, mouth swabbed provided, ABT ongoing DuoNeb □s as ordered. 10/28/18 12:50am: □ Pt found by nurse without pulse or respirations. Pt is a DN and Death verified by 2 nurses □.) e		
	hours) dyspnea (shor A review of the Medic (MAR) for 10/1/18 thr oxygen was administ				The Facilities Clinical Competency Coordinator began educating the Licensed Nurses on 12/14/18 utilizing to interact change in condition protocol which include clinical pathways of whe contact the physician. Education also began on 12/14/18 by the Clinical Competence Coordinator to the Licens	n to	
	12:00AM and signed routine rounds reside	note dated 10/25/18 at by Nurse #1 read, "During ent (Resident #94) observed to tactile stimuli. O2 sat 46%			Nurses regarding placing residents change of conditions on the 24-hour report sheets utilized by the Licensed Nurses for reporting from shift to shift.		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345357	B. WING _			01/	08/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DDIJITTUE	ALTH-NEUSE			13	303 HEALTH DRIVE		
PRUITINE	ALIH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	Continued From page (percent) (Normal oxygreater than 90%) on 4L/m (liters per minut Suctioned x 2. Thick, O2 sats 64% /c (with) Resident put in H (high breathing." This nursi resident's medical proresident's condition. Review of a nursing resident's condition. Review of a nursing resident's condition. Review of a nursing resident's medical proresident's condition unchange stimuli. Took Morphin record did not contain and/or O2 saturation at this time. This nursi resident's medical proresident's condition. An interview was con 12/13/18 at 1:02PM. frequently short of broxygen in months. He Resident #94 during a oxygen saturation level her airway, sat her up repeat oxygen saturation level her airway saturati	e 20 ygen saturation levels are if RA (room air). O2 started at the per NC (nasal cannula). white mucus from throat. O2. Color pale and ashen. oh) fowlers to assist /c ing note did not indicate the ovider was notified of the note dated 10/25/18 at by Nurse #1 read, in part, d. Non responsive to tactile the as ordered." The medical the resident's vital signs level as taken by Nurse #1 sing note did not indicate the ovider was notified of the ducted with Nurse #1 on He stated Resident #94 was the eath, but had not required the eath and checked routine rounds and found her the level was 64%. He suctioned to, and applied oxygen. Her tion level was 64%. At no the physician because he thought Resident #94 was stated he had not assessed tion again until 6:30AM and the dunchanged.	TAG	6000	CROSS-REFERENCED TO THE APPROPRIA	of dan. Wed wed wed and ded be as a pout on has	
	#1 on 1/7/19 at 2:55F rounds start at midnig	w was conducted with Nurse PM. He stated, "My routine ght. She appeared not her e and ashen." He stated			newly hired certified nursing assistance housekeeping, maintenance, therapy department, social services, activities,) ,	
	Resident #94 had no	response to him touching			administration. On 1/7/2019 the Clinica	I	

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			E SURVEY PLETED		
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			1303 HEALTH DRIVE		
PRUITTHEALTH-NEUSE			NEW BERN, NC 28560		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
dose of Morphine is was not able to swher Morphine dose still having respirat "Her oxygen satura when I left." He alsa anyone, the Direct Physician, of Residhe thought she was had she not been onotified the DON a hospital. No nursin medical record from 10/26/18 at 7:00Al. An interview was of 5:39PM with Nurse Resident #94 on 13:00PM shift. She #1) passing any inhypoxic during the An interview was of 12/13/18 at 5:40PM Resident #94 on 13:00PM shift. She #10 passing any inhypoxic during the An interview was of 12/13/18 at 5:40PM Resident #94 on 13:00PM shift rejudy during shift rejudy for a nursin 7:00AM and signer Manager on the 7: read, in part, "Residyspnea (respirato saturation) 84% or O2 up to 5L and ac (breathing treatme	n. He administered her usual nside her mouth because she allow. He stated he repeated at 6:00AM because she was cory difficulty. He also stated, ation level was around 70% to stated he had not notified for of Nursing (DON) or dent #94's condition because son hospice care. He stated for hospice he would have and sent Resident #94 to the ag notes were revealed in the m 10/25/18 at 6:30AM through M. Sonducted on 12/13/18 at the stated, "I don't recall (Nurse formation on about her being night." Sonducted with Nurse #6 on M. She stated she cared for 0/25/18 from 3:00PM-11:00PM. If anything unusual for Resident	F 6	Competency Coordinator beg the Licensed Nurses to conta physician with resident change conditions as the change in cocurred. The Licensed Nurse required to contact the Direct prior to physician notification. Nurses (27 out of 27) have be in-serviced as of 1/7/2019. 2. Monitor: Address how the identify other residents havin potential to be affected by the practice On 12/13/12/14/18 the Nurse management team including Managers, RN Clinical Comp. Coordinator, RN Nurse Navig Case Mix Director, RN Case Coordinator) reviewed all act charts nursing notes for the pto validate that the physician of all change in conditions. So charts reviewed with 31 chanconditions noted with 31 physicians notifications identified. On 12/13/2018 the Director of and/or Nurse Managers begathe 24-hour report sheet daily change of conditions and valiphysician notification is docunursing notes. The Director of Services, Unit Managers and Managers utilizes the Notification, to review the 24-hour reweekly for 4 weeks then more	act the ge in condition ses are not tor of Nurses . All Licenses een facility will g the e deficient et (RN Unit betency gator, RN Mix dive resident best 90 days was notified 9 resident ages in sician of Nursing an reviewing by to identify idate that mented in the of Health I Nurse ation Review eport sheets	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG		Ι,	С	
		345357	B. WING				08/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
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					DEFICIENCY)			
F 600	Continued From pag	je 22	F	600				
	12/14/18 at 8:35AM. didn't pass any cond (Resident #94) on 10 member who does n asked me to come h on 10/26/18 because breathing well. I asso oxygen to 5L and ca chest x-ray, steroids treatments and antib hypoxia from the nig called the doctor so hospital. Her change communicated to me On 10/26/18 MD ord inh (inhalation) q6hrs	nducted with Nurse #2 on She stated, "(Nurse #1) serns on to me about 0/25. A care partner (a staff tot provide any patient care) ave a look at (Resident #94) es she said she wasn't sessed her, increased her lled the doctor. He ordered a (Prednisone), breathing proticts. I was not aware of her ht before or I would have oner and sent her to the experimental in report from (Nurse #1)." Iters included DuoNebs-1 vial is (every 6 hours) x (for) 7 ue) PRN (as needed) O2			The Director of Nursing and/or Nurse Managers as of 1/7/2019 are reviewing the nursing documentation for resident with change in condition until resident for 72 hours of return to baseline documentation. This review has been added to the Notification Review form of 1/8/2018 The Director of Nursing and/of Nurse managers will complete this revidaily for 5 days then weekly for 4 week then monthly thereafter. On 1/7/2019 the Director of Nursing began tracking and trending the results the 24-hour report sheet, physician notification regarding resident change is condition, documented in the nursing notes on the Notification review DHS form. The analysis of the tracking and	s nas on or ew s		
	titrate for sats (oxygothan) 88% (percent); SOB (shortness of b 0.25mg (milligrams) sublingual) q4hr PRI days; Prednisone 20 Prednisone 10mg Po	/gen). Start oxygen via NC (nasal cannula) te for sats (oxygen saturation) > (greater n) 88% (percent); CXR (chest x-ray) 2 views B (shortness of breath)/congestion; Ativan 5mg (milligrams) 1 tab PO/SL (by mouth or lingual) q4hr PRN (restlessness/anxiety) x 14 s; Prednisone 20mg PO q day x 3 then dnisone 10mg PO q day x 3; Levaquin 500mg b PO q day lower lobe PNA (pneumonia) x 7			trending will be presented at the month Quality Assurance meeting until 3 consecutive months of compliance is sustained then quarterly thereafter. 3. Address what measures will be put it place or systemic changes made to ensure the deficient practice does not recur			
	Resident #94's ches the facility by fax (fac 11:18AM. The result (an indication of pne The MD was notified Review of the next n	t x-ray results were sent to csimile) on 10/26/18 at s read, "bi-basilar infiltrates umonia), worse in right lung." If of the results on 10/26/18. Sursing note was dated If, signed by Nurse #3 and			Effective 1/7/2019 the Medical Doctors phone number has been posted at both nurse □s stations to provide Nurses director ontact with the Physician for resident care needs. Prior to 1/7/2019 the nurse contacted the Director of Nursing and/out Unit Managers prior to contacting the physician. The audit completed on 12/14/2018 did not reveal a systemic	n ect es□		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345357	B. WING		C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
F 600	Comfort measures in The next nursing note 2:00PM, signed by N "90% /c neb. No food ordered." An interview was con 12/13/18 at 1:25PM, received information oxygen saturation lev An additional intervier at 11:38AM with Nurs Resident #94 on 10/2 shift. She stated, "Sh week to a week and a gave us updates and didn't call the doctor to dying. 'No food' in my eating or swallowing. DNR, but did not hav on it. I still gave her N responsive because i cheek. I gave her Mo comfortable. I don't k were. She was on ox which was unusual be need oxygen. She was She was Cheyne-stol breathing along with had periods of apnea call the doctor, but to didn't look good." An interview was con 1:12PM with Nurse #	eatments and O2 on-going. place." e was dated 10/27/18 at urse #3 and read, in part, . On-going DuoNeb as ducted with Nurse #3 on She stated she had not about Resident #94's els in shift report. w was conducted on 1/7/19 ee #3. She cared for 17/18 on the 7:00AM-3:00PM ee was declining for about a half. The Unit Manager told us she was dying. I because I knew she was a note meant she wasn't anything. Her MAR read ee comfort measures written Morphine when she wasn't tan be absorbed in her rephine anyway to keep her now what her vital signs yigen the last week of her life ecause she didn't typically as in respiratory distress.	F 600	issue with contacting the physician. On 1/8/2018 the facility Nurse Manage began interviewing 3 nurses per day to audit their understanding of the training and change in condition and when to contact the physician. This will continue weekly for 12 weeks and results will be brought to the QA Committee monthly. On 1/8/18 the Clinical Competency Coordinator began interviewing 5 ancil staff members (Certified Nursing Assistants, housekeeping, maintenance therapy, social services, activities, and administration) per day to audit their understanding of stop and watch cards and how to use them. The Clinical Competency Coordinator will be responsible for bringing the results to to QA committee monthly. The Clinical Competency Coordinator is responsible that all new staff (Certified nursing assistance, housekeeping, maintenance, therapy department, soci services, activities, and administration) are educated regarding stop and watch (the stop and watch cards identifying a resident change in condition with notification to the Licensed Nurse). The Clinical Competency Coordinator will report the number of staff educated to Quality Assurance / Performance Improvement committee by the Clinica Competency Coordinator monthly to ensure 100% of employees hired have completed the education.	e e e e e e e e e e e e e e e e e e e

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE							
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NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	00/2019
				1:	303 HEALTH DRIVE		
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F 600	Continued From page	÷ 24	F	600			
	shift. She stated she information related to during shift report.	had not received any Resident #94's hypoxia			Indicate how the facility plans to monitor its performance to make sure solutions are sustained:		
	#4 on 1/7/19 at 2:25P one night in October I oxygen saturation. The concerned her, but she because the oxygen I Nurse #1 had told her saturations in the 40's have called the DON low were considered could not recall anyth communicated in report A review of the death listed the cause of dear result or consequence or consequence of CO Pulmonary Disease).	certificate for Resident #94 ath as respiratory failure as ace of pneumonia as a result DPD (Chronic Obstructive			On 12/14/2018 the Administer of the facility met with the Department Manageregarding pending survey results and began to develop an on-going plan of correction. The Medical Director was notified regarding the survey and facility plan of 12/14/2018 and was updated on 1/7/20 regarding the plan changes. On 12/13/2018 the Director of Nursing and/or Nurse Managers began reviewing the 24-hour report sheet daily to identific change of conditions and validate that physician notification is documented in nursing notes. The Director of Health Services, Unit Managers and Nurse Managers utilizes the Notification Reviewelly for 4 weeks then monthly	n 019 ng y the	
	Nursing (DON) on 12 stated, "Staff call me emergencies or a charthe MD. That's the wait set up. I was not aw change in condition u 10/26/18. Staff didn't wasn't aware of her Countries the surveyor, told me nobody notified me of notified when her oxy be 46%. And again w Actually, 911 should'w saturation was 46% a	ducted with the Director of /13/18 at 1:35PM. She or a unit manager for range in status and I contact by he (the physician) wanted ware of (Resident #94's) antil we did an x-ray on notify me of the change. I 22 sats being 46% until you, today (12/13/18) because of that. I should have been gen saturation was found to then it went to only 64%. The been called when her not then I should have been called 911, then notified the			thereafter. The Director of Nursing will report the analysis of the track and trending of the Notification Review to the Quality Assurance / Performance Improvement Committee monthly until months of sustained compliance is maintained then quarterly thereafter. The Director of Nursing and/or Nurse Managers as of 1/7/2019 are reviewing the nursing documentation for resident with change in condition until resident 172 hours of return to baseline documentation. This review has been added to the Notification Review form 1/8/2018 The Director of Nursing and/or	3 s nas	

		(X3) DATE COMP	SURVEY				
			7 50.25	_		,	С
		345357	B. WING _			01/	08/2019
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F 600	the hospital when he expectation is if there condition of a reside made to myself and assessment was cor #94) situation I would called because of he because she had no being applied. I don't I would have sent he department. She she emergency room." Shave expected an owwould have been dis resident remained in the hospital. An interview was con 12/13/18 at 3:35PM. change in condition was in the building). He also stated he was in condition for Resident remained in the stated, "I don't know she became real hypbeen better served it sent out to the hospime (31 hours later) haround 90% so I ord antibiotics. They new hypoxic." He also stand been so hypoxic immediately out to the mediately out to the hospime (32) immediately out to the hospime (34) hours later) haround 90% so I ord antibiotics. They new hypoxic." He also stand been so hypoxic immediately out to the hospime (31) immediately out to the hospime (32) immediately out to the hospime (31) hours later) in an interview was considered to the hospime (31) hours later) in an interview was considered to the hospime (31) hours later) in an interview was considered to have a state of the hospimal to have a state of hospima	4) should've been sent out to er sats were 46%. My e is a significant change in an interpretation of the provider after the impleted. In her (Resident displayed have expected 911 to be to work where oxygen level, and it responded well to oxygen to the emergency will have been sent to the he also stated she would exygen saturation level of 64% incussed in shift report, if the the facility and was not in the he stated if a resident had a steen the the change dent #94 and would have the resident to the hospital. He why I wasn't notified when boxic, but she would have to she had been immediately tal. By the time they called her oxygen saturation was ered a chest x-ray and the retold me she had been so afted he was not aware she to (46%) until the facility told or he would have sent her her emergency department.	F	6000	Nurse managers will complete this revidaily for 5 days then weekly for 4 week then monthly thereafter. The Director of Nursing will report the analysis of the trand trending of the Notification Review the Quality Assurance / Performance Improvement Committee monthly until months of sustained compliance is maintained then quarterly thereafter. The Clinical Competency Coordinators/Director of Nursing will ensure all staff is educated related to utilization of the interact change in condition (stop and watch, SBAR communication form, MD communicati form for non-emergent) will be taken to the Quality Assurance / Performance Improvement committee by the Clinica Competency Coordinator monthly to ensure all employees who have worke have completed and understand the education. The Clinical Competency Coordinator/ Director of Nursing will present the number of new staff educated related to Stop and Watch will be taken to the Quality Assurance / Performance Improvement committee by the Clinica Competency Coordinator monthly until three months of continues compliance sustained then quarterly thereafter, to ensure all newly hired of employees had completed and understand the education. The Administrator is responsible to ensure plan of correction is completed. The completion date for this corrective	on o I d is ave on. sure	
	him today (12/13/18) immediately out to the An additional interview	or he would have sent her			The Administrator is responsible to ens	sure	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		ATE SURVEY DMPLETED
		345357	B. WING _		,	C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		0 1100/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	was not treating Resend of her life. He simeasures or end of ordered a chest x-raprednisone, and and would not recomment of an unresponsive comfort measures of normally sent out reconditions, but (Responditions, but (Responditions, but (Responditions, but (Responditions, but (Responditions, but (Responditions, but (Responditions) and the had been informed 10/25/18 he would here to the emergency the facility now has nursing station, but staff contacted the Eleaso stated, "We were about why they had actually bo orders I gave were in the facility now has nursing station, but staff contacted the Eleaso stated, "We were about why they had actually bo orders I gave were in the facility of the provider of the state of the pneumonia. She was pneumonia. She was pneumonia in Octobrotify the provider of any resident. We may should be notified. If ox reading of 46% of the state of the state of the pneumonia of 46% of the state	comfort measures order and sident #94 as if she was at the lated, "If she was comfort life care only I would not have y, breathing treatments, ibiotics." He also stated he ad administration of Morphine batient, unless they were only. He also stated the facility sidents with emergency ident #94) was not sent out orderstanding the nurse she was a hospice patient. If ed of her severe hypoxia on lave immediately transferred by department. He also stated on is number posted at each prior to yesterday the facility DON and she contacted him. It were just as puzzled as you y didn't do anything for her. Sunced back a bit after the initiated." Inducted with the Nurse 12/14/18 at 9:46AM. She ent #94) was definitely in bad issures include manage pain, a patient comfortable. In her inting ulcers, treating her pain, im her severe dementia, medical conditions, like	F	500		

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		71703/2010
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F 600	after she had passed have been notified because it's likely hof her hypoxia." On 1/7/19 at 4:30Pl were notified of the On 1/8/19 the facilitic credible allegation or removal which inclu. "This plan of correct allegation of substate and Medicaid requiexecution of this coadmission or agree truth of items alleged the alleged deficient prepared and/or exrequired by the problem. It also demonst	ecame aware of her hypoxia ed away. The provider should of her hypoxia (46% and 64%) er pneumonia was the cause M, the Administrator and DON Immediate Jeopardy. y provided an acceptable of Immediate Jeopardy	F 60			
	Neuse on 2/11/2010 Upon admission far transferred to Pruitt Resident admitting obstructive pulmona infarct, TIA, essenti without behavioral odysphagia, UTI, uns	admitted to Pruitt Health form Crystal Coast Hospice mily revoked 3HC hospice and -Healthcare. diagnosis: Sepsis, Chronic ary disease, Bipolar, cerebral al hypertension, dementia disturbance, Diabetes type 2,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345357	B. WING		C 01/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	1 01/00/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 600	failure with hypoxia, unspecified dementidisturbance, stupor, specified bacteria, a 2/21/2016 Physiciar being admitted the flong-term care." On 7/20/2016 physiciar being provided. On 8/13/18 physicial indicate supportive care and being provided. On 9/27/18 physicial indicate supportive were being provided. On 10/25/18, 12:006 saturation dropped that 4 liters per minute was suctioned X 2 with the thing. Oxygen supportive in the thing of the thing of the thing. Oxygen supportive in the thing of the thing of the thing of the thing. Oxygen supportive in the thing of the	Acute and chronic respiratory bipolar disorder, dehydration, a without behavioral pneumonia due to other nd sepsis due to anaerobes. In notes indicate resident was acility for "conservative Ician visit notes that indicate comfort measures were In visit notes identified that care and comfort measures I. I	F 60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C 01/08/2019	
	ROVIDER OR SUPPLIER	1		1	TREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE IEW BERN, NC 28560	1 017	06/2019
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	of dyspnea. SPO2 84 Nurse notified physici titrated Oxygen to 5 L DuoNeb, Ativan for re X-ray. SPO2 up to 90 cannula. Licensed Nu contact. X-ray ordered 10/26/2018 with bibase Licensed nurse will contact. 10/26/18 10pm: - neb comfort measure in p 10/27/18 2pm - O2 90 mouth swabbed providus ordered. 10/28/18 12:50am: - I pulse or respirations. verified by 2 nurses. The Facilities Clinical began educating the second providus ordered in contact the physicial on 12/14/18 utilizing the protocol which include to contact the physicial on 12/14/18 by the Cl Coordinator to the Lic placing residents' cha 24-hour report sheets Nurses for reporting for 1/7/2019, 25 of 27 Lic educated regarding conotification to the phy whom have not received to the removed the	nt restless in bed with signs 1% on 4 L/M. Registered ian of condition change and L/M, administered order for estlessness, order for chest 1% on 5 L/M via nasal arse called family without d and completed on silar pneumonia noted. In the continue to monitor. In treatment and O2 on going lace, ate 25% T 99.2 In the condition of	F	600			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C 01/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 600	have been removed education is complet added to the general Registered and Licer Clinical Competency educating all staff (con housekeeping, maint social services, activities the stop and watch or change in condition of Licensed Nurse on 1 be educated be 12/2 received the education removed from the social services have watch cards. This educated have been added to the general orientation rursing assistance, in the general orientation of the general orientation. Competency Coordin Licensed Nurses to competency Coordin Licensed Nurses to condition occurred. The Licensed Nurses to condition occurred. The Licensed Nurses to condition occurred. Competency Coordin Licensed Nurses to condition occurred. The Licensed Nurses to condition occurred. Condition occurred. On 12/13/12/14/18 the including (RN Unit More)	t completed the education from the schedule until the ed. This education has been orientation of newly hired need Practical Nurses The Coordinator began ertified nursing assistance, tenance, therapy department, ities, and administration) on ards identifying a resident with notification to the 2/14/2018. Facility staff will 1/2018. Staff whom has not on by 12/21/18 will be hedule until the education is 7/2019 115 employees out of been educated on stop and ucation has been added to on for newly hired certified nousekeeping, maintenance, social services, activities, on 1/7/2019 the Clinical nator began educating the contact the physician with conditions as the change in the sare not required to contact is prior to physician how the facility will identify go the potential to be affected ince. The Nurse Management team anagers, RN Clinical nator, RN Nurse Navigator,	F 60				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345357	B. WING		01/08/2019
	ROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 303 HEALTH DRIVE IEW BERN, NC 28560	1 01/00/2013
(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 600	nursing notes for the the physician was in conditions. 89 reside changes in condition notifications identified. On 12/13/2018 the Nurse Managers be report sheet daily to and validate that physician documented in the Health Services, Ur Managers utilizes the to review the 24-how weeks then monthly. The Director of Nurses of 1/7/2019 are indocumentation for incondition until reside baseline documenta added to the "Notified 1/8/2018 The Direct Managers will compliance will compliance in the condition of the compliance on the form. The analysis of will be presented at Assurance meeting compliance is sustained.	peed all active resident charts are past 90 days to validate that notified of all change in ent charts reviewed with 31 ns noted with 31 physician ed. Director of Nursing and/or agan reviewing the 24-hour of identify change of conditions hysician notification is nursing notes. The Director of init Managers and Nurse ne "Notification Review" form, our report sheets weekly for 4	F 600		

AND DUAN OF CORDECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		345357	B. WING _			C 01/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		01/00/2013	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 600	Effective 1/7/2019 the number has been porton provide Nurses di Physician for resider 1/7/2019 the nurses' Nursing and/or Unit the physician. The and 12/14/2018 did not recontacting the physician on 1/8/2018 the fact interviewing 3 nurse understanding of the condition and when will continue weekly be brought to the QA On 1/8/18 the Clinical began interviewing 5 (Certified Nursing As maintenance, therap and administration) understanding of stot ouse them. The Clinical Competer results to the QA control of the Clinical Competer responsible that all resistance, houseked department, social sadministration) are establed.	is made to ensure the deficient cur the Medical Doctors' phone obted at both nurse's stations rect contact with the interest care needs. Prior to contacted the Director of Managers prior to contacting udit completed on eveal a systemic issue with cian. Ility Nurse Managers began is per day to audit their extraining and change in to contact the physician. This for 12 weeks and results will a Committee monthly. The Competency Coordinator is ancillary staff members is esistants, housekeeping, by, social services, activities, over day to audit their in pand watch cards and how inical Competency esponsible for bringing the militee monthly.	F6				
	the Licensed Nurse)	ondition with notification to . The Clinical Competency ort the number of staff					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345357	B. WING			C 01/08/2019
	ROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		1170012013
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL RR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 600	Improvement common Competency Coord 100% of employee education. 4. Indicate how the performance to massustained: On 12/14/2018 the met with the Depart pending survey reson-going plan of coord The Medical Direct survey and facility pupdated on 1/7/2010 On 12/13/2018 the Nurse Managers be report sheet daily to and validate that ple documented in the Health Services, U Managers utilizes to review the 24-howeeks then monthly Nursing will report trending of the "No Assurance / Perfor Committee monthly compliance is main thereafter.	rality Assurance / Performance nittee by the Clinical dinator monthly to ensure shired have completed the facility plans to monitor its ke sure solutions are Administrator of the facility the facility and began to develop an	F 60			
	as of 1/7/2019 are documentation for	rsing and/or Nurse Managers reviewing the nursing residents with change in dent has 72 hours of return to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING _			01/	08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 1303 HEALTH DRIVE NEW BERN, NC 28560	DE	1 017	00/2013	
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 600	added to the "Notifica 1/8/2018 The Director Managers will completed days then weekly for thereafter. The Direct analysis of the track a "Notification Review" Performance Improve until 3 months of sust maintained then quare The Clinical Competer Nursing will ensure all utilization of the intera and watch, SBAR corcommunication form taken to the Quality A Improvement committ Competency Coordin employees who have and understand the e The Clinical Competer Nursing will present the ducated related to Sto the Quality Assurar Improvement committ Competency Coordin months of continued of then quarterly thereaf employees have comeducation.	on. This review has been tion Review" form on rof Nursing and/or Nurse set this review daily for 5 4 weeks then monthly or of Nursing will report the and trending of the to the Quality Assurance / ement Committee monthly ained compliance is terly thereafter. Incy Coordinators/Director of I staff is educated related to act change in condition (stop munication form, MD for non-emergent) will be assurance / Performance tee by the Clinical ator monthly to ensure all worked have completed ducation. Incy Coordinator/ Director of the number of new staff top and Watch will be taken noce / Performance tee by the Clinical ator monthly until three compliance is sustained ator monthly until three compliance is sustained atter, to ensure all newly hired pleted and understand the ompleted.	F	500				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7.1. 50.25.1.			С	
		345357	B. WING _		(1/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1303 HEALTH DRIVE NEW BERN, NC 28560)E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 600		was removed on 1/8/19 at ations and staff interviews allegation of removal had been	F6	500			
F 623 SS=B	S483.15(c)(3) Notice Before a facility transpresident, the facility more resident, the facility more resident, the facility more resident, the facility more resident, the facility more representative(s) of the reasons for the more facility must send a correpresentative of the Long-Term Care Ombour (ii) Record the reasond discharge in the residuaccordance with para and (iii) Include in the noting paragraph (c)(5) of the \$483.15(c)(4) Timing (i) Except as specified (c)(8) of this section, and discharge required un made by the facility are resident is transferred (ii) Notice must be made before transfer or discondination.	before transfer. fers or discharges a nust- and the resident's ne transfer or discharge and ove in writing and in a r they understand. The opy of the notice to a Office of the State oudsman. ns for the transfer or lent's medical record in ograph (c)(2) of this section; ce the items described in is section. of the notice. d in paragraphs (c)(4)(ii) and the notice of transfer or oder this section must be t least 30 days before the d or discharged. ade as soon as practicable	F6	923		1/16/19	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345357	B. WING _			C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	'	0110012010
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 623	be endangered, und this section; (C) The resident's hallow a more immedunder paragraph (c) (D) An immediate trequired by the resident paragraph (c) (E) A resident has notice specified in pmust include the fol (i) The reason for tr (ii) The effective dat (iii) The location to variansferred or dischediving the name, and telephone number ceives such request to obtain an appeal completing the form hearing request; (v) The name, addretelephone number of the protection and adevelopmental disabilities, the mail telephone number of the protection and adevelopmental disabilities, the mail telephone number of the protection and adevelopmental disabilities, the mail telephone number of the protection and adevelopmental disabilities, the mail telephone number of the Developmental disabilities of Rights Acoustic Market Polymental disabilities of R	dividuals in the facility would der paragraph (c)(1)(i)(D) of diate transfer or discharge, (1)(1)(i)(B) of this section; ansfer or discharge is dent's urgent medical needs, (1)(i)(A) of this section; or not resided in the facility for 30 dents of the notice. The written daragraph (c)(3) of this section dowing: ransfer or discharge; which the resident is arged; the resident's appeal rights, address (mailing and email), ber of the entity which dests; and information on how form and assistance in and submitting the appeal dess (mailing and email) and of the Office of the State	F 6	23		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345357	B. WING		C 01/08/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	1 01/08/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLÉTION	
F 623			F 623	3		
	disorder or related disemail address and tel agency responsible for advocacy of individual established under the for Mentally III Individual §483.15(c)(6) Change If the information in the effecting the transfer must update the recip	els with a mental disorder Protection and Advocacy uals Act.				
	§483.15(c)(8) Notice In the case of facility of the administrator of the written notification pri to the State Survey A State Long-Term Care the facility, and the re- well as the plan for the relocation of the reside 483.70(I). This REQUIREMENT by: Based on record revi	is not met as evidenced		What corrective action will be accomplished for the residents found to the residents found to the residents.	0	
	to the resident/reside Ombudsman for a dis of 3 residents reviewe (Resident #50, Reside #39).	ent #344, and Resident : admitted to the facility on		accomplished for the residents found thave been affected by the deficient practice? Resident #50 was given a copy of the Discharge Notification Letter for the 10/19/18 hospitalization and a copy habeen sent to the Ombudsman on 1/15/2019. A copy of the letter has been placed in the resident □s chart. Resident #39 was given a copy of the	as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED	
			A. BOILDIN	<u></u>		С	
		345357	B. WING		₀ .	1/08/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
DDUITTU	TALTU NEUCE			1303 HEALTH DRIVE			
PRUITIH	EALTH-NEUSE			NEW BERN, NC 28560			
(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 623	Continued From page	e 38	F 62	23			
	sclerosis, anemia and	d hypertension.		Discharge Notification Letter for	or the		
				11/17/18 hospitalization and a			
	A quarterly Minimum			sent to the Ombudsman on 1/			
		30/18 indicated Resident		copy of the letter has been pla	iced in the		
		intact. She was totally person assist for dressing,		resident⊡s chart. Resident #344 did not return t	o the facility		
		use, and personal hygiene.		after a hospitalization on 10/2	•		
		d extensive assistance with		copy of the Discharge Notifica			
	bed mobility.			for the 10/28/18 hospitalization			
				to the responsible party at the			
		note dated 10/19/18 revealed		file. A copy of this letter was a			
	Resident #50 was ser			the Ombudsman as of 1/15/20)19.		
	the body).	a (an oxygen deficiency to		2. Monitor: Address how the f	acility will		
	une body).			identify other residents having			
	A review of the medic	cal record revealed no		potential to be affected by the			
		narge was provided to the		practice:			
		ve for the resident's transfer					
		19/18. Further review of the		All residents/responsible partic			
		led no written notice of the to the hospital was provided		notified in writing on transfer to hospital through Discharge No			
	to the ombudsman.	o the hospital was provided		Letter. The social worker will k			
	to the ombadoman.			of these forms and when they			
	During an interview w	vith the Social Worker on		to responsible parties. The so			
	12/13/18 at 9:36 AM,	she stated that she was		will also send a copy of the Di	scharge		
		notice of discharge was to		Notification Letter to the Ombo			
	be sent to the resider			each time a discharge occurs.			
	hospital transfers.	mbudsman for emergent		worker will place a copy of the Discharge Notification Letter in			
	1	or resident representative		resident □s chart that has been			
	I .	resident is transferred to the		hospital.			
	hospital.						
				3. Address what measures wil	•		
	An interview was con			place or systemic changes ma			
		3/18 at 9:44 AM, who		ensure the deficient practice d	ioes not		
	discharge would be s	xpectation written notice of		recur:			
	_	tive with a copy forwarded to		The Social Worker, Director of	f Nursina		
	1	equired by regulations for		and Unit Managers have been	-		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C 01/08/2019	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	00/2019
				13	303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 623	Continued From page 39		F	323			
		insfers by the Social Worker. acility would begin sending uired.			regarding the use of the Discharge Notification Letter by the Administrator 12/13/18 as to the correct procedure.	on	
		as admitted to the facility on oses included dementia, conic kidney disease.			4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained:		
	Resident #344 was s evaluation for chest p				The Social Worker will bring a list of residents and/or resident representative that received the Discharge Notification Letter monthly to the QA Committee for	n	
	written notice of disch resident representativ to the hospital on 10/	cal record revealed no narge was provided to the ve for the resident's transfer (28/18. Additionally, no resident's discharge to the			review and monitoring to ensure continued compliance. The Administra is responsible for ensuring the plan of correction is completed.	tor	
	hospital was provided	-			The date of completion is 1/16/19.		
	unaware that written be sent to the resider representative and or hospital transfers. So contacts the resident	mbudsman for emergent					
	indicated it was her edischarge would be stresident's representathe ombudsman as reemergent hospital tra	13/18 at 9:44 AM, who expectation written notice of sent to the resident or tive with a copy forwarded to equired by regulations for unsfers by the Social Worker. acility would begin sending					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		OATE SURVEY OMPLETED
		345357	B. WING			C 01/08/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560	·	01/00/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 623	9/23/16. Her diagn respiratory failure, h An annual Minimum dated 7/25/18, indiccognitively impaired assistance with one mobility, dressing ar was dependent with and bathing. Review of a nurse's Resident #39 was sevaluation of chest processed of the med written notice of discresident representate to the hospital on 11 written notice of the hospital was forward. During an interview 12/13/18 at 9:36 AM unaware that written be sent to the resider representative and chospital transfers. Sethe resident or resident resident or resident representative and chospital. An interview was conditionally an interview was conditionally and int	s admitted to the facility on oses included chronic eart failure and dementia. Data Set (MDS) assessment ated Resident #39 was. She required extensive person assist for bed and personal hygiene. She one person assist for eating note dated 11/17/18 revealed ent to the hospital for bain and hypoxia (an oxygen day). ical record revealed no charge was provided to the ive for the resident's transfer /17/18. Additionally, no resident's discharge to the ded to the ombudsman. with the Social Worker on an otice of discharge was to ent or resident's ombudsman for emergent of the reported nursing contacts ent representative by esident is transferred to the	F6	23		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345357	B. WING				08/2019
NAME OF PR	ROVIDER OR SUPPLIER	0.000.		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	00/2019
PRUITTHE	ALTH-NEUSE				03 HEALTH DRIVE EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 623	emergent hospital tra	equired by regulations for nsfers by the Social Worker. cility would begin sending		623			1/16/19
SS=J	S 483.25 Quality of car Quality of care is a fu applies to all treatment facility residents. Bas assessment of a resident residents receive accordance with professor practice, the comprehative and Nurse Practitione to monitor and/or evaluation and/or evaluation and/or evaluation and/or sidents (Resident #the facility. Immediate Jeopardy Resident #94 was in a situation and was not nursing and/or medical Jeopardy was removed facility implemented a allegation of immedia facility will remain out scope and severity lessor professor accordance in the professor	andamental principle that and care provided to sed on the comprehensive lent, the facility must ensure treatment and care in sessional standards of sensive person-centered sidents' choices. I is not met as evidenced wew, and staff, Physician, or interviews the facility failed state a resident response to sevise interventions for saturation levels) to prevent call well-being for 1 of 1 segan on 10/25/18 when a compromised respiratory provided ongoing, effective all interventions. Immediate sed on 1/8/19 when the		304	Resident # 94 was admitted to Pruitt Health Neuse on 2/11/2016 from Crysta Coast Hospice Upon admission family revoked 3HC hospice and transferred to Pruitt-Healthcare. Resident admitting diagnosis: Sepsis, Chronic obstructive pulmonary disease Bipolar, cerebral infarct, TIA, essential hypertension, dementia without behavior disturbance, Diabetes type 2, dysphagi UTI, unspecifies asthma. 7/10/16 Carolina East Health System discharge diagnosis included: Acute an chronic respiratory failure with hypoxia, bipolar disorder, dehydration, unspecifie dementia without behavioral disturbance stupor, pneumonia due to other specifie bacteria, sepsis due to anaerobes. 2/21/2016 Physician notes indicate	al oral a, ed ce,	1/10/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C	
NAME OF D	20//050 00 01/00/150	343337	B. WING_		•	/08/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
PRUITTHE	EALTH-NEUSE			1303 HEALTH DRIVE			
				NEW BERN, NC 28560			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 684	Continued From page	ge 42	F 6	84			
	2/11/2016. Admitting (Chronic Obstructive Cerebrovascular Ac pneumonia, and acc	admitted to the facility g diagnoses included COPD e Pulmonary Disease). ccident (CVA), aspiration ute-on-chronic hypoxemic		resident was being admitted to conservative long-term care. On 7/20/2016 physician visit indicate supportive care and of measures were being provided On 8/13/18 physician visit not that indicate supportive care a measures were being provided On 9/27/18 physician visit and on 9/27/18 physician visit and conservations.	notes that comfort ed. tes identified and comfort ed.		
	part, "No current co further revealed she and clear lung soun rhonchi (rattling lung obstruction or secre at high risk for reper The plan included, ' current treatment pl Routine follow up." A Quarterly MDS (More resident assessor Resident #94 was second	as note dated 9/27/18 read, in mplaints or concerns." It had unlabored respirations and without wheezes or grounds which could indicate betions), and Resident #94 was at aspiration and pneumonia. Overall stable. Continue an and medication regimen. Alinimum Data Set-a tool used ment) dated 10/2/18 revealed beverely cognitively impaired with total positions for all.		On 9/27/18 physician visit not that indicate supportive care a measures were being provide On 10/25/18, 12:00am a residency oxygen saturation dropped to Oxygen was started at 4 liters per nasal cannula, resident w X2 with thick white mucus fro Resident was dry to touch. Replaced in high fowlers position with breathing. Oxygen satural increased to 64%. On 10/25/18 6:30am condition on gurgling respirations, nonto tactile stimuli. No further sy currently. Resident took morp	and comfort ed. dent s 46%. s per minute as suctioned m throat. esident was n to assist ation n unchanged responsive ymptoms shine		
	Activities of Daily Li included diabetes m dementia, depression COPD. A care plan last upon 494) has Dx (diagnost for respiratory distression and without s/s (sign respiratory distression." elevate HOB (head rest periods, O2 (ox	sive to total assistance for all ving (ADLs). Active diagnoses nellitus (DM), non-Alzheimer's on, manic depression, and lated 10/2/18 read: "(Resident osis) of COPD and is at risk ess." Goals included "will within resident's normal range ns and symptoms) of "Interventions included d of bed) as tolerated, provide tygen) per order, auscultate escope) lung sounds, monitor		sublingually, the off-going nurreport resident condition to Pl Director of Nursing and on-coat shift change, nor did they of further oxygen saturations dushift. 10/26/18 7am: resident restle with signs of dyspnea. SPO2 L/M. Registered Nurse notifie of condition change and titrate 5 L/M, administered order for Ativan for restlessness, order X-ray. SPO2 up to 90% on 5 cannula., Licensed Nurse call without contact. X-ray ordered	nysician, ming nurse locument ring their ss in bed 84% on 4 d physician ed Oxygen to DuoNeb, for chest L/M via nasal led family		

		A. BUILDIN	G	СОМ	PLETED
	345357	B. WING _		01	C /08/2019
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
DDIJITTUEALTU NELICE			1303 HEALTH DRIVE		
PRUITTHEALTH-NEUSE			NEW BERN, NC 28560		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
Physician orders dated 10/read, in part, "May use star at 2l (liters)/ (per) minute probreath), notify MD if not reliaccompanied with other system of the Medication (MAR) for 10/1/18 through oxygen was administered dentries related to oxygen acrevealed. Review of a nursing note de 12:00AM and signed by Nuroutine rounds resident (Reto be unresponsive to tactile (percent) (Normal oxygen signeater than 90%) on RA (relimination of the Medication of the Medicati	20 (physician) as 1/18 through 10/31/18 Inding orders: Oxygen In SOB (shortness of eved or if SOB is Imptoms, and Morphine Iniligrams in 5 In 10/6hrs (every six In 5 of breath)." Administration record 10/31/18 revealed prn In 10/24/18. No other Idministration was Interest at 1 read, "During Insident #94) observed In 10/25/18 at Inse #1 read, "During Insident #94) observed In 10/25/18 at Inse #1 read, "During Insident #94) observed In 10/25/18 at Inse #1 read, "October and ashen. In 10/25/18 at Inside the Ins	F 6	completed on 10/26/2018 with be pneumonia noted. Licensed nurcontinue to monitor. 10/26/18 10pm: neb treatment on going comfort measure in plate 25% T 99.2 10/27/18 2pm O2 90% with net food, mouth swabbed provided, ongoing DuoNeb as so ordered. 10/28/18 12:50am: Pt found be without pulse or respirations. Pt and Death verified by 2 nurses. The Facilities Clinical Competer Coordinator began educating the Licensed Nurses on 12/14/18 ut interact change in condition prof which include clinical pathways contact the physician. Education began on 12/14/18 by the Clinical Competence Coordinator to the Nurses regarding placing resided change of conditions on the 24-report sheets utilized by the Licensed Nurses for reporting from shift to of 1/7/2019, 25 of 27 Licensed Nurses for reporting from shift to of 1/7/2019, 25 of 27 Licensed Nurses whom have not the education by 12/21/18 will be from the schedule until the educ completed. The Two Licensed I who have not completed the education is completed on 1/9/2019, 27 out of 27 Licen Nurses have been educated regional condition with notification with notification to the schedule until the education is completed on 1/9/2019, 27 out of 27 Licen Nurses have been educated regional condition with notification with notification of condition with notification with notification of condition with notification with notification of condition	rse will at and O2 ace, ate ebs. No ABT by nurse is a DNR correction of when to en also cal Licensed ents hour ensed o shift. As Nurses change of physician. ot received e removed cation is Nurses ucation chedule . sed garding	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
						(С
		345357	B. WING			01/	08/2019
NAME OF PI	ROVIDER OR SUPPLIER			S ⁻	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
DDIUTTU	ALTH MEHOE			13	303 HEALTH DRIVE		
PRUITIHE	EALTH-NEUSE			N	IEW BERN, NC 28560		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 684	684 Continued From page 44		F	684			
		sing note did not indicate the			to the general orientation of newly hire	d	
		ovider was notified of the			Registered and Licensed Practical	u .	
	resident's condition.				Nurses. The Clinical Competency		
					Coordinator began educating all staff		
	An interview was con	ducted with Nurse #1 on			(certified nursing assistance,		
	12/13/18 at 1:02PM.	He stated Resident #94 was			housekeeping, maintenance, therapy		
		eath, but had not required			department, social services, activities,	and	
	1	e stated, "When I checked			administration) on the stop and watch		
	on her that night (10/			cards identifying a resident change in	_		
	_	d her vital signs and her			condition with notification to the Licens		
	1	%. I sat her all the way up,			Nurse on 12/14/2018. Facility staff will		
	suctioned her, and pu				educated be 12/21/2018. Staff whom h		
	1	64%. He stated he had not 94's condition again until			not received the education by 12/21/18 will be removed from the schedule unt		
	I .	dition remained unchanged.			the education is completed As of	•	
		repeated her vital signs or			1/7/2019, 115 employees out of 126		
		on 10/25/18 between 12:00			employees have been educated on sto	p	
	1	use he mistakenly thought			and watch cards. As of 1/9/2019, 126	-	
	Resident #94 was a h	nospice resident.			of 126 employees have been educated	d on	
					stop and watch cards. This education	าลร	
		w was conducted with Nurse			been added to the general orientation		
		PM. He stated, "My routine			newly hired certified nursing assistance	Э,	
		ght. I don't recall getting any			housekeeping, maintenance, therapy	_	
	1 .	report about (Resident			department, social services, activities,		
	· ·	unwell for quite some time. I			administration. On 1/7/2019 the Clinica		
	went to her room and				Competency Coordinator began educate the Licensed Nurses to contact the	uing	
	knew she needed to	l behavior. So I went in and			physician with resident change in		
	I .	mal self. She was pale and			conditions as the change in condition		
	• •	of unresponsive to tactile			occurred. The Licensed Nurses are no	t	
	-	hing and not getting a			required to contact the Director of Nurs		
	I .	e opening, moving). When I			prior to physician notification. All Licen		
		no response. She did move			Nurses (27 out of 27) have been		
	I .	it, but she didn't respond in			in-serviced as of 1/7/2019.		
	I .	gave her Morphine to ease					
		ss. She had been on long			2. Monitor: Address how the facility wi	II	
		r her COPD. Her O2 sat was			identify other residents having the		
	_	aving difficulty since it was			potential to be affected by the deficient	Į	
	46%, but I don't recal	I if she looked short of			practice		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR MC). 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMF	SURVEY
		345357	B. WING				C /08/2019
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1	00.2010
					303 HEALTH DRIVE		
PRUITTHE	EALTH-NEUSE				EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	her Morphine and put straight up) position to not call the DON because was hospice. I free throughout the night to 6:30AM. I know I took the night, but didn't chave. Her vitals were around 6AM because respiratory difficulty. I somewhere in the 70' remember what though buccaly (in her cheek because she was not O2 sat was 64% I put oxygen saturation was left in the morning. I to was not doing well, but condition. I told (Nurst throughout the night, she was Hospice. Who condition she was in the great of the so's, 60's and reference in the so's, 60's and reference in the morning. I should charting because I known."	exygen, suctioned her, gave it her in high fowler's (sitting to help her breathing. I did to ause I mistakenly thought equently checked on her but didn't chart on her until a her vital signs throughout that them. I know I should stable. I gave her Morphine is she was still having her oxygen saturations were seat that point. I don't gh. I gave her the Morphine area within her mouth) able to swallow. When her is her in high fowler's. Her is a little bit over 70% when I gold the on-coming nurse she gut it wasn't a brand new to the side of the swallow.	F	684	On 12/13/12/14/18 the Nurse management team including (RN Unit Managers, RN Clinical Competency Coordinator, RN Nurse Navigator, RN Case Mix Director, RN Case Mix Coordinator) reviewed all active reside charts nursing notes for the past 90 dato validate that the physician was notified all change in conditions. 89 resident charts reviewed with 31 changes in conditions noted with 31 physician notifications identified. On 12/13/2018 the Director of Nursing and/or Nurse Managers began reviewing the 24-hour report sheet daily to identification notification is documented in nursing notes. The Director of Health Services, Unit Managers and Nurse Managers utilizes the Notification Reviform, to review the 24-hour report sheet weekly for 4 weeks then monthly thereafter. The Director of Nursing and/or Nurse Managers as of 1/7/2019 are reviewing the nursing documentation for resident with change in condition until resident 72 hours of return to baseline documentation. This review has been added to the Notification Review form 1/8/2018 The Director of Nursing and/or	ng Ty the ew ets	
	12/13/18 at 5:39PM.	ducted with Nurse #5 on She stated, "The only thing I luring my shift (7:00AM			Nurse managers will complete this revidally for 5 days then weekly for 4 week then monthly thereafter.		

through 3:00PM) was she (Resident #94) didn't

On 1/7/2019 the Director of Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING				00/2040
NAME OF D	ROVIDER OR SUPPLIER	3-3337	5:		TREET ADDRESS, CITY, STATE, ZIP CODE	01/	08/2019
NAME OF PI	ROVIDER OR SUPPLIER						
PRUITTHE	ALTH-NEUSE				303 HEALTH DRIVE		
				N	IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From pag	e 46	F	684			
	eat well. She did see	em more quiet than normal. I			began tracking and trending the results	of	
		1) passing any information on			the 24-hour report sheet, physician		
	about her being hypo	· · · · · · · · · · · · · · · · · · ·			notification regarding resident change	n	
		and canning are ringing			condition, documented in the nursing		
	An interview was cor	nducted with Nurse #6 on			notes on the Notification review DHS		
		She stated she cared for			form. The analysis of the tracking and		
	Resident #94 on 10/2	25/18 from 3:00PM-11:00PM.			trending will be presented at the month	ıly	
	She stated, "She see	emed a little lethargic so I			Quality Assurance meeting until 3	•	
	held her scheduled N	Norphine and took her vital			consecutive months of compliance is		
	signs. They seemed	to be okay. She took			sustained then quarterly thereafter.		
	Morphine every 6 ho	urs to help with her COPD.					
	Her pulse oximetry w	as usually between 92% and			3. Address what measures will be put i	nto	
		ne didn't take her Med Pass			place or systemic changes made to		
	_	She loved her Med Pass and			ensure the deficient practice does not		
	-	00% of it. But that day she			recur		
		else was at baseline for her.					
		oxic I'd start oxygen at 2			Effective 1/7/2019 the Medical Doctors		
		fy the DON." She stated she			phone number has been posted at both		
	-	ing unusual for Resident #94			nurse s stations to provide Nurses dir	ect	
	during shift report.				contact with the Physician for resident		
					care needs. Prior to 1/7/2019 the nurse	_	
	_	note dated 10/26/18 at			contacted the Director of Nursing and/o	or	
	7:00AM and signed b				Unit Managers prior to contacting the		
	_	AM through 3:00PM shift			physician. The audit completed on		
		ent restless in bed /c sign of			12/14/2018 did not reveal a systemic		
		difficulty). SpO2 (oxygen			issue with contacting the physician.		
		L. SN (staff nurse) titrated ninistered order for DuoNeb			On 1/8/2018 the facility Nurse Manage	re	
					began interviewing 3 nurses per day to		
). SpO2 up to 90% on 5L. SN van for restlessness. SN will			audit their understanding of the training		
	continue to monitor."				and change in condition and when to	,	
	Continue to monitor.				contact the physician. This will continu	2	
	An interview was con	nducted with Nurse #2 on			weekly for 12 weeks and results will be		
		She stated, "(Nurse #1)			brought to the QA Committee monthly.		
	didn't pass any conce				2. cagin to the server committee monthly.		
		0/25. I wasn't on the cart			On 1/8/18 the Clinical Competency		
	, ,	cause I am the Unit Manager,			Coordinator began interviewing 5 ancil	larv	
		ometime asked me to			staff members (Certified Nursing	<i>y</i>	
		hey had concerns. A care			Assistants, housekeeping, maintenance	e,	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BOILDI	NG _		(c
		345357	B. WING			l	08/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PRUITTHE	ALTH-NEUSE				303 HEALTH DRIVE		
				N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 684	Continued From page	a 47		684			
1 004	· -			004	thereny entirely anythere entirely		
	·	per who does not provide			therapy, social services, activities, and		
		ed me to come have a look			administration) per day to audit their		
	, ,	10/26/18 because she said			understanding of stop and watch cards and how to use them. The Clinical		
	she wasn't breathing	i to 5L and called the doctor.			Competency Coordinator will be		
		rio 32 and called the doctorray, steroids (Prednisone),			responsible for bringing the results to the	20	
		and antibiotics. I was not			QA committee monthly.	IC	
	_	from the night before or I			The Clinical Competency Coordinator i	9	
		e doctor sooner and sent her			responsible that all new staff (Certified	3	
		nange in condition was not			nursing assistance, housekeeping,		
	•	in report from (Nurse #1) or			maintenance, therapy department, soc	ial	
		#5) who cared for her on			services, activities, and administration)		
	· ·	ray report came back,			are educated regarding stop and watch		
		eing treated for pneumonia			(the stop and watch cards identifying a		
	·	s and nebulizer (breathing)			resident change in condition with		
	treatments." She also	stated Resident #94 had			notification to the Licensed Nurse). The	e	
	been on Morphine for	the almost 2 years she had			Clinical Competency Coordinator will		
	worked there. "We ga	ve her Morphine for her			report the number of staff educated to	the	
	COPD." She stated R	Resident #94 had a slow			Quality Assurance / Performance		
	decline over the last s	several months, but had no			Improvement committee by the Clinica		
	orders for comfort me	easures or hospice.			Competency Coordinator monthly to		
					ensure 100% of employees hired have		
		w was conducted on 1/7/19			completed the education.		
	at 10:00AM with Nurs						
		was unusual for her. I was					
		t at baseline and continuing			4. Indicate how the facility plans to		
		have been completed by the			monitor its performance to make sure		
		through 3:00PM. I wasn't			solutions are sustained:		
	•	ues for my shift (7A-3P), but			On 40/44/0040 the Advantation of the		
		ig in at 3PM to keep an eye			On 12/14/2018 the Administer of the	ioro	
		cause of the respiratory			facility met with the Department Manag	jers	
		l) came to us on scheduled			regarding pending survey results and		
	Morphine to help with	we gave Morphine to help			began to develop an on-going plan of correction.		
		rates. So for example, if a			The Medical Director was notified		
		tilating (breathing fast) we			regarding the survey and facility plan o	n	
		w the rate down from say the			12/14/2018 and was updated on 1/7/20		
		s helped perfuse them.			regarding the plan changes.		
		s were always crushed in			On 12/13/2018 the Director of Nursing		
	,	aaj = 5. aoi 10 a 111	1		<u>_</u>		1

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 5012511	_		، ا	
		345357	B. WING _				08/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DDIUTTUE	ALTII NEUCE			1	303 HEALTH DRIVE		
PRUITIHE	EALTH-NEUSE			N	EW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	EIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 684	Continued From page	e 48 , like her Morphine, so the	F	684	and/or Nurse Managers began reviewi	ng	
	hospice after they ha	ally, people come to us from ve improved enough to no pice care. I believe that's			the 24-hour report sheet daily to identif change of conditions and validate that physician notification is documented in nursing notes. The Director of Health Services, Unit Managers and Nurse Managers utilizes the Notification Reviews	the	
	inh (inhalation) q6hrs days. D/C (discontinu (oxygen). Start oxyge titrate for sats (oxyge than) 88% (percent); SOB (shortness of br 0.25mg (milligrams)	ers included DuoNebs-1 vial 6 (every 6 hours) x (for) 7 ue) PRN (as needed) O2 en via NC (nasal cannula) en saturation) > (greater CXR (chest x-ray) 2 views reath)/congestion; Ativan 1 tab PO/SL (by mouth or			form, to review the 24-hour report sheet weekly for 4 weeks then monthly thereafter. The Director of Nursing will report the analysis of the track and trending of the Notification Review to the Quality Assurance / Performance Improvement Committee monthly until months of sustained compliance is	ets	
	days; Prednisone 200 Prednisone 10mg PC 1 tab PO q day lower days. Resident #94's chest the facility by fax (fac 11:18AM. The results (an indication of pneu	I (restlessness/anxiety) x 14 mg PO q day x 3 then O q day x 3; Levaquin 500mg lobe PNA (pneumonia) x 7 x-ray results were sent to simile) on 10/26/18 at s read, "bi-basilar infiltrates umonia), worse in right lung." of the results on 10/26/18.			maintained then quarterly thereafter. The Director of Nursing and/or Nurse Managers as of 1/7/2019 are reviewing the nursing documentation for resident with change in condition until resident I/2 hours of return to baseline documentation. This review has been added to the Notification Review form of 1/8/2018 The Director of Nursing and/of Nurse managers will complete this revidaily for 5 days then weekly for 4 week	s nas on or ew	
	10/26/18 at 10:00PM read, in part, "Neb tre Comfort measures in The next nursing not 2:00PM, signed by N	ursing note was dated I, signed by Nurse #3 and eatments and O2 on-going. I place." e was dated 10/27/18 at lurse #3 and read, in part, I. On-going DuoNeb as			then monthly thereafter. The Director or Nursing will report the analysis of the trand trending of the Notification Review the Quality Assurance / Performance Improvement Committee monthly until months of sustained compliance is maintained then quarterly thereafter. The Clinical Competency Coordinators/Director of Nursing will	f ack to	
		nducted with Nurse #3 on She stated Resident #94			ensure all staff is educated related to utilization of the interact change in		

OLIVILIY	O T OIT MEDIO TITE O	· · · · · · · · · · · · · · · · · · ·				CIVID ITC	2. 0000 000 1
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
				-		(С
		345357	B. WING				08/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
DDIUTTU	ALTH MEHOE			1:	303 HEALTH DRIVE		
PRUITIHE	EALTH-NEUSE			N	IEW BERN, NC 28560		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
			+		BEI IOIENOT)		
F 684	a lot of respiratory issinclude hydration, fee medicating per orders. We need an order for stated she had not re Resident #94's oxyge report. She also state by exception so if the nothing happened ou resident. An additional intervier at 11:38AM with Nurse Resident #94 on 10/2 shift. She stated, "She week to a week and a gotten out of bed and but they weren't gettin week of her life. I was told in report she was days of her life she were the Unit Manager gashe was dying. Anyth the MAR (Medication on a clipboard we keer resident is comfort care medicating, giving ox just do everything to comfortable. You don because that discuss I didn't call the doctor dying. 'No food' in my eating or swallowing. DNR, but did not havon it. I still gave her Medicating or supplementations.	ent and (Resident #94) had sues. Comfort measures ding, assessing for pain, s, and providing ADL care. Comfort measures." She ceived information about an saturation levels in shift ad charting was completed re were no notes it meant at of the ordinary for the was conducted on 1/7/19 are #3. She cared for 1/7/18 on the 7:00AM-3:00PM are was declining for about a half. She was usually would play with her blanket, and her up for about the last a concerned, but was being an't doing well. The last 2-3 asn't responding as usual. It is usually we us updates and told us ing we need to know is on Administration Record) or ap at the nurses' station. If a line that's written on the neans you keep feeding, ygen, complete ADLs, and	F	684	condition (stop and watch, SBAR communication form, MD communicati form for non-emergent) will be taken to the Quality Assurance / Performance Improvement committee by the Clinica Competency Coordinator monthly to ensure all employees who have worke have completed and understand the education. The Clinical Competency Coordinator/ Director of Nursing will present the number of new staff educated related to Stop and Watch will be taken to the Quality Assurance / Performance Improvement committee by the Clinical Competency Coordinator monthly until three months of continues compliance sustained then quarterly thereafter, to ensure all newly hired of employees had completed and understand the education. The Administrator is responsible to ensure plan of correction is completed. The completion date for this corrective action is 1/16/19.	d o is ave on.	
	1 -	re to swallow it. So she could					

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			OATE SURVEY OMPLETED
	345357	B. WING _			C 01/08/2019
			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		3 1733/23 13
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	Continued From page have been unresport anyway to keep her what her vital signs was last week of her life she didn't typically no respiratory distress. Iast time I took care She was Cheyne-store breathing along with had periods of apneticall the doctor, but to didn't look good." She Resident #94 was on 1:12PM with Nurse ##94 on 10/25/18 on shift. She stated she information related to during shift report. An additional interview #4 on 1/7/19 at 2:25 one night in October oxygen saturation. She but stated she place saturation came up. concerned her, but she because the oxygen Nurse #1 had told he saturations in the 40 have called the DON are supposed to do could not recall anyt communicated in report.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 50 have been unresponsive, but I gave her Morphine anyway to keep her comfortable. I don't know what her vital signs were. She was on oxygen the last week of her life which was unusual because she didn't typically need oxygen. She was in respiratory distress. She was breathing hard the last time I took care of her at the end of October. She was Cheyne-stoking (periods of not breathing along with periods of breathing). She had periods of apnea throughout my shift. I didn't call the doctor, but told the on-coming shift she didn't look good." She stated she believed Resident #94 was on hospice care. An interview was conducted on 12/13/18 at 1:12PM with Nurse #4, who cared for Resident #94 on 10/25/18 on the 11:00PM through 7:00AM shift. She stated she had not received any information related to Resident #94's hypoxia	A BUILDIE 345357 B. WING ROVIDER OR SUPPLIER SALTH-NEUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 50 have been unresponsive, but I gave her Morphine anyway to keep her comfortable. 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She could not recall the date, but stated she placed her on oxygen and her saturation came up. The low oxygen level had concerned her, but she had not called the DON because the oxygen had helped. She stated if Nurse #1 had told her Resident #94 was having saturations in the 40's, 50's or 60's she would have called the DON because, "That's what we are supposed to do in an emergency." She also could not recall anything concerning being communicated in report. A review of the death certificate for Resident #94 listed the cause of death as respiratory failure as	ROVIDER OR SUPPLIER SALTH-NEUSE SUMMARY STATEMENT OF DEFICIENCIES (REACH DEFICIENCY MUST BE PRECEDED BY PULL (RECULATIONY OR LSC DENTIFYING INFORMATION) Continued From page 50 have been unresponsive, but I gave her Morphine anyway to keep her comfortable. I don't know what her vital signs were. She was on oxygen the last week of her life which was unusual because she didn't typically need oxygen. She was in respiratory distress. 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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE COMP	
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	ROVIDER OR SUPPLIER	J-0007		STREET ADDRESS, CITY, STATE, Z 1303 HEALTH DRIVE NEW BERN, NC 28560	IP CODE	01/0	08/2019
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F 684	Pulmonary Disease). An interview was con Nursing (DON) on 12 stated, "Staff call me emergencies or a chathe MD. That's the wait set up. I was not aw change in condition ut 10/26/18. Staff didn't wasn't aware of her Othe surveyor, told me nobody notified me or notified when her oxy be 46%. And again wasturation was 46% anotified. I would have doctor. (Resident #94 the hospital when her expectation is if there condition of a residen made to myself and the assessment was com #94) situation I would called because of how because she had not being applied. I don't I would have sent her department. She sho emergency room." She have expected an oxywould have been discovered in the hospital. An interview was consulted.	ducted with the Director of /13/18 at 1:35PM. She or a unit manager for ange in status and I contact ay he (the physician) wanted vare of (Resident #94's) antil we did an x-ray on notify me of the change. I D2 sats being 46% until you, today (12/13/18) because if that. I should have been agen saturation was found to then it went to only 64%. We been called when her and then I should have been called 911, then notified the electron in the provider after the inpleted. In her (Resident I have expected 911 to be wollow her oxygen level, and responded well to oxygen know why I was not notified.	F	684			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 684	Continued From page	e 52	F 68	84		
	change in condition to was in the building) where also stated he was in condition for Residi immediately sent the stated, "I don't know she became real hyp been better served if sent out to the hospit me (31 hours later) haround 90% so I order antibiotics. They neven hypoxic." He also stated had been so hypoxichim today (12/13/18) immediately out to the An additional intervier physician on 1/8/19 and recall of writing a was not treating Resend of her life. He stated measures or end of I ordered a chest x-ray Prednisone, and antification would not recomment to an unresponsive promormally sent out resconditions, but (Residual been informe 10/25/18 he would have to the emergency the facility now has hoursing station, but processing the sent of the processing station, but processing the sent of the sent of the emergency the facility now has hoursing station, but processing the sent of the processing the sent of the emergency the facility now has hoursing station, but processing the sent of the processing the sent of the sent of the emergency the facility now has hoursing station, but processing the sent of th	the nurses or DON (if she were supposed to notify him. Is not notified of the change lent #94 and would have resident to the hospital. He why I wasn't notified when oxic, but she would have she had been immediately al. By the time they called er oxygen saturation was ered a chest x-ray and er told me she had been so ted he was not aware she (46%) until the facility told or he would have sent her e emergency department. W was conducted with the at 8:35AM. He stated he had comfort measures order and ident #94 as if she was at the ated, "If she was comfort if care only I would not have to breathing treatments, biotics." He also stated he did administration of Morphine atient, unless they were ally. He also stated the facility idents with emergency dent #94) was not sent out inderstanding the nurse he was a hospice patient. If did of her severe hypoxia on ave immediately transferred or department. He also stated is number posted at each rior to yesterday the facility ON and she contacted him.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
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F 684	She had actually bo orders I gave were in An interview was con Practitioner (NP) on stated, "She (Reside health. Comfort meanything to keep the case it meant prever keeping her safe from treating some of her pneumonia. She was pneumonia in Octob notify the provider of any resident. We may should be notified. If ox reading of 46% of a high risk for aspiral had pneumonia. I be after she had passed have been notified of because it's likely he of her hypoxia." On 1/7/19 at 4:30PN were notified of the long of	y didn't do anything for her. unced back a bit after the nitiated." Inducted with the Nurse 12/14/18 at 9:46AM. She ent #94) was definitely in bad asures include manage pain, e patient comfortable. In her nting ulcers, treating her pain, m her severe dementia, medical conditions, like s being treated for eer of 2018. The staff should of any change in condition for ay or may not treat, but we was never notified of a pulse of 44% on 10/25/18. She was ation pneumonia and already ecame aware of her hypoxia d away. The provider should of her hypoxia (46% and 64%) er pneumonia was the cause In the Administrator and DON Immediate Jeopardy. In provided an acceptable of Immediate Jeopardy ded: ion constitutes a written nitial compliance with Federal ements. Preparation and/or rection does not constitute	F	584		
	were notified of the On 1/8/19 the facility credible allegation or removal which include. "This plan of correct allegation of substar and Medicaid require execution of this coradmission or agreer truth of items alleged	Immediate Jeopardy. / provided an acceptable f Immediate Jeopardy ded: ion constitutes a written ntial compliance with Federal ements. Preparation and/or				

AND DLAN OF CORRECTION IDENTIFICATION NUMBER			X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 684	Continued From page	e 54	F 6	884			
	required by the provis law. It also demonstrates desire to continue to and services to our re Resident # 94 was ac	dmitted to Pruitt Health					
		from Crystal Coast Hospice ly revoked 3HC hospice and lealthcare.					
	obstructive pulmonar infarct, TIA, essential	agnosis: Sepsis, Chronic y disease, Bipolar, cerebral hypertension, dementia sturbance, Diabetes type 2, pecified asthma.					
	diagnosis included: A failure with hypoxia, I unspecified dementia disturbance, stupor, p	t Health System discharge cute and chronic respiratory bipolar disorder, dehydration, without behavioral beneumonia due to other and sepsis due to anaerobes.					
		notes indicate resident was cility for "conservative					
		cian visit notes that indicate comfort measures were					
		visit notes identified that are and comfort measures					
		visit notes identified that are and comfort measures					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 684	were being provided. On 10/25/18, 12:00al saturation dropped to at 4 liters per minute was suctioned X 2 withroat. Resident was placed in high fowler breathing. Oxygen saturations, oxygen saturations, oxygen saturations, oxygen saturations, stimuli. No further systook morphine sublined did not report resider Director of Nursing a change, nor did they saturations during the 10/26/18 7am: reside of dyspnea. SPO2 84 Nurse notified physic titrated Oxygen to 5 I DuoNeb, Ativan for rexisted Oxygen to 5 I DuoNeb, Ativan for rexisted Oxygen to 5 I DuoNeb, ativan for rexisted Oxygen to 90 cannula. Licensed Nicontact. X-ray ordered 10/26/2018 with bibat Licensed nurse will comfort measure in processing the comfort measure in processing p	m a resident's oxygen o 46%. Oxygen was started per nasal cannula, resident th thick white mucus from dry to touch. Resident was s position to assist with aturation increased to 64%. condition unchanged no non-responsive to tactile mptoms currently. Resident gually, the off-going nurse at condition to Physician, nd on-coming nurse at shift document further oxygen eir shift. ent restless in bed with signs and on 4 L/M. Registered ian of condition change and and completed or chest of on 5 L/M via nasal arse called family without d and completed on silar pneumonia noted.	F6	584			

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F 684	began educating the 12/14/18 utilizing the protocol which include to contact the physic on 12/14/18 by the C Coordinator to the Li placing residents' ch. 24-hour report sheet Nurses for reporting 1/7/2019, 25 of 27 Li educated regarding on otification to the phywhom have not recei 12/21/18 will be remote the education is completed added to the general Registered and Licer Clinical Competency educating all staff (con housekeeping, maint social services, active the stop and watch of change in condition of Licensed Nurse on 1 be educated be 12/2 received the education removed from the social serviced. As of 1/2 contacts and the social serviced completed. As of 1/2 contacts are some serviced and the social serviced and serviced the education serviced from the social serviced. As of 1/2 contacts are some serviced and	I Competency Coordinator Licensed Nurses on interact change in condition le clinical pathways of when ian. Education also began clinical Competence censed Nurses regarding ange of conditions on the s utilized by the Licensed from shift to shift. As of censed Nurses have been change of condition with ysician. Licensed Nurses eved the education by oved from the schedule until pleted. The Two Licensed t completed the education from the schedule until the ed. This education has been orientation of newly hired insed Practical Nurses The	F 6	84		
	watch cards. This ed the general orientationursing assistance, h	ucation has been added to on for newly hired certified nousekeeping, maintenance, social services, activities,				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		OMPLETED
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F 684	Continued From pag	e 57	F	584		
	Competency Coordin Licensed Nurses to or resident change in or condition occurred.	On 1/7/2019 the Clinical nator began educating the contact the physician with onditions as the change in				
	the Director of Nurse notification.					
		how the facility will identify ng the potential to be affected tice				
	including (RN Unit M Competency Coordin RN Case Mix Director Coordinator) reviewed nursing notes for the the physician was not conditions. 89 resides	ed all active resident charts past 90 days to validate that otified of all change in ent charts reviewed with 31 s noted with 31 physician				
	Nurse Managers beg report sheet daily to and validate that phy documented in the n Health Services, Uni Managers utilizes the	ursing notes. The Director of t Managers and Nurse e "Notification Review" form, r report sheets weekly for 4				
	as of 1/7/2019 are red documentation for re	ing and/or Nurse Managers eviewing the nursing esidents with change in ent has 72 hours of return to				

F 684 Continued From page 58 baseline documentation. This review has been added to the "Notification Review" form on 1/8/2018 The Director of Nursing and/or Nurse Managers will complete this review daily for 5 days then weekly for 4 weeks then monthly thereafter. On 1/7/2019 the Director of Nursing began tracking and trending the results of the 24-hour report sheet, physician notification regarding resident change in condition, documented in the nursing notes on the "Notification review" DHS form. The analysis of the tracking and trending will be presented at the monthly Quality		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560 (XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 684 Continued From page 58 baseline documentation. This review has been added to the "Notification Review" form on 1/8/2018 The Director of Nursing and/or Nurse Managers will complete this review daily for 5 days then weekly for 4 weeks then monthly thereafter. On 1/7/2019 the Director of Nursing began tracking and trending the results of the 24-hour report sheet, physician notification regarding resident change in condition, documented in the nursing notes on the "Notification review" DHS form. The analysis of the tracking and trending will be presented at the monthly Quality			345357	B. WING _			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 684 Continued From page 58 baseline documentation. This review has been added to the "Notification Review" form on 1/8/2018 The Director of Nursing and/or Nurse Managers will complete this review daily for 5 days then weekly for 4 weeks then monthly thereafter. On 1/7/2019 the Director of Nursing began tracking and trending the results of the 24-hour report sheet, physician notification regarding resident change in condition, documented in the nursing notes on the "Notification review" DHS form. The analysis of the tracking and trending will be presented at the monthly Quality PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLET TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 684 F 685 F 687 F 684 F 6					1303 HEALTH DRIVE	•	
baseline documentation. This review has been added to the "Notification Review" form on 1/8/2018 The Director of Nursing and/or Nurse Managers will complete this review daily for 5 days then weekly for 4 weeks then monthly thereafter. On 1/7/2019 the Director of Nursing began tracking and trending the results of the 24-hour report sheet, physician notification regarding resident change in condition, documented in the nursing notes on the "Notification review" DHS form. The analysis of the tracking and trending will be presented at the monthly Quality	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	HOULD BE	COMPLETION
Assurance meeting until 3 consecutive months of compliance is sustained then quarterly thereafter. 3. Address what measures will be put into place or systemic changes made to ensure the deficient practice does not recur Effective 1/7/2019 the Medical Doctors' phone number has been posted at both nurse's stations to provide Nurses direct contact with the Physician for resident care needs. Prior to 1/7/2019 the nurses' contacted the Director of Nursing and/or Unit Managers prior to contacting the physician. The audit completed on 12/14/2018 did not reveal a systemic issue with contacting the physician. On 1/8/2018 the facility Nurse Managers began interviewing 3 nurses per day to audit their understanding of the training and change in condition and when to contact the physician. This will continue weekly for 12 weeks and results will be brought to the QA Committee monthly. On 1/8/18 the Clinical Competency Coordinator	F 684	baseline documentati added to the "Notifica 1/8/2018 The Directo Managers will complet days then weekly for thereafter. On 1/7/2019 the Direct tracking and trending report sheet, physiciar resident change in conursing notes on the form. The analysis of will be presented at the Assurance meeting uncompliance is sustained. 3. Address what mean or systemic changes practice does not reconcern the form. The analysis of will be presented at the Assurance meeting uncompliance is sustained. 3. Address what mean or systemic changes practice does not reconcern the form. The automatical for resident 1/7/2019 the number has been post to provide Nurses directly Physician for resident 1/7/2019 the nurses of the physician. The automatical form the physician of the contacting the physic. On 1/8/2018 the facility interviewing 3 nurses understanding of the condition and when to will continue weekly for the physician to the QA.	ion. This review has been ation Review" form on r of Nursing and/or Nurse set this review daily for 5 4 weeks then monthly ctor of Nursing began the results of the 24-hour an notification regarding ondition, documented in the "Notification review" DHS the tracking and trending the monthly Quality antil 3 consecutive months of the determined the needs to ensure the deficient tur. Sures will be put into place made to ensure the deficient tur. Medical Doctors' phone sted at both nurse's stations to contact with the trace needs. Prior to contacted the Director of Managers prior to contacting adit completed on exeal a systemic issue with ian. Ty Nurse Managers began to per day to audit their training and change in the contact the physician. This for 12 weeks and results will Committee monthly.	F6	84		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 684	(Certified Nursing Ass maintenance, therapy and administration) punderstanding of stor to use them. The Clin Coordinator will be reresults to the QA commodities to the QA commodities to the QA commodities. The Clinical Competer responsible that all not assistance, houseked department, social seadministration) are extended to the stop and wore sident change in control to the Licensed Nurse). Coordinator will report educated to the Qual Improvement commit Competency Coordinator will report educated to the Qual Improvement commit Competency Coordinator. 4. Indicate how the far performance to make sustained: On 12/14/2018 the Admet with the Department pending survey result on-going plan of corresponding to the Competency and facility play updated on 1/7/2019. On 12/13/2018 the Department of the Competency and facility play updated on 1/7/2019.	ancillary staff members sistants, housekeeping, or, social services, activities, er day to audit their or and watch cards and how sical Competency sponsible for bringing the amittee monthly. Ency Coordinator is ew staff (Certified nursing eping, maintenance, therapy ervices, activities, and ducated regarding stop and watch cards identifying a andition with notification to The Clinical Competency at the number of staff ity Assurance / Performance tee by the Clinical ator monthly to ensure hired have completed the decility plans to monitor its sure solutions are	F 68	4		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345357	B. WING			C 01/08/2019	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		01/06/2019	
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE	
F 684	report sheet daily to and validate that phy documented in the nit Health Services, Unit Managers utilizes the to review the 24-hour weeks then monthly Nursing will report the trending of the "Notificassurance / Perform Committee monthly to compliance is maintain thereafter. The Director of Nursias of 1/7/2019 are redocumentation for recondition until reside baseline documentatian added to the "Notifica Review" form on 1/8/Nursing and/or Nursing and/or Nursing and/or Nursing and/or Nursing will report the analysthe "Notification Review" / Performance Imprountil 3 months of susmaintained then quaintained then quaintained then quaintained the quality of the interior and watch, SBAR cocommunication form taken to the Quality of Improvement commit Competency Coordinate in the province of the interior competency Coordinate in the province of the	identify change of conditions risician notification is ursing notes. The Director of the Managers and Nurse is "Notification Review" form, report sheets weekly for 4 thereafter. The Director of e analysis of the track and ication Review" to the Quality ance Improvement until 3 months of sustained ained then quarterly sidents with change in the 72 hours of return to the Managers will complete this resident compliance is reterly thereafter. The Director of Nursing is of the track and trending of item" to the Quality Assurance wement Committee monthly tained compliance is reterly thereafter. The Director of Director of all staff is educated related to react change in condition (stop mmunication form, MD for non-emergent) will be Assurance / Performance	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	
		345357	B. WING_			C	
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE				STREET ADDRESS, CITY, STATE, ZIP C 1303 HEALTH DRIVE NEW BERN, NC 28560	CODE	01/08/2019	
(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 X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 684	and understand the end understand the end understand the end end understand the end end end end end end end end end en	ency Coordinator/ Director of the number of new staff stop and Watch will be taken nee / Performance tee by the Clinical ator monthly until three compliance is sustained fter, to ensure all newly hired epleted and understand the responsible to ensure the completed. 2019." was removed on 1/8/19 at rations and staff interviews allegation of	F6	584			