PRINTED: 11/27/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  G		OATE SURVEY OMPLETED
		345286	B. WING			C <b>10/27/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		10/2//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 COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	S	F 00	00		
	to conduct a revisit a survey and exited or information was obtainterview with a form of the twenty-five co substantiated. The fisubstantial complian at F600 at a scope a date was changed to Immediate Jeopardy case was transferred Medicaid Services (Inotified the facility of F600 and F697 wou jeopardy level regard member of the surve on 10/27/19 and cor and validated the im of removal. Please event ID# EUXD12. changed to 10/27/19 Immediate Jeopardy CFR 483.12 at tag F (J) CFR 483.25 at tag F (J) Tags F600 and F697 Quality of Care. Immediate Jeopardy removed on 10/27/11 credible allegation o and an extended sur	(IJ) was identified after the d to Centers for Medicare and CMS). The State Agency in 10/23/19 that both tags Id be cited at the immediate ding the same resident. A sey team returned to the facility impleted an extended survey mediate jeopardy allegation see event ID #PQ3511 and The survey exit date was 3.  Was identified at:  600 at a scope and severity  697 at a scope and severity  7 constituted Substandard  9 began on 8/7/19 and was  9 when the facility provided a fimmediate jeopardy removal reey was conducted. The				
ARORATORY I	DIRECTOR'S OR PROVIDER	VSUPPLIER REPRESENTATIVE'S SIGNATUR	 ?E	TITLE		(X6) DATE

Electronically Signed 11/06/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345286	B. WING				C 27/2019	
	ROVIDER OR SUPPLIER			7	TREET ADDRESS, CITY, STATE, ZIP CODE 10 JULIAN ROAD ALISBURY, NC 28147	1 10,	2172010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 000	and severity level D (minimal harm that is a (IJ)) until all of the nu The facility will then in corrective action.	of compliance at a scope with potential for more than not immedicate jeopardy rsing staff can be inserviced. mplement monitoring of its		000				
F 600 SS=J	Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not lim corporal punishment, any physical or chem treat the resident's mission (§483.12(a)) The facility (§483.12(a)) Not use	m Abuse, Neglect, and right to be free from abuse, tion of resident property, efined in this subpart. This hited to freedom from involuntary seclusion and ical restraint not required to edical symptoms.  y must- e verbal, mental, sexual, or	F	600			10/28/19	
	by: Based on record revi Nurse Practitioner (N interviews, the facility treatment and pain re complaining of hip, ar falling in her room. T ankle, that was disloc tibia and fibula, for or reviewed (Resident #	is not met as evidenced iew, resident, interview, P) and responsible party failed to initiate medical elief for a resident that was hkle, and back pain after he resident had a fractured eated and had a break of the ne of three residents			F600  1. Event was investigated 9/23/19 by DHHS surveyor for resident # 8. Reside # 8 still resides in the facility and continues to participate in Plan of Care and receive appropriate pain medication as ordered.  2. All residents have the potential to be affected by this deficient practice. 100% audit of all events that have occurred in	n		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION						
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	345286	B. WING				27/2019
NAME OF PROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
OALIODUDY OFNITED			71	0 JULIAN ROAD		
SALISBURY CENTER			S	ALISBURY, NC 28147		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
break at the tibia and f her pain level as havin scale, and did not rece effective pain medicati jeopardy was removed facility implemented ar allegation of removal. compliance at a lower (isolated with no actua more than minimal har jeopardy) to complete monitoring systems pu related to supervision t  Findings included:  Resident #8 was origin on 2/8/17, her cumulat Chronic obstructive pu generalized weakness cognitive communicatic coordination, and diaba  Review of Resident #8 (MDS) prior to her hos quarterly assessment to Reference Date (ARD) was coded as having h resident had no behav assessment period. Th having been independanceded for bed mobilit bed to a chair), walking and toilet use. The res received as needed pa non-medication interver	as dislocated and had a fibula, the resident identified g been a 10, on a 0-10 eive medical treatment or on. The immediate d on 10/10/19 when the nacceptable credible. The facility remains out of scope and severity of D all harm with potential for the that is not immediate education and ensure at into place are effective to prevent accidents.  The ally admitted to the facility tive diagnoses included: almonary disease (COPD), and difficulty in walking, on deficit, dementia, lack of etes.  The service of the heresident was coded as ent with no assistance by, transfer (i.e. from the g in the resident's room, sident was coded as having ain medication and	F	600	the last 30 days will be reviewed by the Center Executive Director (CED), and/or Center Nurse Executive (CNE), and /or Unit Managers (UM) to ensure all even were investigated and that timely, required acute care was given for events with injuries and that effective pain medications and that effective pain medications and that effective pain medications are given investigation after each event to ensure all events were investigated and that timely, required acute care was given for events with injuries and that effective pain medications and that effective pain medications are administered at time of event on 10/11/19. 100% of all staff were in serviced on Neglect by Nurse Practice Educator (NPE), CED and Department Heads. All Licensed staff were educated by CNE, UM, NPE on the importance of providing effective pain medication to residents post events and providing accers for events with injuries. This education includes Full Time, Part time and PRN and agency staff. All new hire and new Agency nurses will be educated on Neglect the importance of providing effective pain medication to residents pevents and providing acute care for events with injuries. All new hires and new Agency staff will receive this education on hire.  4. Events will be audited by the clinical Morning Meeting using the Event Track Log to ensure all events were investigated.	or ts ired on o er on d f ute , es ed ost	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  3	(X3)	) DATE SURVEY COMPLETED
		345286	B. WING			C <b>10/27/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	<b></b> E	10/21/2013
				710 JULIAN ROAD		
SALISBU	RY CENTER			SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	Continued From pag	e 3	F 60	00		
	the worse pain image her pain was a 7. The having had one fall wassessment. The received and opioid seven-day assessment. The facility provided	0 being no pain and 10 being inable, the resident stated he resident was coded as without injury since the last sident was coded as having medication one day out of the ent period.  an incident report dated 0 AM completed by Nurse #1		given for events with injuries a effective pain medication was administered at time of event these audits will be shared wi report at the Quality Assurance Performance Improvement (C Committee monthly with QAP responsible for ongoing comp 5. Date of compliance: 10/16/	Results of th CED to be and DAPI) Il Committee bliance.	
	regarding a fall by Redocumented as having and the resident's redocumented as having and the resident's redocumented as having and the resident was doreceived from a Nursell AM. The description Resident #8 was obstoom with complaints pain, and back pain, the incident included room, fell, and was hand right ankle. Whe move her right leg, syelling out in pain. To informed the resident bed, and it was going the nurse observed another nurse but was resident's foot due to reported by the resident was given the hospital for an X- and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobic come to the facility significant was given and the resident chodocumented she call obtained orders to go ankle through a mobile come to the facility significant chodocumented she call obtained orders to go ankle through a mobile come to the facility significant chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained orders to go ankle through a mobile chodocumented she call obtained through a mobile chodocumented she call obtained through a mobile chodocumented she call obtain	esident #8. A physician was ng been notified at 1:00 AM		o. Bate of compliance. To, To,		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(3) DATE SURVEY COMPLETED	
		345286	B. WING		,	C 1 <b>0/27/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  710 JULIAN ROAD  SALISBURY, NC 28147  ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		0/2//2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	and upon completion informed the nurse simage indicated fract Nurse communicated the fracture and disker Practitioner at approvered the fracture and disker Practitioner at approvered the spital. Nurse #1's believed the radiolog to be received prior thospital. The docum nor any other nurse access to pain medication was told to give acet (mg) orally for pain. resident had an ordern gacetaminophen as administered that Interventions docum included the residen orders for X-ray were assessed by the NP along with reviewing were obtained to ser hospital.  A written statement presented the suspicious noises con Resident #8 with Nurse discovered Resident turned in an outward assisted back to bed called the facility physical process and the suspicious physical	ed at approximately 4:00 AM in of the X-ray the technician whe had believed the X-ray ture and dislocation. The id the information regarding ocation to the Nurse eximately 4:15 AM and a consend the resident to the indocumentation revealed she gist's report of the X-ray had no sending the resident to the inentation further revealed she eat the facility was able to coation through the facility's on supply machine and she inaminophen 1,000 milligrams. The nurse discovered the fact of acetaminophen #3 (300 and 30 mg of codeine) and in the incident report it was assisted back to bed, the obtained, the resident was not approximately 8:00 AM in the X-ray results, and orders and the resident out to the corovided by Nurse #1 dated in PM provided information in of 8/7/19 for Resident #8.	F 60			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		ATE SURVEY DMPLETED
		345286	B. WING _			C 10/27/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		10/2//2013
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F 600	she additionally call message, and contaregarding stat X-ray between 4:20 AM at on-call NP and the corder hydrocodone medication) but the the medication supply norder to administer acetaminophen. The NP told the nurse the hospital until the fracture).  Nurse #1 document nursing progress not 8:00 AM by Nurse #1 had a change in correported to the NP, send the resident or on 9/30/19 at 2:51 FResident #8 had fall 8/7/19 and after assibed the resident's rihowever her right for and the resident war a 10. The nurse star provided pain medic because she believe prior to an X-ray wo She recalled the X-rays and the fix-rays. She said she had seen on the	incitioner (NP) in the morning, ed the resident's RP, left a sacted the X-ray company is. The statement continued and 4:25 AM she contacted the con-call NP had wanted to (a strong narcotic pain nurse was unable to access e facility's automated nachine, so she obtained an 1,000 milligrams (mg) of the nurse further documented the not to send the resident to the was a confirmation (of a set of the dated 8/7/19 and timed and documenting Resident #8 andition, the change had been and an order was obtained to	F 6			

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		345286	B. WING				27/2019	
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	2772013	
					10 JULIAN ROAD			
SALISBU	RY CENTER			5	SALISBURY, NC 28147			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE	
F 600	Continued From pag	e 6	F	600				
	appeared to Nurse P	ractitioner (NP) #1 at about						
	4:30 AM but the NP	refused to send the resident						
	to the hospital until th	ne official X-ray results were						
	received, after having	g been read by a radiologist.						
		red calling the resident's RP						
		t did not remember if the RP						
		sident to have been sent to						
		ated she was very busy that						
	night, she had to go							
	resident, and time had gotten away from her. She said she did not have access to the							
	automated medication machine and another							
	nurse had told her th							
	acetaminophen #3 a							
	•	at about 6:00 AM. The nurse						
	added she had called	d the X-ray company to						
	inquire as to the X-ra	y results and the person who						
		ow if there were results for						
	_	ntinued to wait for them to						
		chine. The nurse stated she						
		e Director of Nursing (DON)						
		regarding Resident #8 and						
		rse stated the resident						
	·	er pain level as a 10 through g but did not appear to be in						
	<del>.</del>	e had to be repositioned.						
		nindsight she should have						
		to the hospital sooner.						
	A it	-du-t-d						
		nducted on 9/24/19 at 4:59						
	_	istant (NA) #1. She stated						
	_	led to Resident #8 on 8/7/19, len. She stated she was out						
	_	eard something in the						
		when she went into the						
		dent #8 had fallen. She said						
		e nurse and her and the						
	_	esident back to bed. She						
		oserved the resident's right						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD	NG		Ι,	С	
		345286	B. WING				27/2019	
NAME OF P	ROVIDER OR SUPPLIER	•		STR	EET ADDRESS, CITY, STATE, ZIP CODE	•		
CALICBIII	DV CENTED			710	JULIAN ROAD			
SALISBUI	RY CENTER			SAI	LISBURY, NC 28147			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R 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	or was externally rot stated she had told looked visibly disfigured what it had looked little resident was hold pain medication. The informed her she was another floor come of foot to find out what looked like. The NA positioning the resident 2:30 AM. She said complain of pain the for the X-ray, request resident's right foot of sideways. Shortly at the nurse informed to resident's leg was be would have to go out going to go address prior to sending the The NA recalled she care for the resident was hospital. The NA excontinued to complain sisting with care accontinued and state hall to provide care residents. The NA resident #8's hall at was surprised the retide the hospital and the complain of pain. The continued of pain.	vards, pointing out sideways, tated, below the knee. She Nurse #1 the resident's foot ured from what she knew ke, before the fall. She stated lering in pain and asking for the NA stated Nurse #1 as going to have a nurse from over to look at the resident's the resident's foot usually a recounted she had assisted tent for an X-ray which was t's right foot at approximately the resident continued to ough positioning the resident sting pain medication, and the continued to stick out fiter the X-ray was completed the NA it appeared the roken in two places and at to the hospital, but she was another resident's needs first resident out to the hospital. It had assisted in providing a such as putting a clean, dry and some bathing to make as clean when she went to the toler of pain through her and repositioning. The NA dishe then went to another to her other assigned recalled when she returned to a approximately 5:00 AM she esident had not been sent to resident continued to the NA clarified the resident the pain, but the resident was	F	600				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		345286	B. WING		C 10/27/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	10/2//2019
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 600	experiencing was a crying from the pai observed Nurse #1 Resident #8 at app stated her shift end unaware of what hadded she had wo a year, had given to Wednesday, and so not look right and so that several times in the signature of the signature of the signature of the #1.  Resident #8's Med Radiology Results with an examination and reported date results of the X-ray (sudden onset) frampart of the small be ankle/foot), a fractularge bone in the lot the ankle was dislowere displaced from A reading of Nurse report dated 8/7/19 Nurse #1 had repoint #8 had fallen at ap resident's right ankle in the several times in	e pain the resident was very intense and was close to n. The NA continued she I take pain medication to proximately 6:30 AM. The NA ded at 7:00 AM and she was appened after that. The NA rked with the resident for about the resident a shower every the knew the resident's foot did she had informed Nurse #1 of through the night.  Sician's orders had a lated 8/7/19 and timed 1:50 AM light hip and the right ankle to leach stat (a medical term less possible if not immediately). The receiving nurse was Nurse  ical Record (MR) contained a Report for a right ankle X-ray In date of 8/7/19 at 4:00 AM Lof 8/7/19 at 9:19 AM. The Inverse there was an acute lecture of the distal fibula (the lone in the lower leg near the lower leg near ankle/foot), and located (the bones of the ankle	F 60		

		(X3) DATE SURVEY COMPLETED			
		345286	B. WING		C <b>10/27/2019</b>
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F 600	was called, and order X-rays of the right hip medication was admi given if the ankle was resident to the hospit mg of acetaminopher to obtain stronger pai facility's automated machine. Call with X possible and if the rig send the resident to the NP documented she and the final results of the RP was aware and fracture, the resident hospital.  An interview was not Resident #8's Octobe Administration Record administration of acet Review of the Narcot #8 revealed one acet dispensed on 8/7/19 A letter from NP #2, of facility's investigation provided by NP #2, reto Nurse #1 on 8/7/19 from the resident's Reconcern regarding the right leg and foot and needed to go to the hodocumented Nurse # find the resident's X-r system because she	ale. The facility physician is were obtained to obtain and right ankle. No pain instered. An order was a fractured then to send the all and to administer 1,000 in due to having been unable in medication from the nedication administration array results as soon as the leg foot/ankle is fractured the hospital to stabilize. The called the facility at 5:58 AM of the x-ray were pending, diff the resident had a was to be transferred to the conducted with NP #1.  For 2019 Medication is contained no recorded traminophen #3 on 8/7/19. The control sheet for Resident aminophen #3 was at 6:15 AM.  It is covered as part of the regarding neglect and and the NP she had spoken of after having received a call is part of the resident's very swollen she thought the resident	F 60		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345286	B. WING				27/2019
NAME OF P	ROVIDER OR SUPPLIER		-	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
				710	JULIAN ROAD		
SALISBUI	RY CENTER			SAI	LISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
					DEFICIENCY)		
F 600	reviewed the resider and the resident's X-received. The NP in of lack of X-ray resul hospital due to the dwishes. The NP furt arrived to the facility facility, Emergency the RP were outside for the resident to reassessed the resider right ankle to have hwhere when a finger indentation remains) #3 the resident had medication until appliance to the hospital injury, she believed to gone to the hospital information had not lon-call NP through until NP documented and Nurse #1 and the X-ray technician has approximately 4:30 A fractures in the right communicated to the further stated the on the official results of delay in the resident the nurse told the NF have access to the fishe could have easil been prescribed ace	documentation. Nurse #4  nt's Electronic Medical Record -ray results had not been formed Nurse #4 regardless Its to send the resident to the elay in care and the RP's ther documented when she the resident was still at the Medical Services (EMS) and of the resident's door waiting ceive a clean brief. The NP nt and found the resident's ad 4+ pitting edema (swelling is depressed on the skin an and she was told by Nurse not received any pain roximately 6:00 AM. The RP had informed Nurse #1 y called about the fall and the resident should have The NP documented that been communicated to the updates through the night. It a conversation between her, we nurse informed her the	F	600	DEFIGIENCY)		

				3) DATE SURVEY COMPLETED		
		345286	B. WING			C <b>0/27/2019</b>
	ROVIDER OR SUPPLIER	0.0200		STREET ADDRESS, CITY, STATE, ZIP COD 710 JULIAN ROAD SALISBURY, NC 28147	SS, CITY, STATE, ZIP CODE  NAD  NC 28147	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 600		e 11 #8's physician's orders s order dated 8/7/19 and	F 60	00		
	timed 8:10 AM to ser hospital. The signatu provider was NP #2. on 9/25/19 at 11:38 A	nd the resident out to the ure of the ordering healthcare An interview was conducted AM with NP #2. She stated				
	regarding Resident # there was no mention communicated the se	everity of the injury,				
	deformity, dislocation of the right ankle, or what the X-ray technician had shared with her regarding the likelihood multiple fractures. She stated she had spoken with Resident #8's RP					
	resident's right ankle needed to go to the h	was very swollen and she nospital. NP #2 stated she spoke to Nurse #1 and the				
	medical record becaushe did tell her the reright ankle looked rea	use she was charting, but esident had fallen and the ally bad. The NP stated				
	8:00 AM she assesse found her right ankle	the facility at approximately and Resident #8 and had to be extremely swollen, located, obviously fractured,				
	foot/toes, decreased Nurse #1 told her the	reased sensitivity to her pulses in her right foot, and X-ray technician had told				
	The resident continue and it had been about	ankle had multiple fractures. ed to have complaints of pain it 2 hours since she had nophen #3. NP #2 recalled				
	having not informed to of the injury but was NP the reason for the	e to provide a reason for the on-call nurse the severity attempting to explain to the e resident having only nophen #3 at approximately				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILDI			، ا	C
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NAME OF F	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CALIODII	DV OENTED			71	0 JULIAN ROAD		
SALISBU	RY CENTER			S	ALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIEN	BTATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	been sent to the hose on-call NP, NP #1, it severity of the injury or extreme discomform send the resident or been ordered immerinformation was not resident was not set stated as soon as the communicated there expectation for a number of the expectation	ome the resident had not spital. NP #2 stated had the peen made aware of the y, high likelihood of a fracture, ort of the resident an order to ut to the hospital would have diately, however that communicated, and the nt out to the hospital. The NP	F	600			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
			71. 50125	_		، ا	2
		345286	B. WING			l	27/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CALICBUI	OV CENTED			7	10 JULIAN ROAD		
SALISBUI	RY CENTER			s	SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	Continued From page and to call her back of the had received repassigned to Resident after she had received Resident #1 and the turned out to the side swollen, and the resipain. She also recall the facility due to have and was asking how been sent out to the resident to be sent of further added the rest to the facility and were assess the resident. given the resident and had obtained the rest resident reported to have a 10 at the time she of 7:51 AM. She recalled foot at about that time to hold off administer at that time because may require surgery, stated she had not so hospital because she the X-ray to see what	with the results of the X-ray.  Inducted on 9/25/19 at 10:48 The stated she was the nurse cort from Nurse #1 and was to #8 on 8/7/19. She stated at report, she went to see resident's right foot was at was warm to the touch, dent was complaining of the determined wing received a phone call come the resident had not thospital? She stated the or her and asked for the cut to the hospital. She wident's NP had also arrived to the resident's room to She stated she had not by pain medication, but she ident's vital signs and the mer, that her pain level was at obtained her vital signs at the determined wing further pain medication it was believed the resident She recounted Nurse #1 and the resident out to the te was awaiting the results of		600	DEFICIENCY)		
	Unit Manager (UM) a at approximately 8:00 said Nurse #1 had in arrived, she had just	and had arrived to the facility  O AM on 8/7/19. The UM  formed her when she  received orders to send  e hospital. The UM further					

`` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345286	B. WING _			C 0/27/2019	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 710 JULIAN ROAD SALISBURY, NC 28147	•	0/2//2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE	
F 600	Resident #8 at the Nursing (DON) and complete her charti which happened red which happened red A phone interview with 10:02 AM with Resident Reside	direction of the Director of she had informed Nurse #1 to any completed on everything garding Resident #8.  Vas conducted on 9/25/19 at dent #8's Responsibly Party and she was called and made #8's fall and injury via phone and had requested the the hospital. She said she ther and informed the resident arged to the hospital and she the facility and arrived to the ately 8:00 AM. The RP stated resident that resident had told and the X-ray report had not uigh the fax machine yet ure. The RP said the resident not lot the RP if she went to build have to pay a big bill for P recalled another nurse told out need to wait for the faxed the X-ray report came to the any. The RP then stated she and the resident to the hospital med her none of the nurses at the the decision to send the resident had fallen out AM and had not received	F6	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C <b>10/27/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 710 JULIAN ROAD SALISBURY, NC 28147	E	10/21/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600		ned 8:16 AM by Nurse #1	F 60	0		
	discharge to the hos					
	11:30 AM with the L	conducted on 9/25/19 at Init Clerk she stated Resident IS on 8/7/19 at approximately				
	dated 8/12/19 documents the hospital on 8/7/2	rge Summary for Resident #8 mented the resident arrived at 19 at 9:02 AM via ambulance. ocumented as having been				
	admitted for a right subsequently had s fracture on 8/8/19.	ankle fracture and urgical repair of the ankle				
	pain medication at t admission through or resident was docum complaints of pain a	he hospital from the date of date of discharge. The lented as having had the time of admission. The documented at the time of				
	resident's pain was	ing/dull/sharp in nature. The further documented as having ce the initiation of symptoms				
	PM with the DON at assigned to Resider the fall was an ager	nducted on 9/24/19 at 3:23 nd she stated Nurse #1 was nt #8 on 8/7/19 at the time of acy nurse and she was not dent and was not aware of				
	how the resident's le added the nurse ha the resident's leg af	egs normally looked. She d another nurse come assess ter the fall at about 1:00 AM. d the physician and obtained				
	an order to have an	X-ray of the resident's foot on to explain the nurse				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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		345286	B. WING				27/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				7	10 JULIAN ROAD		
SALISBUI	RY CENTER			S	SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	•				BET IOIENOT)		
F 600	the physician but an the on-call line and in Practitioner (NP) #1 the resident's leg, and stated the resident whad pain from the interest the fall. The DON eshe had needed to row X-ray prior to sendin hospital. The reside and the resident's Napproximately 8:00 process of sending the was initiated. An all received from the resident's RP states for not providing pain after she had expering the DON stated an and the allegation with the fall and injury has approximately 1:00 preceive pain medical AM. The DON explainmedications available medication supply mobelieved only one pet to obtain a narcotic of the would have not nurses, one to remose second as a witness it was discovered a saccess. The DON state narcotics, reports	lent was not under the care of other group, she then called informed their Nurse of the fall, the deformity of and the pending X-ray. She was documented as having jury she had sustained from explained Nurse #1 believed eceive the results of the group the resident out to the ent's Responsible Party (RP). Powere at the facility at AM and that was when the enther esident out to the hospital egation of neglect was sident's RP on 8/8/19 when ented she felt it was neglectful in medication for the resident enced an injury from the fall. Investigation was conducted as substantiated based on wing occurred at AM and the resident did not tion until approximately 6:00 ained there were other pain the facility's automated eachine, but at the time it was erson had access and in order or controlled medication, seeded to have been two we the medication and the second nurse did have ead Nurse #1 had counted ed off to the 7:00 AM to 3:00	F	600			
	ready to leave. The point when it was dis	ked out, and was getting DON added it was at that scovered what the nurse said what she had documented did					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345286	B. WING _			10/27/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
CALICDIII	RY CENTER			710 JULIAN ROAD		
SALISBUI	NI CENTER			SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ( (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLETION DATE
		,		DEFICIEN		
F 600			F 6	600		
	not agree. The nurse	e was asked to clock back in				
	and complete the do	cumentation regarding the				
	incident regarding Re	esident #8. The DON stated				
	she nor the Administi	rator were called or made				
	aware of Resident #8	B's fall and it was when she				
	arrived to the facility,	she became aware the				
	situation regarding R	esident #8.				
	An interview was con	ducted on 9/25/19 at 8:58				
	AM with the Administrator. The Administrator					
	stated Resident #8 had fallen and had					
	experienced an injury as evidenced by her foot					
		and was complaining of pain.				
		ion of the incident it was				
		believed if pain medication				
		or to an X-ray it would skew				
	the results, so she ha	•				
		edication until the X-ray was				
		ninistrator said the X-ray				
	technician had inform	ned the nurse she believed				
	resident had a fractu	re to her right lower leg/foot				
	but they would have	to wait for a radiologist to				
	review the X-ray for a	an official diagnosis. The				
	nurse communicated	the information to the NP.				
	The Administrator sta	ated the nurse had explained				
		trieve pain medication from				
	the automated medic	ation supply machine due to				
	not have access. Th	e Administrator further				
	stated the nurse calle	ed the NP again around 8:00				
		y results had not been				
		nachine yet at that time. It				
	was at that time it wa	s determined to send the				
		spital according to the				
		dministrator also detailed				
		d expressed dissatisfaction				
	the resident had not	been sent out to the hospital				
	sooner and had mad	e an allegation of neglect				
		t of time it had taken for the				
	resident to be medica	ated for pain. Through the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C 10/27/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		10/2//2013
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 600	overlooked the order truly felt administerin X-ray would skew the stated the nurse was the allegation and the the allegation and the return to work at the stated the facility init regarding administration pain and it was his eleappropriately medical comfort and relief.  The Administrator was Immediate Jeopardy On 10/23/19 at 4:09 following Credible Alleopardy Removal: Identify those resides likely to suffer a serior result of the noncom Resident # 8 was ad 2/08/2017. Her diag weakness, history of communication deficing failure, seizures, bips schizophrenia.  On 08/07/2019 at apresident had a fall. Recharge nurse and not as evidenced by external requesting pain	iscovered the nurse had for acetaminophen #3 and g pain medication prior to the e results. The Administrator is suspended upon receiving e investigation substantiated e nurse was not allowed to facility. The Administrator ated in-service education tion of pain medication for expectation for resident's to be ated for pain to provide  as notified via phone of the (IJ) on 10/23/19 at 9:25 AM.  PM, the facility provided the degation of Immediate  at who have suffered, or are bus adverse outcome as a pliance:  mitted to the facility on gnoses included generalized falls, cognitive it, dementia, anemia, heart	F 60			

(X3) DATE SURVEY COMPLETED	
C 10/27/2019	
10/21/2013	
N (X5) DBE COMPLETION RIATE DATE	
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C <b>0/27/2019</b>
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 710 JULIAN ROAD SALISBURY, NC 28147		0/2//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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	8/09/19, education v 8/9-8/12/19, to the li of Nursing and the A on how to access m Automated Medicati to take if they are un medications. Educati importance of medic completing a pain as included informing the severity of injurici included FT, PT, PR Completed 8/12/19, bailor staff members 9/22/19.  On 10/10/2019 Educ Neglect for all currer Nurses Aids, therapy laundry, maintenance education include FT Education on Neglect residents needs in the how to respond appinguries and pain. At staff have received the work untilthey have new agency staff. Tr Administrator, Director of Nursing,	DHOC QAPI plan written on was provided beginning on censed staff by the Director assistant Director of Nursing	F 60			
	implementation of th	•				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	343200	B. Wille	STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	10/27/2019
(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 BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
F 600	that they had been edimmediate services for providing pain manage Nursing Assistants (Noreporting injuries and immediately. The NA did not address their of the nurse and/or followensure the resident reneeded. Interviews with the nurses had a medication machine. The had access to the authorized access to the authorized access. Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management CFR(s): 483.25(k)	iewing the staff to ensure ducated on providing or obvious injuries and gement in a timely fashion.  IA) were educated on pain to the nurse concern, they would remind w up with a supervisor to eceived the care they were also conducted to verify commended and the nurses interviewed and and the nurses interviewed comated medication machine comeone did not have access are to call the Director of ant Director of Nursing to be aggement.  In that pain management is who require such services, essional standards of practice, erson-centered care plan,	Fé	F697  1. Resident #8, sustained a fall with significant injury on 8/7/19. Staff failed medicate resident for pain after the fall f multiple hours prior to transfer out to the emergency room. Resident #8 remains the center and is currently having pain needs met.	for e

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C <b>10/27/2019</b>
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	10/2//2019
				710 JULIAN ROAD		
SALISBU	RY CENTER			SALISBURY, NC 28147		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 697	Continued From pag	e 22	F 69	97		
F 697	dislocated and had a for one of three resident and the for one of three resident and the for one of three resident and the feetive pain medical was experiencing frou dislocated, and had a injuries the resident fresident identified he for the feetive pain medication. The removed on 10/10/19 implemented an accommediate jeopardy fremains out of composeverity of D (isolated potential for more that immediate jeopardy) ensure monitoring syfective related to pain free feetive relate	break of the tibia and fibula, ents reviewed (Resident #8).  began on 8/7/19 when her pain level as having scale, and did not receive ation to address the pain she ma fractured ankle, that was a break at the tibia and fibula, and sustained in a fall. The r pain level as having been a and did not receive effective eximmediate jeopardy was when the facility eptable credible allegation of removal. The facility diance at a lower scope and did with no actual harm with an minimal harm that is not to complete education and estems put into place are ain management.  Inimally admitted to the facility ent's cumulative diagnoses structive pulmonary disease, ss, difficulty in walking, tion deficit, dementia, lack of	F 69	2. All residents with falls have potential to be affected by the practice. 100% audit of curre with falls in the last 30 days of completed by the Regional Nensure that all residents with been assisted off the floor peand were appropriately medicompleted on 8/9/19.  3. Licensed staff educate on access the PIXUS (emergen medication dispensing unit) a importance of medicating resignation falls. This education comple nursing leadership team and PT, PRN and Agency staff. (8/9/19).  4. All falls will be reviewed by team to ensure that the appropriate treatmonitor for appropriate for appropr	is deficient ent residents was Jurse to a falls have er protocol cated s/p fall.  how to cy backup and sidents post ted by the including FT, Completed on  y the clinical opriate ed out and to ment of pain se reviews uality ettee monthly sponsible for	
	to her hospitalization assessment with an of 7/4/19. The reside no cognitive loss. The coded for the assess	#8 's Minimum Data Set prior revealed a quarterly assessment reference date ent was coded as having had be resident had no behaviors ment period. The resident been independent with no		5. Date of Compliance 10/16	6/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		345286	B. WING _			C <b>10/27/2019</b>
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F 697	from the bed to a chroom, and toilet use. having received as mon-medication interresident stated she in not limited her sleep a scale of 0-10, with the worse pain imagher pain was a 7. Thaving had one fall wassessment. The rereceived an opioid massessment. The rereceived in contact of the resident #8 's physon 8/7/19 contained which included: One codeine #3 tablet 30 hours as needed for the event included on her back on the fill hip pain, right ankle resident 's description she was walking in him her back, right hip resident attempted to documented as yelling documented as yelling documented she informeded to get her invery uncomfortable. resident 's right foot unable to touch the repain level having bed	or bed mobility, transfer (i.e. air), walking in the resident 's The resident was coded as beeded pain medication and vention for pain. The had pain occasionally, it had had to day activities, and on 0 being no pain and 10 being inable, the resident stated he resident was coded as without injury since the last sident was coded as having hedication one day out of the lent period.  Ician 's orders prior to the fall one medication for pain tablet of acetaminophen with 0-30 milligram (mg) every 6	F6	97		

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		345286	B. WING			10/:	27/2019
NAME OF PROVIDER OR SUPPLIER  SALISBURY CENTER				7	TREET ADDRESS, CITY, STATE, ZIP CODE  10 JULIAN ROAD  SALISBURY, NC 28147		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	X-rays of the right hip X-ray company who wastat (a medical term in finot immediately). Tat approximately 4:00 the X-ray the technici had believed the X-ray and dislocation. The information regarding to the Nurse Practition AM and a request wasto the hospital. Nurse revealed she believed the X-ray had to be resident to the hospital further revealed she in facility was able to act through the facility is supply machine and a acetaminophen 1,000 pain. The nurse disconder for acetaminophen and administered that to the orders were received.  Resident #8 's Medic Radiology Results Rewith an examination of and reported date of a results of the X-ray we (sudden onset) fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot), a fracture large bone in the lower than the foot of the small bone ankle/foot) in the lower than the foot of the small bone ankle/foot) in the lower than the foot of the small bone ankle/foot) in the lower than the foot of the small bone ankle/foot of the smal	d had obtained orders to get and ankle through a mobile would come to the facility meaning as soon as possible the X-ray company arrived AM and upon completion of an informed the nurse she by image indicated fracture. Nurse communicated the the fracture and dislocation mer at approximately 4:15 is made to send the resident et al. The documentation of the radiologist is report of eccived prior to sending the factive and to give of milligrams (mg) orally for overed the resident had an incompany and she he resident instead. New from NP #2 at 8:00 AM.  Tal Record contained a report for a right ankle X-ray date of 8/7/19 at 4:00 AM.  Bornal Record contained a report for a right ankle X-ray date of 8/7/19 at 4:00 AM.  The ere there was an acute re of the distal fibula (the erin the tibia (the part of the erileg near ankle/foot), and ited (the bones of the ankle	F	697			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C <b>0/27/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	<u> </u>	0/2//2013
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 697	8/9/19 and timed 2: regarding the event She discovered Resvisibly turned in an 4:20 AM and 4:25 A and NP #1 had wan strong narcotic pain was unable to accertacility 's automated so she obtained an milligrams (mg) of a A phone interview won 9/30/19 at 2:51 FResident #8 had fal 8/7/19 and after assibed the resident 's normally, however the bed, and the resilevel was a 10. The initially provided pained because she believel prior to an X-ray wo She recalled the X-the X-rays. She said she had seen on the complaints of pain, appeared to Nurse NP #1 refused to see	provided by Nurse #1 dated 38 PM provided information s of 8/7/19 for Resident #8. sident #8 's right foot was outward position. Between M she contacted the NP #1 ated to order hydrocodone (a medication) but the nurse ss the medication in the d medication supply machine, order to administer 1,000	F 69'	,		
	having been read by she was very busy to something for anoth gotten away from he access to the autom to having been an a	y a radiologist. She stated that night, she had to go do her resident, and time had er. She said she did not have hated medication machine due higency nurse (meaning she high outside agency and working				

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		345286	B. WING _			C <b>10/27/2019</b>	
	NAME OF PROVIDER OR SUPPLIER  SALISBURY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		10/2//2019	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 697	resident had acetar given the resident of The nurse stated stated stated for The nurse stated stated for The nurse stated the nurse stated the pain level as a morning but did not when she had to be A written statement #6, documented Nuperiod from 1:00 All assigned to another #1 had called her a able to obtain medimedication machined to the production of the production machined in the production of the production o	another nurse had told her the minophen #3 and she had on of them at about 6:00 AM. The had not contacted the (DON) nor the Administrator at #8, her pain, nor her fracture. The resident continued to report 10 through the night and at appear to be in pain except to repositioned.  It, undated, was made by Nurse are #6 was working during the M to 7:00 at the facility but was are hall. She documented Nurse and had asked her if she was acation from the automated to the Nurse #6 responded she ivileges to the automated to but if she needed a narcotic had privileges to the tion machine would have to be	F6	97			
	PM with Nursing As she had been assig the night she had for observed the reside outwards, pointing externally rotated, I she had told Nurse visibly disfigured for looked like, before resident was holler medication. The N her she was going floor come over to be she had been assigned.	sistant (NA) #1. She stated gned to Resident #8 on 8/7/19, allen. She explained she had ent's right foot was turned out sideways, or was below the knee. She stated #1 the resident's foot looked om what she knew what it had the fall. She stated the ing in pain and asking for pain A stated Nurse #1 informed to have a nurse from another look at the resident's foot to esident's foot usually looked					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345286	B. WING _		<del> </del>	10/	27/2019	
	ROVIDER OR SUPPLIER		•	710	REET ADDRESS, CITY, STATE, ZIP CODE  JULIAN ROAD  LISBURY, NC 28147			
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F 697	positioning the resident approximately 2:30 continued to complate the resident for the 2 medication, and the continued to stick or X-ray was complete appeared the resident places and would habut she was going to 's needs first prior to the hospital. The Nuproviding care for the clean, dry brief on the to make sure the resident continued to the resident continued the residents. The NA resident #8 's hall resident continued to clarified the resident was such as grimacing, ir resident was experied was close to crying continued she observed to NP #1 8/7/19 and timed 5:8 reported to NP #1 Reported to NP	anted she had assisted lent for an X-ray which was t's right foot at AM. She said the resident lin of pain through positioning X-ray, requesting pain resident's right foot lut sideways. Shortly after the dthe nurse informed the NA it lent's leg was broken in two lave to go out to the hospital, logo address another resident losending the resident out to A recalled she had assisted in le resident such as putting a line resident and some bathing lisident was clean when she The NA explained the locomplain of pain through lare and repositioning. The NA lod she then went to another loto her other assigned lecalled when she returned to leat approximately 5:00 AM the locomplain of pain. The NA lot was not crying from the pain, lot showing visible signs of pain lot appeared to her the pain the lencing was very intense and loftom the pain. The NA loved Nurse #1 take pain lent #8 at approximately 6:30  Is morning report dated lose AM identified Nurse #1 had lesident #8 had fallen at lose AM identified Nurse #1 had lesident #8 had fallen at lose AM. The resident's right	F	697				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	0.70230		STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	I	10/27/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 697	10 on a 0-10 scale. administered. An owas fractured then hospital and to admacetaminophen due obtain stronger pairs automated medic Call with X-ray resuthe right leg foot/an resident to the hosp documented she cathe final results of twas aware and if the resident was to be.  An interview was not resident #8 's Aug Administration Recadministration of active Review of the Narce #8 revealed one active dispensed on 8/7/1 medication was docadministered to the fall to the time of diemergency Medica.  A letter from NP #2 spoken to Nurse #1 received a call from AM expressing convery swollen right let the resident needed assessed the resideright ankle to have where when a finger	thip and right ankle pain as a No pain medication was order was given if the ankle to send the resident to the ninister 1,000 mg of the to having been unable to medication from the facility thation administration machine. The proof of the second second the poital to stabilize. NP #1 alled the facility at 5:58 AM and the x-ray were pending, the RP the resident had a fracture, the transferred to the hospital.  The proof of the second the poital to stabilize the second the period to the hospital to the second the transferred to the hospital to the transferred to the hospital to the second the second the second the second that the second the transferred to the second the second that the second th	F 69				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	· ,	(X3) DATE SURVEY COMPLETED	
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NAME OF D	ROVIDER OR SUPPLIER	343200	B. WING_	STREET ADDRESS, CITY, STA	•	10/27/2019	
NAME OF PI	ROVIDER OR SUPPLIER			710 JULIAN ROAD	ATE, ZIP CODE		
SALISBUR	RY CENTER						
				SALISBURY, NC 28147			
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F 697	Continued From pa	ge 29	F 6	697			
		not received any pain proximately 6:00 AM.					
	AM with NP #2. Note to the facility at appreasses Resident ankle to be extreme dislocated, obvious decreased sensitivity pulses in her right for X-ray technician has ankle had multiple continued to have obeen about 2 hours acetaminophen #3. was unable to provinformed the on-cainjury but was atter reason for the reside acetaminophen #3. #2 stated had NP # severity of the injur or extreme discommissend the resident obeen ordered immediated information was not resident was not set stated as soon as to communicated there expectation for a new #1 to obtain an ord hospital and it was initiate care for a resident was not as a sinitiate care for a resident and it was initiate care for a resident was not as a sinitiate care for a resident was not as a sinitiate care for a resident was initiate care for a resident was not as a communicated there are sident was initiate care for a resident was not as a communicated there are sident was initiate care for a resident was not as a communicated there are sident was initiate care for a resident was not as a communicated there are sident was initiate care for a resident was not as a communicated there are sident was initiate care for a resident was not as a communicated there are sident was not as a communicated was not as a communic	producted on 9/25/19 at 11:38 P #2 stated when she arrived proximately 8:00 AM she #8 and had found her right rely swollen, deformed, clearly by fractured, the resident had to to her foot/toes, decreased root, and Nurse #1 told her the resident had told her she believed the fractures. The resident complaints of pain and it had a since she had received the NP #2 recalled the nurse ride a reason for having not all nurse the severity of the reproximately 6:00 AM. NP resident having only received one at approximately 6:00 AM. NP resident having only received one at approximately 6:00 AM. NP resident an order to resident an order to resident an order to resident, however that the communicated, and the resident out to the hospital. NP #2 he X-ray technician rewas a fracture it was her curse to immediately contact NP resident including pain resident including pain resident including pain resident including pain resident resident of the severity of the severity of resident resident of the severity of resident including pain resident resident of the severity of the severity of resident resident of the severity of resident resident of the severity of resident resident of the severity of the severity of the resident of the severity of the resident of the severity of the resident of the resident of the resident of the severity of the resident of the resident of the resident of the resident of the severity of the resident of th					
	an acceptable nor of the resident but the	ry acetaminophen #3 was not effective pain medication for nurse stated she was unable medication or provide					

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		345286	B. WING _			C 10/27/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 710 JULIAN ROAD SALISBURY, NC 28147	E	10/2//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)	I SHOULD BE	(X5) COMPLETION DATE
F 697	of access to the fact supply machine.  Resident # 8 's me SBAR (Situation Ba Recommendation) 8/7/19 regarding Reby Nurse #1. The fhad a fall, had pain scale in her right ar NP #2 at 8:00 AM vithe hospital and to of the X-ray.  An interview was conducted AM with Nurse #3. who had received massigned to Reside after she had received resident #1 and the turned out to the side swollen, and the respain. She stated shany pain medication resident 's vital signer, that her pain less the obtained her virecalled they had ptime as well. It was	ge 30 esident sooner due to her lack ility 's automated medication  dical record contained an ackground Assessment Communication Form dated esident #8 and was completed form documented the resident at a level of 10 on a 0-10 ackle, the recommendation of was to send the resident out to call her back with the results  anducted on 9/25/19 at 10:48 She stated she was the nurse export from Nurse #1 and was not #8 on 8/7/19. She stated wed report, she went to see the resident 's right foot was de, was warm to the touch, sident was complaining of the had not given the resident in, but she had obtained the ins and the resident reported to vel was at a 10 at the time that signs at 7:51 AM. She cut ice on her foot at about that is determined to hold offer pain medication at that time	F6	97		
	A phone interview v 10:02 AM with Resi She said she arrive approximately 8:00	vas conducted on 9/25/19 at dent #8 's family member. d to the facility at AM. The family member w the resident the resident				

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		345286	B. WING			C <b>10/27/2019</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 710 JULIAN ROAD SALISBURY, NC 28147	•	10/2//2013
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F 697	Continued From pa	_	F 69	97		
	described the resid and it did not look r said the resident ha AM and had not red about 6:00 AM and	as in pain. The family member ent's foot as turned outward formal. The family member and fallen at approximately 1:00 seived pain medication until had not received any further the facility prior to her being via EMS.				
	dated 8/12/19 docu the hospital on 8/7/ The resident was diadmitted for a right subsequently had s fracture on 8/8/19. documented as have the time of admission documented at the moderate achy/burn nature. The residen documented as have	urgical repair of the ankle				
	PM with the DON a assigned to Reside the fall. She stated as having had pain sustained from the and injury occurred the resident did not approximately 6:00 there were other pafacility 's automate but at the time it was had access and in other the state of the page of the page of the state of the page of t	onducted on 9/24/19 at 3:23 nd she stated Nurse #1 was nt #8 on 8/7/19 at the time of the resident was documented from the injury she had fall. The DON stated the fall at approximately 1:00 AM and receive pain medication until AM. The DON explained in medications available in the d medication supply machine, is believed only one person order to obtain a narcotic or on, there would have needed				

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		345286	B. WING _			C 10/27/2019
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147		10/2//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 COR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697	medication and the second nurse did had question and it would obtained prescribed automated medication DON stated she nor or made aware of Readded, if she had be believing she could refrom the automated she would have compostain or assist in obtain or assistant or assist in obtain or a	rses, one to remove the second as a witness. The ed it was discovered a ve access during the time in d have been possible to have pain medication from the on supply machine. The the Administrator were called esident #8's fall. The DON en made aware of Nurse #1 not retrieve pain medication medication supply machine, e to the facility to either staining pain medication for anducted on 9/25/19 at 8:58 trator. The Administrator and fallen and had y as evidenced by her foot and was complaining of pain.	F6	<u> </u>		
	discovered Nurse #1 was administered pr the results, so she h administering pain m completed. The Adm technician had inform resident had a fractu but they would have review the X-ray for nurse communicated. The Administrator sta she was unable to re the automated media not having access. detailed the resident dissatisfaction based	believed if pain medication for to an X-ray it would skew ad been holding off sedication until the X-ray was ministrator said the X-ray med the nurse she believed are to her right lower leg/foot to wait for a radiologist to an official diagnosis. The state the nurse had explained etrieve pain medication from cation supply machine due to The Administrator also 's RP had expressed st on the amount of time it had to be medicated for pain. It				

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		345286	B. WING		C 10/27/2019	
	NAME OF PROVIDER OR SUPPLIER  SALISBURY CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE  10 JULIAN ROAD  SALISBURY, NC 28147	10/27/2010	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 697	order for acetamino administering pain in would skew the resit the facility initiated in administration of particles was his expectation appropriately medic comfort and relief.  The Administrator with Immediate Jeopard (Individual Property of the National Property of the	nurse had overlooked the phen #3 and truly felt medication prior to the X-ray alts. The Administrator stated n-service education regarding in medication for pain and it for residents to be eated for pain to provide as notified via phone of the y (IJ) on 10/23/19 at 9:25 AM.  PM, the facility provided the allegation of Immediate  ents who have suffered, or are ious adverse outcome as a npliance:  dmitted to the facility on agnoses included generalized of falls, cognitive cit, dementia, anemia, heart	F 697			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  IG	(X3	(X3) DATE SURVEY COMPLETED	
		345286	B. WING			C <b>10/27/2019</b>
	ROVIDER OR SUPPLIER	1.000		STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD SALISBURY, NC 28147	I	10/2//2019
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F 697	ankle. The Nurse P approximately 4:25 an order for Acetam was not administere am. Charge nurse to the automated me stronger pain medic transported out to the a.m., where she was ankle.  Resident currently receives pain medic monitoring is in place to articulate her pair.  On Monday August was initiated and a seconter Leadership of plan to address delainjury. As part of this completed by the Gourrent residents with ensure that all resid appropriately medic indicated. No negative events were reviewed medical attention are indicated.  Specify action the eprocess or system for adverse outcome frow when action will be allowed.	th had an X-ray of her right tractitioner was notified at am, and the resident received inophen #3. This medication and until approximately 6:30 on duty did not have access edication machine to obtain a ation. Resident was the ER at approximately 9:30 is treated for a fractured right esides in the center and ration as needed. Pain the every shift, resident is able in level via a scale of 0-10.  19, 2019 a full investigation is self-report was sent to DHHS. It developed an AD HOC QAPI and in treatment post fall with a plan 100% audit was enesis Regional Nurse, for all the falls in the last 30 days to ents with falls had been ated after incident as the findings were noted, 46 and all reflecting prompt and pain management when the intity will take to alter the allure to prevent a serious of the control of the province of the pr	F 6	97		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697	from the Automated what steps to take if the necessary mediemphasized the impresidents post falls, assessment. Education physician/Practition timely. This educatiagency nurses. Edunurses aids related signs and symptoms.  On 10/10/2019 Edunurses Aids, theraplaundry, maintenance education include F. Education on Negle residents needs in thow to respond appinjuries and pain. At staff have received work until they have Neglect training is in new agency staff. T. Administrator, Director of Nursing,  Alleged date Immed 10/10/19. Administ implementation of the The credible allegated by interviewing the standard management in a time assessment.	Medication Machine, and they are unable to access cations. Education also portance of medicating completing a pain ation included informing the error of the severity of injuries on included FT, PT, PRN and ucation was provided to to notifying nurses of any so of pain.  Cation was initiated on and staff, (Licensed Nurses, y, dietary, housekeeping, the and department heads) this T, PT, PRN and Agency Staff. The event of an emergency, propriately to significant this time more than 85% of this training. No staff shall completed this training. Included for all new hires and training was completed by the tor of Nursing, Assistant and Nurse Practice Educator.  The initiate Jeopardy was removed, the providing immediate services	F	697		

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NAME OF PI	ROVIDER OR SUPPLIER	345286	B. WING _	STREET ADDRESS, CITY, STATE, ZIP CODE		10/27/2019	
SALISBURY CENTER				710 JULIAN ROAD SALISBURY, NC 28147			
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F 697	injuries and pain to the NAs indicated that if their concern, they we follow up with a supereceived the care the also conducted to veraccess to the automathe nurses interviewed automated medication.	e nurse immediately. The he nurse did not address ould remind the nurse and/or rvisor to ensure the resident y needed. Interviews were rify that the nurses had ted medication machine. All d had access to the n machine and revealed that rive access that all staff were ctor of Nursing or the	F 6	97			