PRINTED: 12/19/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345036	B. WING		C 11/22/2023	
	ROVIDER OR SUPPLIER	EHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	111111111111	
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F 000	INITIAL COMMENTS		F 00	00		
	from 11/16/2023 through additional information 11/21/2023. Onsite varie operation in the exit data to the ex	o obtained remotely through alidation of immediate is conducted on 11/22/2023. Attention of immediate is conducted on 11/22/2023. Event was investigated:  Itions resulted in deficiency resulted in immediate				
	The tag F684 constitu	uted Substandard Quality of				
	Immediate jeopardy b was removed on 11/2	pegan on 11/12/2023 and 20/2023.				
F 580 SS=J	, ,	jury/Decline/Room, etc.)	F 58	00	11/30/23	
	consult with the resid	ediately inform the resident; ent's physician; and notify, her authority, the resident				
AROBATORY	DIRECTOR'S OR PROVIDER!	SLIPPLIER REPRESENTATIVE'S SIGNATUR	 DE	TITI F	(X6) DATE	

Electronically Signed 12/07/2023

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345036	B. WING		C 11/22/2023
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	,
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETION
F 580	Continued From pa	ge 1	F 58	0	
	results in injury and physician interventic (B) A significant charmental, or psychosodeterioration in heal status in either life-t clinical complication (C) A need to alter taneed to discontinutreatment due to ad commence a new for (D) A decision to traresident from the far §483.15(c)(1)(ii).  (ii) When making not (14)(i) of this sectionall pertinent informatis available and prophysician.  (iii) The facility must resident and the resident and the resident there is—(A) A change in roomas specified in §483 (B) A change in resident law or regulate (e)(10) of this section (iv) The facility must update the address phone number of the representative(s).  §483.10(g)(15)  Admission to a communitation accommunitation	ange in the resident's physical, pocial status (that is, a lith, mental, or psychosocial hreatening conditions or as); reatment significantly (that is, ue an existing form of verse consequences, or to orm of treatment); or ansfer or discharge the cility as specified in otification under paragraph (g) an, the facility must ensure that atton specified in §483.15(c)(2) vided upon request to the sident representative, if any, and or roommate assignment as 10(e)(6); or ident rights under Federal or ions as specified in paragraph on. It record and periodically (mailing and email) and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		345036	B. WING _				22/2023	
NAME OF PR	ROVIDER OR SUPPLIER	•	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				10	075 US HIGHWAY 17 SOUTH			
ELIZABET	H CITY HEALTH AND R	EHABILITATION		Е	LIZABETH CITY, NC 27909			
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F 580	Continued From page	e 2	F t	580				
	locations that compri	se the composite distinct						
	part, and must specif	y the policies that apply to						
	room changes betwe	en its different locations						
	under §483.15(c)(9).							
	This REQUIREMENT	Γ is not met as evidenced						
	by:							
		riew, staff interviews, and			The facility failed to notify the			
		rview the facility failed to			physician of administering long-acting			
		of administering long-acting			insulin to Resident #1 who had not			
	insulin to Resident # 1 who had not consumed dinner and had a blood glucose level of 89 mg/dL				consumed dinner with a blood glucose			
					level of 89 mg/dl; failed to notify the			
	, •	ter). The facility failed to			physician after a significant change in			
		ofter significant changes in			condition for Resident #1 which include			
	condition for Resider				a blood glucose level of 29 mg/dl requi	ring		
		cose level of 29 mg/dL (a			the administration of glucagon; then			
	_	e level range is 70 to 99 administration of glucagon			obtaining a blood glucose level of 27 mg/dl and the inability to administer			
		of a hormone made by the			glucagon to Resident #1 during a medi	cal		
	•	blood glucose levels); and			emergency for 1 of 1 resident reviewed			
	= -	cose level of 27 mg/dL, and			notification to a physician.	101		
	the inability to admin				Troundation to a prhydiolan.			
	•	edical emergency. Resident			2. All residents have the potential to	be		
	#1 was one of one re				affected by this practice. On 11/19/23 t			
		/sician. Emergency Medical			Director of Nursing and the Unit Manag			
		contacted to take Resident			reviewed residents who had a change			
	, ,	room on 11/12/2023 for			condition during the last 30 days using			
		ood glucose). EMS treated			24-hour report. The 24-hour report was			
	Resident #1 with 1 m	ıg glucagon intermuscular.			reviewed for indicators of a change suc	ch		
	Upon arrival at the ho	ospital, a repeat glucose			as not at baseline, not normal for reside	ent,		
	level of 24 mg/dL wa	s taken, and 50 % Dextrose			low blood sugars, lethargic, shortness	of		
		lministered along with a renal			breath, new onset pain, etc. No new			
	diet consumed orally				concerns found.			
		began on 11/12/2023 when			3. The measures that have been put			
	<u>-</u>	Resident #1's blood glucose			place to ensure the deficient practice d	oes		
		d administered glucagon			not recur are as follows:			
		physician of the significant			On 11/19/23 the Regional Nurse			
		eopardy was removed on facility provided and			Consultant educated the DON on notify the physician/NP or on-call when a	/ing		

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		345036	B. WING				C <b>22/2023</b>	
NAME OF PE	ROVIDER OR SUPPLIER		<del>                                     </del>	STREET ADDR	RESS, CITY, STATE, ZIP CODE	11/	22/2023	
					HWAY 17 SOUTH			
ELIZABET	H CITY HEALTH AND R	EHABILITATION						
				ELIZABETH	CITY, NC 27909			
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F 580	Continued From pag	e 3	F 5	30				
F 580	implemented an accommediate jeopardy remain out of compliseverity level D to en and monitoring systems. Findings included:  Resident #1 was adr 11/8/2023 with cumulincluded Type 2 Diatrenal disease.  Resident #1 had a pl 11/8/2023 for Accu-ca AM and 9:00 PM to relevels.  Resident #1 also had on 11/8/2023 for Leval dministered subcutaunits at 9:00 PM dail insulin that starts to reinjection and keeps whours.  Documentation on a revealed on 11/11/20 consume any dinner Documentation on the record (MAR) written	eptable credible allegation of removal. The facility will ance at a lower scope and issure education is completed ems put in place are effective.  Initted to the facility on lative diagnoses some which betes Mellitus, and end stage on the stage of the	F 5	resident has a lo significa 11/19/23 Assistar Leaders regardin of the Pl condition insulin a eating. Assistar Leaders on ident condition Nurse in • Beg Nursing Nursing the nurs Director long-act sugar of transcrib medicat Including of the pl that are Guidelin of the pl hypogly administ	thas been administered glucators by blood glucose reading, or hant change in condition. Beging 3 The Director of Nursing and Nursing educated Licensed Nursing the requirements for notification for administrator when a resident The Director of Nursing and Nursing educated Nursing and Nursing educated Nursing and Nursing educated Nursing Assistatifying a change in resident and reporting to the License mediately.  Iginning 11/19/23 The Director of Nursing Leadership provided educations are segarding the Medical of sparameters for all residents the parameter orders to the tion administration record. It is the parameters of the education was notified by since the parameters of the parameters. The education was notified by sician for blood glucose level outside the parameters. The sinclude immediate notifications include immediate notifications in the education was notified by sician regarding treatment of the parameters. The sinclude immediate notification is possible to the parameters of the parameters of the parameters. The sinclude immediate notification is provided in the parameters of the parameters of the parameters of the parameters. The parameters of the parame	nas a anning rsing es cation of cisn't rsing ants ed con to son ll le e cation of cation cation of cation cation of cation cation cation of cation cation cation cation of cation		
	mg/dL on 11/11/2023  Documentation on the was administered 20	at 9:00 PM.  He MAR revealed Resident #1  Lunits of insulin  e abdomen at 9:00 PM on		staff will education agency to the st respons	I work without receiving this on. Any new hires, including staff, will receive education p tart of their shift. It will be the sibility of the Director of Nursingthis is completed.	g rior		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345036	B. WING _			1	C <b>22/2023</b>	
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 117	ZZ/ZUZU	
				10	075 US HIGHWAY 17 SOUTH			
ELIZABET	'H CITY HEALTH AND R	EHABILITATION		E	LIZABETH CITY, NC 27909			
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F 580	Continued From pag	e 4	F 5	580				
	PM and relayed the f #6 worked in the faci PM to 11:00 PM. Res in the facility and Nur evening meal tray. N meal tray for Resider in his room after he cassistance to eat. Wh pick up the tray she r more than "a few bite room assignment for some point in the eve #3, Resident #1 had Nurse #6 had consid dose of Levemir to R explained she decide the long-acting insuli	ed she felt comfortable giving n and she did not have an ılin for a blood glucose level			<ol> <li>The DON or designee will audit five (5) residents twice weekly for 4 weeks, then weekly for 8 weeks to ensure physician and NP are notified of any significant change in condition for a resident. The facility will monitor the corrective actions to ensure that the deficient practice is corrected and will recur by reviewing information collected during audits and reporting to Quality Assurance Performance Improvement committee (QAPI) by the DON monthly three (3) months. At that time the QAPI committee will evaluate the effectivenes of the interventions to determine if continued auditing or adjustments to the plan of correction are necessary.</li> <li>Completion date: 11/30/2023</li> </ol>	not d / for I ss		
	revealed, "Resident [ thrashing around in t trying to give him hel sweating profusely. T resident's blood [gluc [mg/dL]. Using stand emergency kit for low dose 1 [milliliter subc recheck blood [gluco was left in the provid.  Documentation in the 11/12/2023 at 4:26 A revealed, "Blood [glu	M written by Nurse #3 [#1] screaming out loud and he bed pushing back at staff p. Resident [#1] was also This nurse was able to check cose] and the result was 29 ing orders for glucagon v blood [glucose] one single cutaneously] was given. Will se] in 15 minutes. A note er's communication book."						

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(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	,	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
F 580	PM. Nurse #3 relay Nurse #3 was called by Nurse Aide (NA) provide care to Rest thrashing around in NA #1 to provide cathat Resident #1 wallowed her to check obtained glucagon medication dispensito the resident. Two Nurse #3 checked Resident #1, and it stated, "I was happ Nurse #3 did not the called or notified imsending Resident #1 on 11/12/2023 a revealed, "[Blood g [mg/dL] [at] 7 AM u tried to give apple swallow. No other a Called 911 to send the [building] with [iparty] was made as Nurse #2 was inter PM. Nurse #2 configueose of 27 (mg/d Resident #1 neede hospital via emerge Nurse #2 stated sh	viewed on 11/16/2023 at 7:15 red the following information. d to the room of Resident #1 p #1 who was attempting to sident #1. Resident #1 was the bed and would not allow are. It occurred to Nurse #3 as a diabetic and Resident #1 bk his blood glucose level. The was 29 (mg/dL). Nurse #3 from the automated sing system and administered it enty to thirty minutes later the blood glucose level of was 102 (mg/dL). Nurse #3 y with that, and he was good." ink the physician needed to be amediately unless she was fut to the hospital.  the nursing notes for Resident at 7:49 AM written by Nurse #2 lucose] has dropped to 27 nable to get [blood glucose] up sauce and was unable to attempts due to not swallowing. to [emergency room]. Just left the] patient. [Responsible	F	580				

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F 580	in sending Resident the physician a text resident the physician a text resident the physician at text resident the physician sage to the physician message to the physician sage to the physician. Nurse #4 exweekdays the facility whom she communion would tell the supervice residents so the superphysician.  Documentation on at 11/12/2023 for a call revealed Resident # reading of 27 mg/dL, the EMS staff adminibial left shoulder must oxygen via a nasal conspital.  Documentation on a discharge summary the following information that the physician is staff adminibial terms oxygen via a nasal conspital.	se #4, who was assisting her #1 to the hospital, had sent message.  ewed on 11/16/2023 at 7:41 she had never personally ian and did not send a text sician on the morning of g Resident #1 going to the explained that during the rhad a nurse practitioner with cated information, or she isor of any concerns with the ervisor would contact the  In EMS incident report dated received at 7:26 AM 1 had a blood glucose and was placed on annula while in route to the hospital emergency dated 11/12/2023 revealed tion. A repeat blood glucose ival of Resident #1 to the	F	80	DETIGIENCY)			
	administered 50% de as a renal diet in the #1 became hypother 94.4 degrees Fahrer hypoglycemia, for wh blanket to return his	extrose intravenously as well emergency room. Resident mic with a temperature of wheit secondary to prolonged nich he received a warming temperature to 98.4 degrees t #1 was discharged back to						

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	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP O 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		111/22/2023		
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F 580	on 11/17/2023 at 12 the physician should ever any doubt in a further explained that different reaction or and hypoglycemia/h not feel like the Phy immediately after Niglucagon to Resider normalized with a bland breakfast was goon book to be and procedures for other than the stand confirmed the Physi after a resident was emergency.  Documentation in the dated as last revised part for treatment of is unresponsive with [mg/dL], give glucage [immediately] and not administering glucage.  The Medical Director 11/17/2023 at 12:57 stated he would have	sing (DON) was interviewed :45 PM. The DON stated that d always be called if there was physician's order. The DON at every diabetic had a level of tolerance for insulin yperglycemia. The DON did sician needed to be contacted urse #3 administered at #1 because Resident #1 ood glucose of 102 mg/dL joing to be served soon. The lity did not have any policies the treatment of hypoglycemia ing orders. The DON cian should always be notified sent to the hospital in an  e Facility Standing Orders, d on 5/1/2023, revealed in hypoglycemia, "If a resident a blood [glucose] below 60 ion 1 mg [intramuscularly] otify [Medical Doctor] after	F	580				
	long-acting insulin L Resident #1 did not a blood glucose leve Director stated it wa long-acting insulin s glucose level of the mg/dL. The Medical	evemir with the knowledge eat the evening meal and had el of 89 mg/dL. The Medical s his expectation that the hould be held if the blood resident was less than 130 Director further stated he alled by Nurse #6 and he						

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	ROVIDER OR SUPPLIER TH CITY HEALTH AND	REHABILITATION	1	STREET ADDRESS, CITY, STATE, ZIP ( 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		1112212023		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 580	long-acting insulin L PM on 11/11/2023. confirmed he was n administered glucag glucose level of 29 after Resident #1 w blood glucose level Director stated he devents of the mornin #1 until he arrived a do an admission as The Medical Director ordered for the 9:00 Resident #1 to be h was less than 130 r levels to be checked Medical Director als staff always had act for notification or class that the facility Adminis Immediate Jeopard The facility provided allegation of immediate Jeopard The facility those rectare likely to suffer, a result of the noncomplete of the physician of a chant #1 had a blood glucowas administered a the physician of a condition when a blootained at 7:00 AM	I Nurse #6 not to give the devemir to Resident #1 at 9:00. The Medical Director of contacted after Nurse #3 gon to Resident #1 for a blood mg/dL nor was he notified as sent to the hospital for a of 27 mg/dL. The Medical id not find out about the mg of 11/12/2023 for Resident at the facility on 11/13/2023 to sessment for Resident #1. For revealed on 11/13/2023 he of PM dose of Levemir for eld if his blood glucose level mg/dL and his blood glucose do three times a day. The for revealed the facility nursing sess to telehealth physicians arification purposes.  It atter was informed of a point of y on 11/19/2023 at 10:55 AM. If the following credible interior is given by the general properties who have suffered, or a serious adverse outcome as compliance.  Collity failed to notify the general properties who have suffered as sompliance.  Collity failed to notify the general properties who have suffered as sompliance.  Collity failed to notify the general properties who have suffered as sompliance.  Collity failed to notify the general properties who have suffered as sompliance.  Collity failed to notify the general properties who have suffered as sompliance.	F	580				

	(X3) DATE SURVEY COMPLETED	
345036 B. WING 11/22	2/2023	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1075 US HIGHWAY 17 SOUTH  ELIZABETH CITY, NC 27909		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Sent to the emergency room.  On 11/19/23 the Director of Nursing and the Unit Managers reviewed residents who have had a change of condition during the last 30 days using the 24-hour report. The 24-hour report was reviewed for indicators of a change such as not at baseline, not normal for resident, low blood sugars, lethargic, shortness of breath, new onset pain, etc. No new concerns found.  o Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.  Beginning 11/19/23 The Director of Nursing, Assistant Director of Nursing and Nursing Leadership educated Licensed Nurses regarding the requirements for notification of the Physician following a change of condition and to seek clarification for insulin administrator when a resident isn't eating. The Director of Nursing Leadership educated Nursing Assistants on identifying a change in resident condition and reporting to the Licensed Nurse immediately. Verbal education was given when a change of condition is noted or when a resident presents different than known baseline, lethargic, restless or short of breath, low blood sugars, and administering insulin when a resident doesn't eat to call the physician, even if during the night when there is a serious or life-threatening change of condition.  Education was provided to the nurses regarding the medical director's parameters for all residents on long-acting insulin to hold for a blood sugars of		

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F 580	parameter orders to administration record was notification of the levels that are outside. Guideline for treating that are alert, able to residents that are undrink or eat. Guideline notification of the phof hypoglycemia that administration.  The Director of Nurstwork without receiving hires, including ageneducation prior to the the responsibility of ensure this is completed. The Administrator are responsible for the incompletion of the result of	turse will transcribe the the medication d. Including in the education e physician for blood glucose le the parameters.  If hypoglycemia for residents of swallow and eat and presponsive and/or not able to the sinclude immediate eysician regarding treatment at requires glucagon  In will ensure no staff will the properties of their shift. It will be the Director of Nursing to enter the properties of the presentation and	F 5			

	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF CORRECTION IDENTIFICATION NUMBER: A. BUILDING						
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		345036	B. WING _			11/	22/2023
	ROVIDER OR SUPPLIER  TH CITY HEALTH AND RI	EHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 175 US HIGHWAY 17 SOUTH LIZABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580 F 684 SS=J	change of condition is presents different that restless, or short of beadministering insuling to call the physician, there is a serious or lecondition. Education regarding the Medica all residents on long-blood sugar of less the immediate jeopardy realidated.	Education was given when a s noted or when a resident an known baseline, lethargic, breath, low blood sugars, and when a resident doesn't eat even if during the night when life-threatening change of was provided to the nurses al Director's parameters for acting insulin to hold for a		580 684			11/30/23
	applies to all treatment facility residents. Bas assessment of a resident residents received accordance with profession practice, the comprehession and the resident facility. Based on record revident pharmacy Nurse Corpharmacist interview, interview, the facility of Resident #1 who had milligrams/deciliter (Indinner meal; failed to signs and symptoms glucose) after insulin monitor and complete	Indamental principle that Int and care provided to sed on the comprehensive dent, the facility must ensure the treatment and care in sessional standards of thensive person-centered sidents' choices.  To is not met as evidenced wiew, staff interviews, insultant interview, in, and Medical Director gave long-acting insulin to if a blood sugar reading of 89 ing/dL) and had not eaten the information in the sident for any of hypoglycemia (low blood administration; failed to			1. The facility gave a long-acting insuto Resident #1 who had a blood sugar reading of 89 milligrams/deciliter (mg/d and had not eaten the dinner meal. The facility failed to monitor the resident for any signs and symptoms of hypoglycer (low blood sugar) after giving the long-acting insulin. The facility failed to monitor and complete ongoing through assessments by re-checking a blood glucose level as ordered after a	L) e mia	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
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				ELIZABETH CITY, NC 27909	
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F 684	Continued From p	age 12	F	684	
	as ordered after a the intervention of low blood glucose respond to a medi for one (Resident for diabetes care. (EMS) was contact emergency room hypoglycemia. EM milligram glucagor at the hospital, a r a blood glucose or Dextrose was intra with a renal diet or glucose level rang	hypoglycemic event requiring glucagon (used to treat very ); and failed to effectively cal emergency of hypoglycemia #1) of three residents reviewed Emergency Medical Services sted to take Resident #1 to the		hypoglycemic event requiremental intervention of glucagon effectively respond to a remergency of hypoglyce #1.  2. All residents that rethe potential to be affect practice. On 11/19/2023 Nursing and the Unit Ma all residents who receive insulin, and their records for any treatment of low that were unreported, do incorrectly, and not mon residents were identified	and failed to medical emia for resident  ceive insulin have ed by this the Director of magers reviewed e long-acting s were reviewed glucose levels ocumented itored. No other
	symptoms of hypoongoing assessme #1's blood glucose immediately initiat for a medical eme was removed on a provided and implated and implated and severity completed and modern are effective.  Findings included:  Resident #1 was a 11/8/2023 with curincluded Type 2 Drenal disease. Resident #2 prenal disease.	o identify the seriousness of the aglycemia and the need for ents after obtaining Resident to level of 29 mg/dL and failed to be emergency medical services argency. Immediate jeopardy (1/20/2023 when the facility emented an acceptable credible ediate jeopardy removal. The out of compliance at a lower of level D to ensure education is conitoring systems put in place admitted to the facility on mulative diagnoses some which iabetes Mellitus, and end stage sident #1 received dialysis was a resident at the facility.		<ul> <li>3. The measures that place to ensure the defice not recur are as follows:</li> <li>The Director of Nursing and began education on 11/2 Licensed nurses on the posttest required to ensure of new education.</li> <li>Education was provergarding the medical disparameters for all reside insulin to hold for a blood than 130. The nurse will parameter orders to the administration record. In education was notification blood glucose levels</li> </ul>	sing, Assistant Regional Nurse 19/2023, for following with a ure understanding  ided to the nurses rector's ints on long-acting d sugar of less transcribe the medication including in the on of the physician

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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				ELIZABETH CITY, NC 27909		
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F 684	Continued From p	age 13	F 6	884		
	assessment dated	the admission nursing I 11/8/2023 indicated Resident al, and able to take his and by mouth.		Education on Preventing     hypoglycemia and recognizir     moderate, and severe symptoms	ng mild,	
	Resident #1 had a 11/8/2023 for Leve administered subdunits at 9:00 PM d insulin that starts to	a physician's order initiated on emir U-100 (insulin) to be cutaneously in the amount of 20 aily. Levemir is a long-acting to work several hours after as working evenly for up to 24		<ul> <li>Following physician ordered and notification of the when outside parameters.</li> <li>Education provided related residents on dialysis and is a risk.</li> </ul>	ers for rels as e physician ted to	
	11/8/2023 for Accordance AM and 9:00 PM to levels.	physician's order initiated on u-checks twice a day at 6:00 o measure blood glucose		Anyone not receiving educate allowed to work until education completed. Education will be new hire orientation for Licer	on has been e added to the nsed Nurses	
	Resident #1 from  Documentation in	er for an evening snack for 11/8/2023 to 11/12/2023.  the Facility Standing Orders, and an 5/4/2023, revealed in		conducted by the DON or AD 11/19/2023. The DON will ke all staff trained to ensure no until training is completed.	eep a list of	
	part for treatment is unresponsive w (mg/dL), give gluc [immediately] and administering gluc			4. The Director of Nursing designee will audit all reside receive insulin daily x 12 weethat the nursing staff have for parameters of the insulin ordinotifying MD/NP of blood sugments.	nts who eks to ensure llowed the ler as well as gar changes	
	revealed on 11/11, 76-100% of his broand did not consu	ocumentation on a food consumption record vealed on 11/11/2023 Resident #1 consumed 6-100% of his breakfast, 26-50% of his lunch, and did not consume any dinner.		outside of the parameters. T monitor the corrective action that the deficient practice is will not recur by reviewing th collected in the audits and re Quality Assurance Performan	s to ensure corrected and e information porting to	
	record (MAR) reve	ealed Resident #1 had a blood 9 milligrams/deciliter (mg/dL) on		Improvement Committee (Q/DON for three (3) months. A QAPI committee will evaluate effectiveness of the intervent	API) by the t the time the e the	

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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F 684	Continued From page	e 14	F 6	384				
	was administered 20	e abdomen at 9:00 PM on			determine if continued auditing or adjustments to the plan of correction at necessary.  5. Completion Date: 11/30/2023	re		
	PM and relayed the fe #6 worked in the facil PM to 11:00 PM. Res in the facility and Nurse in the facility and Nurse #6 stated she so Resident #1 and then after he expressed, however, a few bites." Nurse #6 tray she noted Reside "a few bites." Nurse #6 assignment for Reside point in the evening at Resident #1 had not of Nurse #6 had consided dose of Levemir to Resident #1 had not of Resident #1 had not of Nurse #6 had consider dose of Levemir to Resident #1 had not of Resident	ewed on 11/17/2023 at 1:41 collowing information. Nurse ity on 11/11/2023 from 3:00 ident #1 was a new resident se #6 brought him the approximately 5:30 PM. Set up the meal tray for a left him to eat in his room to left him to eat more than to left him to eat more than to left him to left him to eat more than to left him to left him to eat more than to left him to left hi			5. Completion Date: 11/30/2023			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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F 684	and provided the foll was assigned to care PM on 11/11/2023 to #1 did not recall if Re snack on 11/11/2023 Resident #1 at appro 11/12/2023 and foun the end of the bed." Resident #1 up in the "thrashing around in moving around and provide incontinent or room to assist NA #1 because it took two pcare due to him mov told NA #1 she was glucose level of Res room while Nurse #3 level and remained in went to get glucagor think Resident #1 sh Nurse #3 returned to #1 left the room and other assigned resid Resident #1 again at recalled Resident #1 pulling the sheet up Documentation in the 11/12/2023 at 3:51 Arevealed, "Resident thrashing around in trying to give him he sweating profusely." resident's blood [gluc [mg/dL]. Using standemergency kit for low	ed on 11/16/2023 at 7:28 PM owing information. NA #1 et for Resident #1 from 7:00 of 7:00 AM on 7/12/2023. NA esident #1 had an evening is NA #1 went to check on eximately 3:30 AM on do he had "scooted down to NA #1 needed help to pull et bed because he was the bed." Resident #1 kept would not allow NA #1 to eare. Nurse #3 came in the to provide incontinent care beeple to provide incontinent ing around. Nurse #3 then going to check the blood ident #1. NA #1 stayed in the stobtained the blood glucose in the room while Nurse #3 he because Nurse #3 did not ould be left alone. When the room of Resident #1, NA returned to caring for her eents. NA #1 checked on the end of her shift and did not want to be bothered, telling her "No."	F6	584			

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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F 684	Continued From pag	e 16	F	584		
		se] in 15 minutes. A note er's communication book."				
	revealed, "Blood [glu	e nursing notes for M written by Nurse #3 cose] at this time is 102 alm and is not in distress, call				
	PM. Nurse #3 relaye Nurse #3 worked the 11/11/2023 to 7:00 A revealed when she was Resident #1 at appronot calm down. Nurse room of Resident #1 Aide (NA) #1 who was to Resident #1. Resident #1. Resident #1 was a diallowed her to check blood glucose level wobtained glucagon from to Resident #1. Two Nurse #3 checked the Resident #1, and it was tated, "I was happy Nurse #3 revealed shootened before redid note Resident #1 and did not have any she left at 7:00 AM. Note that we have the state of the second to the second	his blood glucose level. The was 29 mg/dL. Nurse #3 om the automated and cabinet and administered enty to thirty minutes later e blood glucose level of was 102 mg/dL. Nurse #3 with that, and he was good." The offered Resident #1 the was on his bedside table, but eturning to sleep. Nurse #3 was sleeping comfortably or more "behaviors" before Nurse #3 reiterated that				
	and did not have any she left at 7:00 AM. I Resident #1 was ask room, and she did no	more "behaviors" before				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 684	Continued From pa	ge 17	F 68	4	
	' •	o be called or notified she was sending Resident #1			
		the MAR by Nurse #3 revealed blood glucose level of 102 23 at 6:00 AM.			
	4:45 PM. Nurse #3 the blood glucose loon 11/12/2023 as o glucose level she o	viewed again on 11/17/2023 at revealed she did not check evel of Resident #1 at 6:00 AM rdered, but used the blood btained at approximately 4:20 ntation on the MAR.			
	#1 on 11/12/2023 a revealed, "[Blood g [mg/dL at] 7 AM un tried to give apple s swallow. No other a Called 911 to send	the nursing notes for Resident to 17:49 AM written by Nurse #2 lucose] has dropped to 27 able to get [blood glucose] up sauce and was unable to attempts due to not swallowing. to [emergency room]. Just left the] patient. [Responsible ware."			
	NA #4 was interviewed on 11/17/2023 at 10:13 AM. NA #4 described the following information. NA #4 stated that she worked the 7:00 AM to 7:00 PM shift on 11/12/2023 and was assigned to care for Resident #1. NA #4 revealed she heard in report from NA #1 that Resident #1 was moaning in pain all night. NA #4 indicated she went directly to the room of Resident #1 at the start of her shift. NA #4 described Resident #1 as moaning, moving all over the bed, in a cold nasty sweat, teeth clenched tight, foaming at the mouth, and with eyes that were looking right through her. NA #4 stated she hollered for Nurse #2 to come immediately. NA #4 stated Nurse #2 and Nurse				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 684	Continued From page	e 18	F	684				
	took the blood glucos 27 (mg/dL). Nurse #2 4:00 AM the blood gludropped, and he had of the nurses tried to applesauce but his mand he was moving a left the room and the room. Nurse #5 was #2 and NA #5 came thelp keep him in bed like nobody could get glucagon." Finally, Ni #1 was going to the erevealed Nurse #2 chagain and it was 24 nwas just trying to keep 1:00 AM to 1:00	immediately. The nurses the of Resident #1, and it was the announced that around the ucose of Resident #1 had the been given glucagon. One give Resident #1 some the incomposition of the room. Na to the room of Resident #1 to the room of						
	11/17/2023 at 12:09 I revealed that after gli repeat blood glucose after 15 minutes and glucagon could be ac glucose had not return Pharmacist confirmed be administered if the the 20's and it was point in the supply and glucagon was avail and glucagon was avail syringe for immediate form of glucagon was as form of glucagon was as the supply and glucagon was a the	ucagon was administered a level should be checked another dose of 1 mg Iministered if the blood						

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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F 684	Continued From page	e 19	F	584			
	confirmed all the glud instructions. The Pha automated medicatio	luent. The Pharmacist cagon kits came with rmacist also revealed the n dispensing systems also cose gel that could be put					
	PM. Nurse #2 describ happening on the moshe arrived at the sta Nurse #2 received remedications on the m#3. During the receiviexplained to Nurse #2 Resident #1 glucagor that occurred at approhis blood glucose retrasked Nurse #3 if Reanything or had anything ended she thou have to check his bloas soon as Nurse #3 called out that Reside #2 and Nurse #4 were #1. Nurse #2 saw that shaking violently and bed. Nurse #2 checked saw that it was 27 mg give Resident #1 som mouth was clenched Resident #1 while Nurse #2 checked with the room of I asked her to stay whimedication room. At the stay whimedication room.	n for a hypoglycemic episode oximately 4:00 AM but that urned to normal. Nurse #2 sident #1 had eaten ning to drink after receiving e was told he had not. Nurse ght to herself she would od glucose. Nurse #2 stated left the facility, a nurse aide ent #1 needed help. Nurse at to the room of Resident at Resident #1 was sweaty, moving his limbs all over the ed his blood glucose and gldL. Nurse #2 attempted to be applesauce, but his shut. Nurse #2 stayed with larse #4 went to get the edication room. Nurse #5 Resident #1 and Nurse #2					

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 684	cabinet. The automacabinet showed that options of glucagon was selecting the set Nurse #4 entered th Nurse #2 she was gkit/box. Nurse #2 dickit/box and when she glucagon kit/box option she previous available. Nurse #2 side of the building glucagon kit/box that instead of several si When Nurse #2 and automated medicati other side of the buil Nurse #4 told Nurse have the type of glu needed either. On the which Resident #1 r Director of Nursing glucagon in the build the resident needed room. Nurse #4 call returned to the room signs.  Nurse #4 was interved.  Nurse #4 was interved.  Nurse #4 stated she aides calling for help	mated medication dispensing ated medication dispensing at there were two different kits or boxes, and Nurse #2 econd option. At that point, we medication room and told petting the wrong glucagon at not remove a glucagon at attempted to select another attempted to select another and Nurse #4 ran to the other together to find the correct at would only require one step at the period of the medication room, at #2 that the machine did not cagon kit/box that was the way back to the hallway on the way back to the hallway on the way back to the hallway on the way back to the emergency and Nurse #4 called the (DON) to tell her there was no ding. The DON told Nurse #4 to be sent to the emergency and 911 while Nurse #2 to fresident #1 to take vital and that the following events orning of 11/12/2023 when a 7:00 AM to 7:00 PM shift. The heard one of the nursing of and for Nurse #2 to hurry	F 6	84			
	up. Nurse #4 went t see if she could help Resident #1 as "jerk	o and for Nurse #2 to hurry o the room of Resident #1 to o. Nurse #4 described king hard" and diaphoretic. I glucometer off the nursing					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 684	Resident #1 it regist display on the gluco blood glucose test re Nurse #2 left the roo glucagon from the m #4 stayed in the root to Nurse #4 that it w time to get the glucafind Nurse #2. Befor medication room, sh the room of Residen Nurse #4 arrived in the automated medication up on Nurse #2 and never seen before. It is not the other side get glucagon from the other automated get glucagon from the other automated cabinet. Nurse #2 see the automated medication the other automated it was telling her the cabinet either. Nurse Nurse #2 who was somedication dispension because it was her recalled her DON to the any glucagon and R Nurse #4 revealed some to EMS. Nurse #4 expaperwork required #2 to handle everyth her assigned hall.  Nurse #5 was interved.  Nurse #5 was interved.  Nurse #5 was interved.  Nurse #5 was interved.	pe 21  book the blood glucose of ered as "Lo." (The screen meter will read "Lo" when a sault is below 20 mg/dL.) on and went to obtain redication room while Nurse of Resident #1. It seemed as taking Nurse #2 a long gon, so she left the room to be Nurse #4 went into the easked Nurse #5 to go to to to #1 to check on him. When the medication room the on dispensing cabinet locked it was a screen she had hurse #4 and Nurse #2 then of the building to attempt to be other medication room and medication dispensing cabinet and re was no glucagon in that the earth was adamant it was earching in the electronic and system for the glucagon esident. Nurse #4 stated she will her the facility did not have esident #1 had to be sent out. The called 911 while Nurse #2 the sid	F	684			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 684	when she entered the shaking uncontrollab Both Nurse #2 and N trying to give Resider mouth was closed sh Nurse #2 and Nurse #2 and Nurse #2 and Nurse together to get glucar room. Nurse #5 state #4 returned they state because the facility of Nurse #5 revealed the quicky and Resident consciousness.  Documentation on an an and the state of the properties	Resident #1. Nurse #5 stated be room Resident #1 was by and foaming at the mouth. Burse #4 were in the room and #1 applesauce, but his nut. Nurse #5 stated that #4 both left the room agon from the medication and when Nurse #2 and Nurse ed they were calling 911 bid not have any glucagon. The paramedics arrived very #1 never lost in EMS incident report dated received at 7:26 AM is was found being held down glucose reading of 27 mg/dL. The ted on oxygen via a nasal that the to the hospital.  The hospital emergency dated 11/12/2023 revealed tion. A repeat blood glucose ival of Resident #1 to the dL. Resident #1 was extrose intravenously as well emergency room. Resident mic with a temperature of theit secondary to prolonged with the received a warming temperature to 98.4 degrees at #1 was discharged back to 2023 at 12:39 PM.	F	584				
	An interview was cor	iducted with the DON on						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345036	B. WING				0
		345036	D. WING			11/	22/2023
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ELIZABET	H CITY HEALTH AND RI	EHABILITATION			1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	ID PROVIDER'S PLAN OF (			(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF	PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)			COMPLETION DATE
F 684	Continued From page	e 23	F	684			
	11/16/2023 at 8:09 PI	M. The DON stated that the					
	facility pharmacy kep	t track of the medications in					
		ation dispensing cabinet,					
		ation if the cabinet ran low.					
	The DON revealed th						
		n dispensing cabinets in the					
	building and each had	urther revealed she received					
	an email from the pha						
		d too many glucagon doses					
	_	dication dispensing cabinet					
		ed that she would like to					
	have too many doses						
	automated medicatio	n dispensing cabinet. The					
		Nurse #4 called her on the					
		3 to tell her the facility did					
		on to which she responded					
	the facility did have g	•					
	Resident #1 to the ho	ispitai.					
	The nurse consultant	representing the pharmacy					
	was interviewed on 1	1/17/2023 at 10:30 AM. The					
		ained that a part of his					
	services to the facility						
		n dispensing cabinet to					
		d enough medications as a					
	backup and in emerg	o tell through the electronic					
		, and what was removed					
	from the automated n						
		3. The nurse consultant					
		g information. On 11/12/2023				ĺ	
		removed a 1 mg glucagon				ĺ	
	emergency kit for Res					ĺ	
	automated medicatio	n dispensing cabinet. The				ĺ	
		firmed Nurse #3 removed					
		ng emergency kit containing				ĺ	
	a diluent syringe and					ſ	
	11/12/2023 at 7:21 Al	M the electronic record					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		345036	B. WING			C 11/22/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT 1075 US HIGHWAY 17 ELIZABETH CITY, I	7 SOUTH	11/22/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)	
F 684	Resident #1 from the dispensing cabinet. It confirmed Nurse #2 sthat contained a diluce requiring the extra st syringe to reconstitute 11/12/2023 at 7:25 A another automated non another hall, did not the three automated cabinets in the facility glucagon available to of 11/12/2023.  The facility Medical Equation of the pholog-acting insulin Least Bood glucose lever Director stated it was long-acting insulin should have been can would have ordered long-acting insulin Least Bood glucose lever Director stated it was long-acting insulin should have ordered long-acting insulin Least Bood glucose lever Director stated it was long-acting insulin should have ordered long-acting insulin Least Bood glucose lever Director stated it was long-acting insulin Least Bood glucose lever and the facility admission assessment Medical Director indicators in the facility admission assessment Medical Director indicators in the state of the facility admission assessment Medical Director indicators in the state of the facility admission assessment Medical Director indicators in the state of the facility admission assessment Medical Director indicators in the state of the facility admission assessment Medical Director indicators in the state of the facility admission assessment Medical Director indicators in the state of	moved a glucagon box for automated medication The nurse consultant selected the glucagon box ent and a glucagon vial ep of having to locate a se the glucagon. On M, Nurse #2 logged into nedication dispensing cabinet not remove any medication, ged Nurse #2 out at 7:30 AM. It was able to tell from audit fiter 11/12/2023 that each of medication dispensing y had multiple 1 mg doses of the nurses on the morning  Director was interviewed on PM. The Medical Director expected Nurse #6 to seek sysician's order for the expected Nurse #6 to seek exemir with the knowledge eat the evening meal and had it of 89 mg/dL. The Medical is his expectation that the hould be held if the blood esident was less than 130 Director further stated he lied by Nurse #6 and he Nurse #6 not to give the exemir to Resident #1 at 9:00 the Medical Director stated	F	84		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION  A. BUILDING			NSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345036	B. WING _			11	C / <b>22/2023</b>
	ROVIDER OR SUPPLIER TH CITY HEALTH AND	REHABILITATION		1075	ET ADDRESS, CITY, STATE, ZIP CODE US HIGHWAY 17 SOUTH ABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	Continued From pa	ge 25	F	684			
	before calling EMS revealed on 11/13/2 PM dose of Levemi his blood glucose leand his blood glucotimes a day.  The facility Adminis	en running from hall to hall The Medical Director 2023 he ordered for the 9:00 Ir for Resident #1 to be held if evel was less than 130 mg/dL ase levels to be checked three					
	The facility provided allegation of immediately those recipions	d the following credible liate jeopardy removal:  ients who have suffered, or a serious adverse outcome as					
	" Resident #1 was a received dialysis se facility. The facility	ompliance.  a diabetic resident who ervices while a resident of the failed to obtain parameters for esident #1 upon admission for					
		ent #1 received his long-acting glucose level of 89 and he er.					
	recheck a blood glu 6:00 AM as ordered event requiring the 3:51 AM. A blood s was entered on the The facility failed to medical emergency	cility failed to monitor and acose level for Resident #1 at and after a hypoglycemic intervention of Glucagon at ugar taken at 4:26 AM of 102 MAR as taken at 6:00 AM.  The effectively respond to a when Resident #1 had a of 27 and was observed to be					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		ISTRUCTION		PLETED
		345036	B. WING				C / <b>22/2023</b>
	ROVIDER OR SUPPLIER	REHABILITATION		1075 l	ET ADDRESS, CITY, STATE, ZIP CODE  US HIGHWAY 17 SOUTH  ABETH CITY, NC 27909	<u>,</u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT 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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	Medical Services (Eglucose level of 27 to EMS treated Reside Glucagon. Upon arr glucose level of 24 to given intravenously consumed orally. Reback to the facility with 149.  " All residents with offer this deficient praconducted by the Director of Nursing of residents with inswere parameters for reviewed for any trethat were unreported not monitored. No offer Specify the action the process or system from the action will "The Director of Nursing and Region 11/19/2023, for Lice with a posttest requirement of the state of the system of the syste	teent to the ER via Emergency (MS) for treatment of a blood upon their arrival at the facility. Ent #1 with 1 milligram (mg) ival at the hospital a repeat was taken and Dextrose was along with a renal diet esident #1 was discharged with a blood glucose level of orders for insulin were at risk actice. Record review was irector of Nursing/Assistant and Unit Manager on 11/19/23 aulin orders to ensure there is insulin, records were satment of low glucose levels d, documented incorrectly and other residents were identified.	F	584			
	on long-acting insul less than 130. The parameter orders to	in to hold for a blood sugar of nurse will transcribe the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER TH CITY HEALTH AND	REHABILITATION		1075	EET ADDRESS, CITY, STATE, ZIP CODE S US HIGHWAY 17 SOUTH ZABETH CITY, NC 27909	<u> </u>	112220
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	" Preventing hypog moderate, and seven Mild symptoms: he dizziness, feeling li heart rate, blurry vi numbness around Moderate symptom behavior changes, and change in coor Severe Symptoms: level is a medically as loss of conscious frothing at the mou " Guideline for treat that are alert, able residents that are a drink or eat. Guidel notification of the pof hypoglycemia the administration.  Treatment of hypoglif blood glucose level is alert and able to and 15gm of carbs tube of glucose gel blood glucose level juice and 15gm car affithe resident is undrink or eat administration.	the physician for blood glucose ide the parameters.  Ilycemia and recognizing mild, ere symptoms. Inger, sweating, clammy, ght-headed, nausea, increased sion, mood change, tingling or the mouth, lips or tongue. Is: confusion, poor judgement, weakness, irregular heartbeat dination.  A severe low blood glucose emergency and can present sness, fainting, seizures, th and death.  Iting hypoglycemia for residents to swallow and eat and inresponsive and/or not able to ines include immediate hysician regarding treatment at requires glucagon  Ilycemia: 15/15 Rule rel is less than 70 and resident swallow give 4oz of fruit juice (peanut butter crackers, 1) recheck in 15 minutes if I has come up repeat 4oz fruit responsive and/or not able to ster 1 mg/IM Glucagon stat,	F	684			
	notify 911 and imm						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		(X3) DATE SUI					
		345036	B. WING _		11/22/	2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	11/22/		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE C	(X5) OMPLETION DATE	
F 684	Continued From pa	<del>-</del>	F 6	84			
	physician when out	side parameters.					
	" Education provide dialysis are at incre	ed related to residents on eased risk.					
	allowed to work unt completed. Educat hire orientation for the DON or ADON	ng education will not be til education has been tion will be added to the new Licensed Nurses conducted by by 11/19/2023. The DON will ff trained to ensure no staff s completed.					
	Date of alleged Imr 11/20/2023	nediate Jeopardy removal:					
	removal was validad credible allegation of removal was validad review verified and a residents with insultiparameters for insulting any treatment of low unreported, document monitored. Staff in verified licensed not posttest required to medical director's pulling less than 130; transpotification of the pullipart levels outside the pullipart in	tion for immediate jeopardy ted on 11/22/2023. The for immediate jeopardy ted onsite on 11/22/23. Record audit was completed of in orders to ensure there were allin, records were reviewed for a glucose levels that were ented incorrectly and not terviews and record review arses were educated with a tensure understanding of: tensu					

STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		345036	B. WING			l	22/2023
	VIDER OR SUPPLIER	EHABILITATION		10	TREET ADDRESS, CITY, STATE, ZIP CODE 075 US HIGHWAY 17 SOUTH LIZABETH CITY, NC 27909	1 11	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
h; aa is aa na w b	unresponsive and/o dminister 1 mg/IM G otify 911 followed by as also provided rela	quires glucagon 11 notification is the resident or not able to drink or eat lucagon stat, immediately r notifying the MD. Education ated to residents on dialysis k. The immediate jeopardy	F	684			
SS=J C  § T  thr  pre  pre  a di  a  s  lid  an  re  s  liii  in  tc  § T	ne appropriate comprovide nursing and resident safety and at racticable physical, rell-being of each resident assessments and considering the niagnoses of the facilic coordance with the fit §483.70(e).  483.35(a)(3) The factorised nurses have and skill sets necessateds, as identified the seeds, as identified the seeds, and de the seeds and de t	vices e sufficient nursing staff with etencies and skills sets to elated services to assure etain or maintain the highest mental, and psychosocial sident, as determined by and individual plans of care elamber, acuity and ety's resident population in acility assessment required  cility must ensure that the specific competencies ary to care for residents' arough resident scribed in the plan of care.  In g care includes but is not evaluating, planning and t care plans and responding  by of nurse aides.  In ethat nurse aides are able	F	726			11/30/23

	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			7 50125	_			С	
		345036	B. WING			l	/22/2023	
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				10	075 US HIGHWAY 17 SOUTH			
ELIZABE1	TH CITY HEALTH AND R	EHABILITATION		E	LIZABETH CITY, NC 27909			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 726	Continued From page	e 30	F	726				
	techniques necessar	y to care for residents'						
	needs, as identified t	hrough resident						
	assessments, and de	escribed in the plan of care.						
	This REQUIREMENT	Γ is not met as evidenced						
	by:							
	I .	riew, staff, Pharmacist,			The facility failed to demonstrate			
	Pharmacy Nurse Cor				competency knowing what effective			
	Director interviews th				immediate interventions needed to be			
	immediate intervention	ency knowing what effective			implemented for treatment of			
	I .	tment of hypoglycemia (low			hypoglycemia (low blood glucose) and competency in obtaining life- saving			
		ompetency in obtaining			medication from an automated medica	tion		
	life-saving medication				dispensing system for one (Resident#			
	_	ig system for one (Resident			of one resident reviewed for nursing	',		
	#1) of one resident re				competency.			
	1 *	ency Medical Services (EMS)						
	was contacted to take	- , , ,			2. The deficient practice could affect	all		
	emergency room on	11/12/2023 for			residents. On 11/19/23 the Director of			
	hypoglycemia. EMS	treated Resident #1 with 1			Nursing and the Unit Managers review	ed		
		ıscular. (Glucagon is a			residents who had a change of condition			
		a hormone made by the			or any medical emergency during the la			
	1 -	blood glucose levels.) Upon			30 days using the 24-hour report. The			
		, a repeat glucose level of 24			24-hour report was reviewed for indica			
	,	od glucose level is 70 to 90			of low blood sugar, medications not be	ing		
	l _ · · · .	er) was taken, and 50 %			accessed from the medication			
	with a renal diet cons	enously administered along			management system, medical emergency, and not notifying the			
	with a renal diet cons	surfied orally.			physician of a change in condition. No			
	Immediate Jeonardy	began on 11/12/2023 when			new concerns were found.			
	1	demonstrate competency in			concomo moro rouna.			
	treatment of hypogly				3. Beginning 11/19/23 the Director of	:		
		nt #1 who had a blood			Nursing/Assistant Director of Nursing a			
	1	ng/dL. Immediate jeopardy			Regional Nurse provided the following			
		20/2023 when the facility			education to Licensed Nurses:			
	provided and implem	ented an acceptable credible						
		ate Jeopardy removal. The			Licensed Nurses were provided			
	_	t of compliance at a lower			education regarding the protocol for			
	1	evel D to ensure education is			insulin parameters for resident's with			
	completed and monit	oring systems put in place			long-acting insulin and notification of the	e		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION  LDING			(X3) DATE SURVEY COMPLETED	
		345036	B. WING _				C <b>22/2023</b>	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		22/2020	
				10	075 US HIGHWAY 17 SOUTH			
ELIZABET	H CITY HEALTH AND F	REHABILITATION			LIZABETH CITY, NC 27909			
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 726	Continued From pag	ge 31	F 7	726				
	are effective.				physician when glucose readings are			
					outside those parameters.			
	Findings included:				'			
	3				Education provided included			
	Resident #1 was ad	mitted to the facility on			treatment and care of the resident with			
		lative diagnoses some of			signs and symptoms of hypoglycemia.			
		etes mellitus and end stage			protocol for treatment was developed a			
		lent #1 was receiving dialysis			approved by the medical director. The			
	services while he wa	as in the facility.			nurses were educated on said glucose			
		•			protocol that wa approved by the medic	cal		
	Documentation in the nursing progress notes for director.							
	Resident #1 dated 1	1/12/2023 at 7:49 AM written						
by Nurse #2 revealed, "[Blood glucose] has		d, "[Blood glucose] has			Included in the education for licens	sed		
	dropped to 27 [mg/d	L] [at] 7 AM unable to get			and unlicensed staff was identification	and		
	[blood glucose] up tr	ried to give apple sauce and			notification of a change in condition to	the		
	was unable to swall	ow. No other attempts due to			unit nurse, or unit manager, ADON or			
	not swallowing. Call	ed 911 to send [Resident #1]			DON followed by notifying the physicia	n.		
	to [Emergency room	]. Just left the [building] with			Included was change from baseline, lo	W		
	the patient. [Respon	sible Party] made aware."			blood sugar, change in behavior, poor appetite, and any change in condition.			
	NA (Nurse Aide) #4,	who was working the 7:00						
	AM to 7:00 PM shift	on 11/12/2023, was			A review with the license nurse was	ıs		
	interviewed on 11/17	7/2023 at 10:13 AM. NA #4			completed regarding residents at risk for	or a		
	revealed she entere	d the room of Resident #1 on			hypoglycemic reaction which included			
		2/2023 at approximately 7:00			dialysis, poor appetite, and certain spe	cific		
	AM. NA #4 describe	d Resident #1 as moaning,			medications.			
	moving all over the b	oed, in a cold nasty sweat,						
	teeth clenched tight,	foaming at the mouth, and						
		looking right through her. NA			Education was provided for			
	#4 stated she hollere	ed for Nurse #2 immediately.			recognizing signs symptoms of mild,			
					moderate, and severe hypoglycemia			
		iewed on 11/16/2023 at 6:45			which included but not limited to:			
		ibed the following events as			Mild symptoms: hunger, sweating,		<b> </b>	
		orning of 11/12/2023 after			clammy, dizziness, feeling light-headed	d,		
		art of her shift at 7:00 AM.			nausea, increased heart rate, blurry			
		eport from Nurse #3 that she			vision, mood change, tingling or			
	had to give Residen				numbness around the mouth, lips, or			
	hypoglycemic episod				tongue.			
	approximately 4:00 /	AM but that his blood glucose			Moderate symptoms: confusion, poor			

CENTER	3 FOR MEDICARE &	MEDICAID SERVICES				CIVID INC	7. 0930 <del>-</del> 0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345036	B. WING			1	22/2023
NAME OF P	ROVIDER OR SUPPLIER			S <sup>-</sup>	TREET ADDRESS, CITY, STATE, ZIP CODE		
				10	075 US HIGHWAY 17 SOUTH		
ELIZABET	H CITY HEALTH AND RI	EHABILITATION		Е	LIZABETH CITY, NC 27909		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 726	Continued From page	e 32	F	726			
	· -	nal. Nurse #2 indicated she	'	120	judgement, behavior changes, weakne	ee	
		e would have to check his			irregular heartbeat and change in	55,	
		Nurse #2 revealed from her			coordination.		
		nd training, after a resident			Severe Symptoms: loss of		
		it was important to have			consciousness, fainting, seizures, foan	nina	
		or else it was likely the blood			at the mouth, and death.	9	
		igain. Nurse #2 heard a					
		at Resident #1 needed help.			The pharmacy provided a		
		#4 went to the room of			step-by-step guide to remove medicati	on	
	Resident #1. Nurse #	2 saw that Resident #1 was			from the emergency medication machi		
	sweaty, shaking viole	ently and moving his limbs all			(Nexsys) machine including pictures of		
	over the bed. Nurse #	#2 checked his blood			the glucagon screen shot. Nurses wer	e to	
	glucose level and sav	v that it was 27 mg/dL.			verbalize step by step to show accurac	y to	
	-	n her training the first step to			obtain medication via the Nexsys		
		as to try to get the resident			emergency medication machine.		
		owing Resident #1 did not					
		after glucagon administration			The licensed nurses completed a	post	
		AM. Nurse #2 attempted to			education knowledge test to show		
		ne applesauce, but his			competency to provide care and treatn	ient	
		shut. Nurse #2 stayed with			for a resident showing signs and		
		rse #4 went to get the			symptoms of hypoglycemia.		
	glucagon. Nurse #5 c						
		se #2 asked her to stay while cation room. Nurse #2 then			The Director of Nursing will ensure no		
		on room and signed into the			staff will work without receiving this		
		n dispensing cabinet. The			education. Any new hires, including		
	automated medication				agency staff, will receive education price	or.	
		ere two different kinds of			to the start of their shift. It will be the	"	
		#2 was selecting the second			responsibility of the Director of Nursing	to	
	option. At that point, I				ensure this is completed.		
		told Nurse #2 she was			•		
		d of glucagon. Nurse #2 and			4. The DON or designee will monitor	the	
		ther side of the building			completion of competencies for five (5)		
		orrect glucagon that would			nursing staff for 4 weeks, then monthly	for	
	_	instead of three steps to			3 months. The facility will monitor the		
		. When Nurse #2 and Nurse			corrective actions to ensure that the		
	#4 arrived at the auto	mated medication			deficient practice is corrected and will i	ot	
	dispensing cabinet or	n the other side of the			recur by reviewing information collecte	d	
	building in the medica	ation room, Nurse #4 told			during audits and reporting to Quality		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION  JILDING			(X3) DATE SURVEY COMPLETED	
		345036	B. WING				C	
NAME OF P	ROVIDER OR SUPPLIER	0.7000	1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	/22/2023	
					075 US HIGHWAY 17 SOUTH			
ELIZABET	H CITY HEALTH AND R	EHABILITATION			LIZABETH CITY, NC 27909			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 726	of glucagon that was stated she was not at form that required two only familiar with the step to administer. Not then had been educated Nursing (DON) on the and how to administe the hallway on which	chine did not have the type needed either. Nurse #2 ware glucagon came in a to to three steps and was glucagon that was just one the urse #2 revealed she since ted by the Director of a multiple forms of glucagon ar them. On the way back to Resident #1 resided, Nurse	F 7	726	Assurance Performance Improvement committee (QAPI) by the DON month! three (3) months. At that time the QAF committee will evaluate the effectivened of the interventions to determine if continued auditing or adjustments to the plan of correction are necessary.  5. Completion date 11/30/2023	y for Pl ess		
	glucagon was not in the Nurse #4 the resident emergency room. Nu Nurse #2 returned to take vital signs.	tell her the correct kind of the building. The DON told t needed to be sent to the rse #4 called 911 while the room of Resident #1 to						
	PM. Nurse #4 related happened on the more she was working the Nurse #4 stated she aides calling for help up. Nurse #4 went to see if she could help. Resident #1 as "jerking (perspiring profusely) glucometer off the nut took the blood glucos registered as "Lo." (A when a blood glucos mg/dL.) Nurse #2 left glucagon from the me #4 stayed in the room to Nurse #4 that it was time to get the glucagon find Nurse #2. Before medication room, she	that the following events rning of 11/12/2023 when 7:00 AM to 7:00 PM shift. heard one of the nursing and for Nurse #2 to hurry the room of Resident #1 to Nurse #4 described ing hard" and diaphoretic in Nurse #2 grabbed a ursing cart and when she is elevel of Resident #1 it is screen display will read "Lo" the room and went to obtain edication room while Nurse in of Resident #1. It seemed its taking Nurse #2 a long igon, so she left the room to the Nurse #4 went into the the asked Nurse #5 to go to #1 to check on him. When						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345036	B. WING			11/	22/2023
	ROVIDER OR SUPPLIER	EHABILITATION	•	1	TREET ADDRESS, CITY, STATE, ZIP CODE 075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 726	automated medication up on Nurse #2 and never seen before. Noran to the other side get glucagon from the automated medication was telling her there machine either. Nurse #2 who was somedication dispension because it was her or the steps to remove automated medication indicated she could be from the cabinet because it was her or the steps to remove automated medication indicated she could be from the cabinet because it was her or the steps to remove automated medication indicated she could be personal information required for removin stated she called he did not have any gluto be sent out. Nurse while Nurse #2 return vital signs to give to services). Nurse #4 paperwork required #2 to handle everyth her assigned hall.  Nurse #5 was intervited AM. Nurse #5 stated AM. Nurse #5 stated AM to 7:00 PM shift stated she heard NA went to the room of when she entered the shaking uncontrollate Both Nurse #2 and Name in the state of the shaking uncontrollate Both Nurse #2 and Name in the state of the shaking uncontrollate Both Nurse #2 and Name in the state of the shaking uncontrollate Both Nurse #2 and Name in the state of the shaking uncontrollate Both Nurse #2 and Name in the state of the shaking uncontrollate Both Nurse #2 and Name in the state of the stat	the medication room the on dispensing cabinet locked it was a screen she had lurse #4 and Nurse #2 then of the building to attempt to e other medication room and cation dispensing cabinet. The on dispensing cabinet and it was no glucagon in that was adamant it was earching in the electronic ng system for the glucagon esident. Nurse #2 detailed	F	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		345036	B. WING _			C 11/22/2023
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, Z 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		11/22/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
F 726	mouth was closed s Nurse #2 and Nurse together to get gluc room. Nurse #5 star #4 returned they sta because the facility Nurse #5 revealed t quicky and Residen consciousness.  Documentation on a 11/12/2023 for a ca revealed Resident # by staff with a blood The report also indi administered 1 mg muscle and was pla cannula while in rou  Documentation on a discharge summary the following inform glucose level, taker to the hospital, was administered 50% o as a renal diet in the #1 became hypothe 94.4 degrees Fahre hypoglycemia, for w blanket to return his Fahrenheit. Reside the facility on 11/12  The Nurse Consulta was interviewed on Nurse Consultant e services to the facili automated medicati	shut. Nurse #5 stated that e #4 both left the room agon from the medication ted when Nurse #2 and Nurse ated they were calling 911 did not have any glucagon. the paramedics arrived very at #1 never lost  an EMS incident report dated all received at 7:26 AM #1 was found being held down at glucose reading of 27 mg/dL. cated the EMS staff of glucagon in his left shoulder acted on oxygen via a nasal atte to the hospital.  a hospital emergency a dated 11/12/2023 revealed ation. The repeat blood a upon arrival of Resident #1 24 mg/dL. Resident #1 24 mg/dL. Resident #1 24 mg/dL. Resident #1 and my/dL. Resident #1 be emergency room. Resident arrice with a temperature of anheit secondary to prolonged which he received a warming a temperature to 98.4 degrees and #1 was discharged back to and a part of his and representing the pharmacy 11/17/2023 at 10:30 AM. The explained that a part of his	F	726		

NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION  (X4) ID PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 726  Continued From page 36 backup and in emergencies. The nurse consultant revealed the following information. On 11/12/2023 at 7:21 AM, Nurse #2 removed a glucagon kit for Resident #1 from the automated medication dispensing cabinet. On 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on 11/12/2023 at 7:30 AM.  The facility Pharmacist was interviewed on 11/17/2023 at 12:09 PM. The Pharmacist confirmed 1 mg of glucagon should be administered if the blood glucose level was in the			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG		OATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 726  Continued From page 36 backup and in emergencies. The nurse consultant revealed the following information. On 11/12/2023 at 7:21 AM, Nurse #2 removed a glucagon kit for Resident #1 from the automated medication dispensing cabinet. On 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on another hall, did not remove any medication, and the machine logged Nurse #2 out at 7:30 AM.  The facility Pharmacist was interviewed on 11/17/2023 at 12:09 PM. The Pharmacist confirmed 1 mg of glucagon should be administered if the blood glucose level was in the			345036	B. WING			C
FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 726  Continued From page 36 backup and in emergencies. The nurse consultant was able to tell through the electronic record when, by who, and what was removed from the automated medication dispensing cabinet on 11/12/2023. The nurse consultant revealed the following information. On 11/12/2023 at 7:21 AM, Nurse #2 removed a glucagon kit for Resident #1 from the automated medication dispensing cabinet. On 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on another hall, did not remove any medication, and the machine logged Nurse #2 out at 7:30 AM.  The facility Pharmacist was interviewed on 11/17/2023 at 12:09 PM. The Pharmacist confirmed 1 mg of glucagon should be administered if the blood glucose level was in the		IZABETH CITY HEALTH AND REHABILITATION  X4) ID  REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 726  Continued From page 36  backup and in emergencies. The nurse consultant was able to tell through the electronic record when, by who, and what was removed from the automated medication dispensing cabinet on 11/12/2023. The nurse consultant revealed the following information. On 11/12/2023 at 7:21 AM, Nurse #2 removed a glucagon kit for Resident #1 from the automated medication dispensing cabinet. On 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on another hall, did not remove any medication, and the machine logged Nurse #2 out at 7:30 AM.  The facility Pharmacist was interviewed on 11/17/2023 at 12:09 PM. The Pharmacist confirmed 1 mg of glucagon should be administered if the blood glucose level was in the 20's and it was potentially life threatening if immediate action was not taken. The Pharmacist explained the supply of glucagon can change, and glucagon was available in various forms for administration. One form of glucagon was in a kit which contains a vial of glucagon along with a syringe for immediate administration. Another form of glucagon was a vial of sterile glucagon which needed to be reconstituted with a syringe and a vial of sterile diluent. The Pharmacist confirmed all the glucagon kits came with instructions. The Pharmacist also revealed the automated medication dispensing systems also contained an oral glucose gel that could be put	1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		11/22/2023		
backup and in emergencies. The nurse consultant was able to tell through the electronic record when, by who, and what was removed from the automated medication dispensing cabinet on 11/12/2023. The nurse consultant revealed the following information. On 11/12/2023 at 7:21 AM, Nurse #2 removed a glucagon kit for Resident #1 from the automated medication dispensing cabinet. On 11/12/2023 at 7:25 AM, Nurse #2 logged into another automated medication dispensing cabinet on another hall, did not remove any medication, and the machine logged Nurse #2 out at 7:30 AM.  The facility Pharmacist was interviewed on 11/17/2023 at 12:09 PM. The Pharmacist confirmed 1 mg of glucagon should be administered if the blood glucose level was in the	PRÉFIX	(EACH DEFICIEI	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
immediate action was not taken. The Pharmacist explained the supply of glucagon can change, and glucagon was available in various forms for administration. One form of glucagon was in a kit which contains a vial of glucagon along with a syringe for immediate administration. Another form of glucagon was a vial of sterile glucagon which needed to be reconstituted with a syringe and a vial of sterile diluent. The Pharmacist confirmed all the glucagon kits came with instructions. The Pharmacist also revealed the automated medication dispensing systems also	F 726	backup and in emeconsultant was able record when, by wh from the automated cabinet on 11/12/20 revealed the follow at 7:21 AM, Nurse Resident #1 from the dispensing cabinet. Nurse #2 logged in medication dispensidid not remove any logged Nurse #2 ou The facility Pharma 11/17/2023 at 12:00 confirmed 1 mg of administered if the 20's and it was pote immediate action wexplained the suppand glucagon was administration. One which contains a visyringe for immediate form of glucagon which needed to be and a vial of sterile confirmed all the glinstructions. The Plautomated medicate contained an oral gunderneath the lip. the nursing staff shuse the various typ	rigencies. The nurse a to tell through the electronic ato, and what was removed a medication dispensing by 23. The nurse consultant ang information. On 11/12/2023 by 2 removed a glucagon kit for an eautomated medication another automated aing cabinet on another hall, a medication, and the machine at at 7:30 AM.  Cist was interviewed on by PM. The Pharmacist glucagon should be blood glucose level was in the antially life threatening if as not taken. The Pharmacist by of glucagon can change, available in various forms for a form of glucagon was in a kit al of glucagon along with a ate administration. Another as a vial of sterile glucagon a reconstituted with a syringe diluent. The Pharmacist bucagon kits came with armacist also revealed the aion dispensing systems also lucose gel that could be put The Pharmacist confirmed all bould know how and when to be of glucagon.  For was interviewed on	F7	226		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345036	B. WING			11/	22/2023
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CLIZADET	U CITY HEALTH AND D	ELIA DII ITATION		1	075 US HIGHWAY 17 SOUTH		
ELIZABET	H CITY HEALTH AND R	EHABILITATION		Е	ELIZABETH CITY, NC 27909		
(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 726	Medical Director india member could obtain nursing staff member medical services instaround. It was also conditions to use the automated system.  An interview with the conducted on 11/17/2 Administrator provided It was identified that I locate the glucagon in dispensing cabinet was medical emergency requiring glucagon. To conducted an audit of medication dispensing and found there were in the building. The District with Nurse #2 how to medication dispensing provided education of blood glucose level of knew exactly how to medication dispensing asked to demonstrate facility investigation of obtain the glucagon for medication dispensing opened the drawer to panicked, and hit "do think the glucagon drawer to grant the glucagon of the drawer to panicked, and hit "do think the glucagon drawer to grant the glucagon of the drawer to panicked, and hit "do think the glucagon of the drawer to grant the glucagon of the glucagon	cagon for hypoglycemia. The cated that one nursing staff in the glucagon while another or could call emergency lead of everybody running confirmed by the Medical sing staff need to know how it mediation dispensing.  Administrator was 2023 at 3:36 PM. The lead the following information. Nurse #2 was not able to in the automated medication with the Resident #1 was having by with a low blood glucose. The Director of Nursing if all three automated leg cabinets on 11/13/2023 at 5 available glucagon doses director of Nursing reviewed to use the automated leg cabinet as well as in how to respond to a low on 11/15/2023. Nurse #2 use the automated leg cabinet when she was at its use on 11/15/2023. The concluded Nurse #2 went to	F	726	,		
	•	oring the nursing staff o do when a blood glucose w and where to find					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		345036	B. WING _			C 11/22/2023
	ROVIDER OR SUPPLIER TH CITY HEALTH AND	REHABILITATION		STREET ADDRESS, CITY, STATE, 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		117222020
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 726	Continued From pa	ge 38	F 7	726		
		4 nurses had been a part of cess since 11/15/2023 to				
	PM. The DON relay nurses to follow for because the facility treatment of hypogi nurse to check the	viewed on 11/17/2023 at 5:00 yed the steps she expected the treatment of hypoglycemia did not have a set protocol for lycemia. The DON expected a blood glucose level of a				
	status are present. nursing staff to atte under the tongue to oriented with a low	symptoms of an altered mental The DON expected the mpt to provide sugary food o a resident who was alert and blood glucose level. If the o put sugary food in the				
	resident's mouth, the nurse to obtain gluce medication dispense glucagon. The DON emergency after obtaining the number of the properties of the number of th	cagon from the automated cagon from the automated cing system and administer the N stated that if it was a true cataining the blood glucose level cend the resident to the				
		nd notify the physician.				
		etrator was informed of ly on 11/19/2023 at 10:55 AM.				
		d the following credible liate jeopardy removal:				
		ients who have suffered, or a serious adverse outcome as compliance.				
	measures to be tak	staff failed to show wing immediate steps and en when Resident #1 showed as of hypoglycemia, when				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		ATE SURVEY OMPLETED
		345036	B. WING _			C 11/22/2023
	ROVIDER OR SUPPLIER TH CITY HEALTH AND	REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP COD 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	•	11/22/2023
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 726	he did not eat dinne communicate with blood glucose level approximately 3:53 Glucagon given an with the Physician approximately 7:00 glucose level of 27 be obtained from the system for Resider immediately which being sent to the element of the deficient praction of 11/19/23 the Di Managers reviewed of condition or any last 30 days using 24-hour report was blood sugar, medical emergency physician of a characteristic on the medication medical emergency physician of a characteristic on the action to process or system adverse outcome find when the action will on 11/19/23 the Di Director of Nursing the following education of the protor of the protor of system adverse with long the following education of the protor of system and the protor of	ed his long acting insulin when er and staff did not the MD. Resident #1 had a of 29 obtained at AM with I milligram of d staff did not communicate of a change in condition. At AM Resident #1 had a blood and Glucagon was unable to be medication management at #1. 911 was not called caused a delay in Resident #1 mergency room.  The could affect all residents arector of Nursing and the United residents who had a change medical emergency during the state 24-hour report. The reviewed for indicators of low ations not being accessed in management system, and not notifying the age in condition. No new had.  The entity will take to alter the failure to prevent a serious rom occurring or recurring, and	F7	726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		345036	B. WING		C 11/22/2023
AND PLAN OF CORRECTION  345036  NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION  (X4) ID PREFIX TAG  CAN DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 726  Continued From page 40 outside those parameters. Protocol as follows: Residents with orders for long-acting insulin will have a parameter of if blood glucose is less than 130, hold insulin and call physician for further orders.  "Education provided included treatment and care of the resident with signs and symptoms of hypoglycemia. A protocol for treatment was developed and approved by the medical director. The nurses were educated on said protocol which included:  If blood glucose is less than 70 and resident is alert and able to swallow, give 4oz of fruit juice and 15 grams of carbs. (15/15 rule) recheck blood glucose in 15 minutes.  If resident is unresponsive and/or unable to drink or eat do not try to place any type of food or drink in their mouth, give glucagon 1 mg.  IM stat, call 911 immediately, and notify		STREET ADDRESS, CITY, STATE, ZIP CODE  1075 US HIGHWAY 17 SOUTH  ELIZABETH CITY, NC 27909	11/22/2023		
PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 726	outside those param Residents insulin will have a paless than 130, hold i further orders.  "Education provided of the resident with s hypoglycemia. A produced and approvided further orders are disclosed and approvided and truit juice and 15 gra recheck blood gluco If resident i to drink or eat do no or drink in their moure and the physician after a further orders. Rech "Included in the educunlicensed staff was of a change in condimanager, ADON or physician. Included low blood sugar, cha appetite, and any characteristic and certain specific	severes. Protocol as follows: se with orders for long-acting arameter of if blood glucose is insulin and call physician for  d included treatment and care signs and symptoms of otocol for treatment was oved by the medical director. In ucated on said protocol which cose is less than 70 and able to swallow, give 4oz of ims of carbs. (15/15 rule) se in 15 minutes. Is unresponsive and/or unable to try to place any type of food the, give glucagon 1 mg. In 911 immediately, and notify dministering glucagon for any neck in 15 minutes. In cation for licensed and identification and notification tion to the unit nurse, or unit DON followed by notifying the was change from baseline, ange in behavior, poor ange in condition.  In cense nurse was completed at risk for a hypoglycemic ded dialysis, poor appetite, medications.	F 7:	26	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		ATE SURVEY OMPLETED
		345036	B. WING _			C 11/22/2023
	ROVIDER OR SUPPLIER	) REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		117222020
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 726	Mild sym clammy, dizziness increased heart ra tingling or numbne tongue.  Moderate judgement, behavi irregular heartbeat Severe S consciousness, fai mouth, and death.  "The pharmacy premove medication medication machir pictures of the gluwere to verbalize sto obtain medication medication machir.  "The licensed nureducation knowled provide care and the signs and symptor.  The Director of Nuwork without receiphires, including age ducation prior to the responsibility of ensure this is com.  The Administrator responsible for the completion of the incompletion of t	ptoms: hunger, sweating, a feeling light-headed, nausea, te, blurry vision, mood change, tess around the mouth, lips or the symptoms: confusion, poor to changes, weakness, thank change in coordination. The symptoms: loss of the inting, seizures, foaming at the covided a step-by-step guide to the from the emergency the endoughed to the step by step to show accuracy the endoughed to the Nexsys emergency the endoughed to the Nexsys emergency the endoughed to show accuracy the endoughed the step by step to show accuracy the endoughed the Nexsys emergency the endoughed the Nexsys emergency the endoughed the step to show competency to reatment for a resident showing the most of hypoglycemia.  The sing will ensure no staff will the ving this education. Any new ency staff, will receive the start of their shift. It will be of the Director of Nursing to pleted.  The sing will ensure the shift of the process of the pro	F 7	26		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		345036	B. WING _		C 11/22/2023
	ROVIDER OR SUPPLIER	EHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909	,
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 726	removal was validate credible allegation of was verified on 11/22 review and staff inter audit using the 24-ho complete. Education confirmed as completinsulin parameters for insulin and notification glucose readings are protocol for treatment with signs and symptoms of hypoglymedication via the N machine. Licensed neducation knowledge provide care and treasigns and symptoms for licensed nurses a confirmed related to of a change in condition manager, ADON or Ephysician. The immof 11/20/23 was valid Resident Records - I CFR(s): 483.20(f)(5) Reside (i) A facility may not resident-identifiable for its process of the state of	on for immediate jeopardy and on 11/22/2023. The immediate jeopardy removal 2/23 as evidenced by record view. A change in condition our report was verified as a for licensed nurses was ted on the protocol for our resident's with long-acting on of the physician when a outside those parameter; and care of the resident coms of hypoglycemia; hypoglycemic reactions; derate, and severe ocemia; and how to obtain exsys emergency medication curses completed a post at test to show competency to atment for a resident showing of hypoglycemia. Education and unlicensed staff was identification and notification ion to the unit nurse, or unit DON followed by notifying the ediate jeopardy removal date lated.  dentifiable Information 483.70(i)(1)-(5)  Int-identifiable information that is on the public. Belease information that is	F 7		11/30/23
	resident-identifiable taccordance with a co	o an agent only in ontract under which the agent			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345036	B. WING _				22/2023
	ROVIDER OR SUPPLIER	EHABILITATION		1	TREET ADDRESS, CITY, STATE, ZIP CODE	1 117	22/2023
					ELIZABETH CITY, NC 27909		
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F 842	Continued From page	e 43	F	842			
		disclose the information he facility itself is permitted					
		rdance with accepted Is and practices, the facility al records on each resident ented; e; and					
	all information contain regardless of the form records, except when (i) To the individual, or representative where (ii) Required by Law; (iii) For treatment, par operations, as permit with 45 CFR 164.506 (iv) For public health neglect, or domestic activities, judicial and law enforcement purp purposes, research predical examiners, for a serious threat to he by and in compliance	r their resident permitted by applicable law; yment, or health care ted by and in compliance					
	§483.70(i)(4) Medical	records must be retained					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG	, ,	ATE SURVEY DMPLETED
		345036	B. WING _		,	C 11/22/2023
	ROVIDER OR SUPPLIER	REHABILITATION	•	STREET ADDRESS, CITY, STATE, ZIP C 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 842	(ii) Five years from there is no requirem (iii) For a minor, 3 y legal age under Sta §483.70(i)(5) The m (i) Sufficient informa (ii) A record of the m (iii) The comprehen provided; (iv) The results of an and resident review determinations cond (v) Physician's, nurs professional's progr (vi) Laboratory, radi services reports as This REQUIREMEN by:  Based on record refacility failed to accurate glucose reading as of one resident review records. Findings in Resident #1 was ad 11/8/2023 with cum which included Type stage renal disease Resident #1 had a p 11/8/2023 for Accu-AM and 9:00 PM to levels.  Documentation in the	e required by State law; or the date of discharge when nent in State law; or ears after a resident reaches te law.  nedical record must containation to identify the resident; esident's assessments; sive plan of care and services by preadmission screening evaluations and ducted by the State; se's, and other licensed less notes; and ology and other diagnostic required under §483.50.  AT is not met as evidenced eview and staff interview, the furately document a blood ordered for one (Resident #1) ewed for accuracy of medical cluded:  Imitted to the facility on ulative diagnoses some of a 2 Diabetes Mellitus and end other characteristics of the content of the co	F &	1. The facility failed to ac document a blood glucose ordered for one (Resident resident reviewed for accurrecords.  2. All residents that receithe potential to be affected practice. On 11/19/2023 the Nursing and the Unit Mana all residents who receive be level checks, their records for any missed or incorrect blood glucose checks. No ewere identified.  3. All licensed nurses we the Director of Nursing, Assertices.	reading as #1) of one racy of medical  ve insulin have by this e Director of gers reviewed lood glucose were reviewed ly documented other residents	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
		345036	B. WING _				C / <b>22/2023</b>
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				10	075 US HIGHWAY 17 SOUTH		
ELIZABET	H CITY HEALTH AND R	EHABILITATION		Е	LIZABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 842	thrashing around in to trying to give him hell sweating profusely. The resident's blood [gluck (mg/dL). Using standard emergency kit for low dose 1 [milliliter subcompart of the provided of	#1) screaming out loud and he bed pushing back at staff p. Resident (#1) was also This nurse was able to check cose] and the result was 29 ding orders for glucagon whole between betw		842	of Nursing and Regional Nurse on 11/19/2023 for the following: all blood glucose level checks will be documented at the time the check is completed. Education will be added to the new hire orientation for Licensed Nurses conduct by the DON or ADON by 11/19/2023. DON will keep a list of all staff trained the ensure no staff work until training is completed.  4. The Director of Nursing (DON) or designee will audit all residents who receive blood glucose level checks dain 12 weeks to ensure that the nursing standard documented the blood glucose check at the time it is completed. The facility will monitor the corrective action to ensure that the deficient practice is corrected and will not recur by reviewing the information collected in the audits a reporting to Quality Assurance Performance Improvement Committee (QAPI) by the DON for three (3) month At the time the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing or adjustments to the plan of correction are necessary.  5. Date of Completion 11/30/2023	e cted The co ly x aff	11/30/23
SS=D	CFR(s): 483.75(c)(d) §483.75(c) Program monitoring.	(e)(g)(2)(I)(II) feedback, data systems and					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION  NG		E SURVEY IPLETED
		345036	B. WING _		11	C // <b>22/2023</b>
	ROVIDER OR SUPPLIER	REHABILITATION		STREET ADDRESS, CITY, STATE, Z 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 867	policies and proce collections system adverse event morprocedures must in following:  §483.75(c)(1) Fac systems to obtain from direct care st resident represent information will be are high risk, high opportunities for in §483.75(c)(2) Fac systems to identify information from a not limited to the fa §483.70(e) and indicators.  §483.75(c)(3) Fac and evaluation of pincluding the meth development, more \$483.75(c)(4) Fac including the meth systematically ider analyze and use dadverse events in facility will use the prevent adverse e	ablish and implement written dures for feedback, data is, and monitoring, including intoring. The policies and include, at a minimum, the lity maintenance of effective and use of feedback and input aff, other staff, residents, and atives, including how such used to identify problems that volume, or problem-prone, and inprovement.  It was maintenance of effective is, collect, and use data and ill departments, including but acility assessment required at cluding how such information relop and monitor performance.  It development, monitoring, performance indicators, odology and frequency for such itoring, and evaluation.  It y adverse event monitoring, ods by which the facility will intify, report, track, investigate, ata and information relating to the facility, including how the data to develop activities to	F	867		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		ONSTRUCTION		SURVEY PLETED
		345036	B. WING _				C / <b>22/2023</b>
	ROVIDER OR SUPPLIER	REHABILITATION		107	REET ADDRESS, CITY, STATE, ZIP CODE 15 US HIGHWAY 17 SOUTH IZABETH CITY, NC 27909		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 867	aimed at performance implementing those and track performance improvements are results. S483.75(d)(2) The faimplement policies at (i) How they will use determine underlying impacting larger systii) How they will devivil be designed to elevel to prevent qual safety problems; and (iii) How the facility of its performance in ensure that improve S483.75(e) Program S483.75(e)(1) The faperformance improve high-risk, high-volum consider the inciden of problems in those outcomes, resident serious factivities must track resident events, and implement preventive.	acility must take actions be improvement and, after actions, measure its success, ce to ensure that ealized and sustained.  acility will develop and addressing: a systematic approach to g causes of problems tems; velop corrective actions that effect change at the systems ity of care, quality of life, or divill monitor the effectiveness approvement activities to ments are sustained.  activities.  activities.  activities that focus on the, or problem-prone areas; ce, prevalence, and severity eareas; and affect health safety, resident autonomy, quality of care.  The mance improvement medical errors and adverse activity eareas, and eactions and mechanisms	F8	367			
	implement preventiv that include feedbac facility.	•					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		345036	B. WING _			C <b>11/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION				STREET ADDRESS, CITY 1075 US HIGHWAY 17 S ELIZABETH CITY, NO	SOUTH	11/22/2023
(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 BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)		
F 867	distinct performance number and frequence conducted by the fact and complexity of the available resources, assessment required Improvement project annually a project that problem-prone areast collection and analys (c) and (d) of this section (d) of this section and analys (c) and (d) of this section and analys (e) and (d) of this section and analys (d) and (e) of this section are governing body, or defunctioning as a governing body, or defunction	es, the facility must conduct improvement projects. The cy of improvement projects ility must reflect the scope of facility's services and as reflected in the facility at §483.70(e). Is must include at least at focuses on high risk or identified through the data is described in paragraphs ection.  In the sessment and assurance.  It is assessment and assurance.  It is assessment and assurance in the gapping its in the gapping it	F	1. The facility implemented prointerventions the following the focumplaint investion and the recertificinvestigation sui	failed to maintain occedures and monitor the committee put into placused infection control attigation survey of 1/19/2 cation and complaint rvey of 1/27/23. This was recited on the current	ace and 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
345036 B		B. WING	B. WING			C 11/22/2023	
NAME OF PROVIDER OR SUPPLIER			<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/.	22/2023
NAME OF PROVIDER OR SUPPLIER					075 US HIGHWAY 17 SOUTH		
ELIZABETH CITY HEALTH AND REHABILITATION					ELIZABETH CITY, NC 27909		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 867	Continued From pag	e 49	F	867			
F 867	recertification and co of 1/27/23. This was the current complain 11/22/23 in the areas (F580), Quality of Ca (F684), and Complet Records (842). The defearal surveys of refacility's inability to sprogram.  The findings included This tag is cross refeared to the findings included This tag is cross refeared to the finding included This tag is cross refeared to the finding included This tag is cross refeared to the finding included This tag is cross refeared to the finding included This tag is cross refeared to the finding included the final transport of	for 3 deficiencies recited on to investigation survey of sof: Notification of Changes are/Professional Standards are and Accurate Medical continued failure during two cord shows a pattern of the sustain an effective QAA.  d:  erenced to:  ord review, staff interviews, interview the facility failed to of administering long-acting 1 who had not consumed od glucose level of 89 mg/dL ter). The facility failed to after significant changes in the #1 which included: cose level of 29 mg/dL (a se level range is 70 to 99 administration of glucagon of a hormone made by the blood glucose level of 27 mg/dL, and cose level of 27 mg/dL, and	F	867	complaint investigation survey of 11/22 in the areas of: Notification of Changes (F580), Quality of Care/Professional Standards (F684), and Complete and Accurate Medical Records (842). The continued failure during two federal surveys of record shows a pattern of th facility's inability to sustain an effective QAA program.  2. On 11/30/23 the Quality Assurance Committee held a meeting to review th purpose and function of the Quality Assurance Performance Improvement (QAPI) Committee as well as reviewing the ongoing compliance related to the issues regarding the F580, F684, and F842 Tags received on the complaint survey of 1/19/21 and the recertification and complaint survey of 1/27/23.  3. By 11/30/2023, the Director of Clin Services educated the Administrator, the Director of Nursing, and the Assistant Director of Nursing on the appropriate functioning on the QAPI Committee and the purpose of the Committee to include identifying issues and correction of reput deficiencies, use of rounding tools, dail review of documentation, and observations during leadership rounds.	ee ee g iical ne d ee eat	
	#1 was one of one re notification of the phy Services (EMS) was #1 to the emergency hypoglycemia (low b Resident #1 with 1 m Upon arrival at the h				11/30/2023, the Director of Clinical Services will provide weekly oversight 12 weeks and will validate the facility's progress, review corrective actions and dates of completion. The Administrator be responsible for ensuring QAPI committee concerns are addressed through further training or other	for	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345036	B. WING _		1	C 11/22/2023	
NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909			
(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)	N SHOULD BE	(X5) COMPLETION DATE	
F 867	During a focused informivestigation survey notify a physician an resident's change in F684: Based on recomplant process of the pharmacy Nurse Compartment of the pharmacy of	dection control and complaint of 1/19/21 the facility failed to d the responsible party of a ability to swallow and eat.  Ord review, staff interviews, insultant interview, and Medical Director gave long-acting insulin to d a blood sugar reading of 89 mg/dL) and had not eaten the monitor the resident for any of hypoglycemia (low blood administration; failed to e ongoing thorough necking a blood glucose level and failed to effectively I emergency of hypoglycemia of three residents reviewed nergency Medical Services d to take Resident #1 to the 11/12/2023 for treated Resident #1 with 1 intramuscularly. Upon arrival eat glucose level resulted in 4 (mg/dL), and 50 % enously administered along sumed orally. (A normal blood is 70 to 99 mg/dL.)	F 8	interventions. By 11/30/2023, Administrator educated the Q committee members consistir Director, Administrator, Direct Nursing, Assisted Director of Development Coordinator, Ur Minimum Data Set Nurse, Wo Activities Director, Dietary Ma Environmental Services Mana Director of Social Services, at Director of Rehabilitation, on review of the audit findings fo and/or revision when necessary.  4. The QAPI committee will meet monthly to identify issue quality assessment and assuractivities as needed and will complement appropriate plans identified facility concerns.  5. Completion date 11/30/20	API and of Medical tor of Nursing/Staff nit Managers, bund Nurse, anager, and the weekly risk ar compliance ary.  I continue to es related to rance develop and of action for		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
	345036		B. WING		C 11/22/2023		
NAME OF PROVIDER OR SUPPLIER  ELIZABETH CITY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP COI 1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909		•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)			(X5) COMPLETION DATE	
F 867	Continued From pa	ge 51	F 86	67			
	the facility failed to glucose reading as	cord review and staff interview, accurately document a blood ordered for one (Resident #1) ewed for accuracy of medical					
	investigation survey ensure physician's	fection control and complaint of 1/19/21 the facility failed to orders and documentation of orders were entered into the					
	P.M. with the Admir indicated the QAA of discuss the facility's improvement plans there was a current the facility related to F842 deficient pracexplained the monit audits and the appoin monitoring the imeffectiveness of the Administrator stated the facility continue and monitor those in the facility in the facility continue and monitor those in the facility continue and monitor those in the facility is the facility continue and monitor those in the facility is the facility in the facility is the facility continue and monitor those in the facility is the facility in						