DEPARTMENT OF HEALTH AND HUMAN SERVICES

FEB 1 3 2012

PRINTED: 01/25/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SUF COMPLETI	ĒD
		345519	B. WNG	B. WING		
	ROVIDER OR SUPPLIER	JOHN	23	EET ADDRESS, CITY, STATE, ZIP CODE 816 HIGHWAY 242 NORTH ENSON, NC 27504		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AID DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F 000			
F 157 SS=D	conducted on 01/05/ survey team returned to get more informati 483.10(b)(11) NOTIF (INJURY/DECLINE/I  A facility must immed consult with the residence or an interested family accident involving the injury and has the pointervention; a significantly in each status in either life the clinical complications significantly (i.e., a rexisting form of treat consequences, or to treatment); or a decident returned to 11/15/15/15/15/15/15/15/15/15/15/15/15/1	diately inform the resident; dent's physician; and if sident's legal representative ly member when there is an e resident which results in potential for requiring physician icant change in the resident's psychosocial status (i.e., a th, mental, or psychosocial inreatening conditions or s); a need to alter treatment need to discontinue an	F 157	The statements made on to correction are not an admido not constitute an agree alleged deficiencies.  To remain in compliance and state regulations the staken or will take the action this plan of correction. To correction constitutes the allegation of compliance alleged deficiencies cited will be corrected by the corrected by the corrected by the corrected by the corrected will be corrected by the corrected by	with all fede facility has ons set forth he plan of facility's such that all	ral
	and, if known, the re- or interested family change in room or re- specified in §483.15 resident rights unde regulations as speci- this section.  The facility must rec- the address and pho-	o promptly notify the resident sident's legal representative member when there is a commate assignment as 5(e)(2); or a change in rederal or State law or fied in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member.		Corrective Action for R Affected:  For Resident # 1, was tra Johnston Memorial Hosp due to changes noted in I She was admitted with a Small bowel obstruction.	nsported to oital on 1/2/1 ner condition diagnosis of	

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.

Event ID: 1FQK11

Facility ID: 970198

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A BUILDING			(X3) DATE SURVEY COMPLETED	
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	COMMONS NSG & REH	JOHN		2	REET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504		
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F 157	This REQUIREMENT by: Based on record rev physician interview, the physician of a significal sampled resident (for Resident #1 was admountained to the community of Falls, Hypeand Anemia. The 14-Data Set (MDS) community of Falls, Hypeand Intervention was informed walk in the room.  A review of the nurse 12/30/11 at 5:03 PM, Practitioner) was informed a light-browr intervention, the NP of discontinued phenergordered zofran to be	is not met as evidenced  iew, staff interviews, and ne facility failed to notify the ant change in vomits for 1 of Resident #1).  nitted on 12/16/11. s included Rehabilitation, artension, Hypothyroidism day admission Minimum pleted on 12/28/11 indicated indicated problems with short ry. The MDS revealed extensive assistance with  's note completed on revealed the NP (Nurse rmed due to Resident #1 a colored liquid. As an evaluated Resident #1, and gan due to ineffective, and administered.	F	157	Corrective Action for Res	ential to be cient practes with the agers, MD nt sidents for ding any he attendinediately of the physicial).  ed on 1/6/1 Coordinates attended T, PT, an inservice v	tice.  DS  ng  of  oted  ian  12  or  d
	zofran at 5:00 AM for small amount phlegm medication effective.' physician was not do change in the emesis A review of the nurse	indicated "Patient received nausea/vomiting. Emesis like yellowish-green; Resident's #1's NP or cumented, as notified of the (vomits) description.			employees give residents of facility to provide training to returning to the facility to care. Any in-house staff medid not receive in-service to not be allowed to work until been completed. The in-service included: Abdominal disters welling of the abdomen care	are in the for staff proposed for staff proposed for the proposed for the following will be started for the following for the form of the formal for the formal formal formal for the formal for the formal formal formal for the formal formal for the formal formal formal for the formal formal for the formal formal for the formal formal formal for the formal forma	o Il has
ORM CMS-256	37(02-99) Previous Versions Ob	solete Event ID: 1FQK1	1	F	Swelling of the addoment ca	on on Cause	201 201, agu 2 of 10

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SUF COMPLETI	
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F 157	yellow/green in color consistency. Medicat results." Resident's # documented as notific vomits description.  A review of the 24 horeport sheets dated 17a-3p; 3p-11p; and 1 documentation regard yellow-greenish color.  In an interview on 1/6 Director of Nursing in physician/NP to be not the vomits color charmevaluation on 12/30/2 In an interview on 1/6 Director stated there on-call answering set be notified. He conclute to be notified of the yellow-greenish color to be notified of the yellow and interview on 1/6 #1 stated she had no vomits prior to being In an interview on 1/6 representative reveals.	and mucous like in ed once with moderate 1's NP or physician was not ed, of the change in the ur nurse communication 2/31/11 and 1/1/12 for 1p-7a shifts revealed no ding the observed ed emesis (vomits).  6/12 at 12:25 PM, the dicated she expected the otified, with a description of age; from the NP's last 11.  6/12 at 2:00 PM, the Medical was a twenty-four hour vice for the physician/NP to aded it was his expectation ellow-greenish vomits.  6/12 at 8:45 AM, Resident to vomited yellow-greenish admitted into the facility.	F 15	by overeating or eating gar foods but when combined vomiting or nausea furthe needed. When a resident and symptoms such as dis vomiting, nausea or abdor an abdominal assessment conducted. This assessment vital signs, bowel sounds, and distention. If vomitus the contents (blood, undig and color should be noted the nurse should assess the ensure that bowel movem occurring. Smart charting documentation can be quifully by pulling up the "No bown report" on your AHT mer give you a quick review to movement has been docurry your assessment should in Regardless of the docume above signs/symptoms are the nurse should interview and staff to verify that bothave occurred within 3 dar	with pain, r assessmen displays signeration, minal pain to should be ent includes tenderness, is is noted the ested food). Additional eresident to ents are agonal. This will be see if a bounded but of stop there entation, if the present the well movement well movement well movement to the resider well movement the well movement the well movement the well movement to the present the well movement to the resider well movement.	t is ms hen ally be dent 1 wel so he en all t
	In an interview on 1/2 indicated she did not Resident #1 vomited during her shift. She	greenish vomits prior to rsing facility.  2/12 at 1:45 PM, Nurse #1 notify the physician/NP that yellow-greenish vomits added she was not aware vomited light-brownish		they are a regular size and Stool that is hard or overl indicate constipation or ir Signs and symptoms of coinclude Infrequent bowel and/or difficulty having b	I consistency soft could npaction. onstipation movements	

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F 157	revealed she did not Resident #1 vomited during her shift. She	2/12 at 2:30 PM, Nurse #2 notify the physician/NP that yellow-greenish vomits concluded she did not see	F	157	movements, swollen abdom abdominal pain, pain, vomit is any doubt then a rectal in be necessary to check for in Once the assessment is comthe MD must be notified as below. PRN medications to	ting. If the spection representation. In the spection of the s	nay 2 4 14
F 166 SS=D	Resident #1/family re Resident #1 had ong gallbladder problems 483.10(f)(2) RIGHT T RESOLVE GRIEVAN A resident has the rig facility to resolve grie	TO PROMPT EFFORTS TO	F	166	bowel movement and anti-remedications may be useful. The results of the assessment notification of the doctor, refamily should be document orders that have been obtain implemented. See below for the MD and Order Processi	nausea if ordered nt, esident an ed and an ned should r contaction	d y d be
	by: Based on record rev facility failed to inform resolution of a grieva resident. (Resident # Findings included:	•			MD notification, if vomitin abdominal symptoms conting resident on PEC list at the refor review.  Some residents experience signs and symptoms for a period of time. Once an Memade aware of the signs and and treatments initiated the	nue then purses stat abdomina rolonged D has beed d symptor	ion Il n ns
	09/2002, read in part encourage the resolu	's policy and procedure dated ;, "This policy is designed to ution of grievances at the			still continue to assess for c Changes might include wor	sening pa	in,
	lowest possible level and settlement of iss after they arise. All re concerning services procedures set forth E. Procedure after G	. It focuses on the mediation ues as soon as possible esident grievances shall be heard under the			worsening distention, increasing frequency of vomiting or national in type or color or character vomitus. When a change in conditions occur, then the monce again contact the MD	ausea, cha ristic of th 1 these 1urse shou	ne

	CENTERS FOR IMEDICARL & IMEDIC		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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LIBERTY	COMMONS NSG & REH	JOHN			NSON, NC 27504			
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				them of the changes and in			ny	
F 166	66 Continued From page 4		F	166	additional orders that are re	ceived.	. (1)	12
, ,,,,,		cer or designee will interview	ļ				214	0
	the grievant, intervie	w appropriate other parties,		1	This information has been i	ntegrated	l l	
	examine relevant records and take any action			İ	into the standard orientation	n training	and	
	which will enable a f	ull understanding of the isposition and decision will be		ļ	in the required in-service re		ļ	
	assue. The inquiry, a	ven (7) days of receipt of a		1	courses for all employees a	nd will be		
	grievance, unless th	e administrator authorizes an			reviewed by the Quality As	surance		
	additional five (5) da	ys for reasonable cause with			Process to verify that the cl	nange has	Į	
<u> </u>	written notice to the	grievant." 2. "A written	1		been sustained.			
	response to the grie	vance will be required within the grievance being filed that			Decii sustamed.		1	ı
	chould include the re	esults of the investigation and	1				1	
	response."	Scand of the management			0 114 4		Į	
	· ·				Quality Assurance	1	:11	
}	Resident #2 was ori	ginally admitted to the facility			The Director of Nursing or	designee	WIII	ĺ
	on 10/20/11 with dia	ignoses including Congestive olic Heart Failure, Atrial			monitor this issue using the	; "GI QA	,	
Į	Heart Fallure, Diasi	Kidney Disease Stage II and	1		Tool" for monitoring resid		ion	İ
	Bilateral Macular De	egeneration with Legal			and changes (Attachment (	)). The		
	Blindness.		1		monitoring will look at an	u change c	vf.	
		1 O James Daned Form			monitoring will rook at an	y change c	nd	
	Review of the facilit	y's Grievance Report Form te of Occurrence: 11/13/11,			condition, notation in nurs			
	Under A Concerns	read in part, "Male Nurse			notification of MD of char			1
1	doesn't speak to res	sident in a kind manner, snaps			be completed Five times a	week ume	es	
	when asked for son	nething. He also put meds.			two weeks by the Director			
1	(medication) and w	vater down and left . She is			Unit Managers, then week	ly times th	iree	
	Blind." Under B. De	escribe anything you have	1		months or until resolved b			
	done about the Grievance/concern: "Told the front office. Talked with Nurse on duty." Under D. Action Taken by the facility: "Nurse was pulled from room and hall. Upon investigation, it was determined that it was in best interest to terminate employee." There was a signature of an Investigator/Department Head, dated 12/5/11. The section under E. Resolution, Concerned party notified by telephone/in Person, was blank. "Note: Concerned party MUST be notified either				committee. Reports will be	e given to	the	
			<u> </u>		weekly Quality of Life- Q	A_commit	tee	<b>-</b>
<del> </del>					by the Administrator and			
					action initiated as appropr			
					TX T		ı	
					•			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 166			F	166	F 166		214/12
	facility Social Worker member completed to revealed the staff me filed against was terr further stated the restorm was blank so the notified about the restorm an interview of Nursing Assistant #4 administered medical legally blind. She state what pills she was taker medication cup at NA#4/Med. Tech add determined what pill and the feel of the pill #2's medication was	on 1/5/12 at 3:30PM, the stated Resident #2's family the grievance form. She imber the grievance was minated. The Social Worker olution part of the grievance of family might not have been sults of the investigation.  In 1/6/12 at 11:00AM, IMMEDIATION Technician that tion stated Resident #2 was ted Resident #2 would ask king, would remove pills from and take her pills whole. The stated all of Resident in pill form. She revealed the			Corrective Action for Resident # 2, the grieve addressed by the Director of 11-15-11 and resolved on 1 Corrective Action for Resident's have the potentially Affected: All resident's have the potentially affected by the alleged definable open grievances were the Administrator and notific concerned parties were combinector of Nurses, Unit M. Administrator by 1/30/12,	ance was of Nursing (2-5-11.  sident ential to be cient prace reviewed fication of inpleted by fanagers a	e ctice. by f all y the nd
	#2's medication was in pill form. She revealed resident would take big pills first and then tall the rest of her medication. NA#4/Med. Tech. stated she did not leave medication in the resident's room.  During an interview on 1/6/12 at 11:10AM, Son Nurse #3 stated they took care of the (grieval issue immediately. She revealed they moved named staff to another hall and the staff perswas subsequently terminated. Staff Nurse #3 revealed she got side tracked and did not follow-up with Resident #2's family member She stated she would usually get back with family in person. Staff Nurse #3 revealed she went to talk to Resident #2's family member next day in the resident's room however she pulled for something else. She stated she				were followed up on.  Systemic Changes An in-service was conducted by the Administrator (attack Those who attended were at Administrative staff, Direct Nursing, Lead Support Nursing, Lead Support Nursing, Housekeeping Staff Maintenance Director, Act Director, SCDU Coordinatt Nurse, Social Worker, Bus Manager, Medical Records Marketing Director. Any act of the member who did not staff member who did not see the service was staff member who did not see the service was staff member who did not see the service was staff member who did not see the service was conducted by the service was conduc	chment D) all tor of rse, Unit upervisor, ivities or, MDS iness Offi c Director, dministrat	ice

NAME OF PROVIDER OR SUPPLIER  LIBERTY COMMONS NSG & REH JOHN  (X4) ID PREFIX TAG  PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  A BUILDING  C B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  2316 HIGHWAY 242 NORTH  BENSON, NC 27504  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETION DATE)  COMPLETION DATE  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  SERVICE training will not be allowed to	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			RVEY ED
STREET ADDRESS, CITY, STATE, JP CODE 2316 HIGHWAY 242 NORTH	ANDFLATOR	CORRECTION	DENTITO TO THE PARTY OF THE PAR	A. BUII	.DING		,	c l
SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG			345519	B, WIN	G		01/1	0/2012
F 166 Continued From page 6 attempted to call the family member but she did not get an answer at the family member's home.  During an interview on 1/6/12 at 1:00PM, the Administrator revealed the process for resolving a grievance was to follow-up on the grievance was to follow-up on the grievance was resolved. She stated usually the person that filled the grievance sand grievance forms were signed when they were returned to the Administrator. She revealed she had been made aware of the situation with Resident #2 but she was not given the grievance form. The Administrator stated the employee was tengloyee to have the grievance form back within 48 hours after the form had been turned over to the appropriate department.  F 514 S8=D  The facility must maintain clinical records on each resident in accordance with accepted professional standards and gractices that are complete; accurately documented; readily accessible, and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State;			JOHN	2315 HIGHWAY 242 NORTH				
F 166  Continued From page 6 attempted to call the family member but she did not get an answer at the family member's home.  During an interview on 1/6/12 at 1:00PM, the Administrator revealed the process for resolving a grievance was to follow-up on the grievance within seven days, just to make sure the issue was resolved. She stated usually the person that filed the grievance was called to let them know the issue was resolved. She stated staff followed up on grievances and grievance forms were signed when they were returned to the Administrator. She revealed she had been made aware of the situation with Resident #2 but she was not given the grievance form. The Administrator stated the employee was terminated but she did not know if follow-up was made with the family member. She explained the expectation was to have the grievance form back within 48 hours after the form had been turned over to the appropriate department.  F 5144  RSS=D  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are completed.  This information has been completed. The inservice topics included: Policy and procedure of filing a grievance and the follow up required.  This information has been integrated into the standard orientation training for Administratior set follow and procedure of filing a grievance and the follow up required.  This information has been integrated into the standard orientation training for Administratior set follow and procedure of filing a grievance and the follow up required.  This information has been integrated into the standard orientation training for Administratior set follow up required.  The administratior staff and in the required in-service refresher courses for all Administratior set follow-up was the follow-up was the follow-up was the follow up of grievances to verify that the change has been sustained.  Quality Assurance  The Administrator will monitor this issue using the "Grievance Log QA Tool" for monitoring follow up	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE PRIATE	COMPLETION DATE
information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State;	F 514	attempted to call the not get an answer at During an interview of Administrator revealed grievance was to followithin seven days, ju was resolved. She stifled the grievance with the issue was resolved up on grievances and signed when they we Administrator. She reaware of the situation was not given the grievance terminated but she dimade with the family expectation was to him within 48 hours after over to the appropriation 483.75(I)(1) RES RECORDS-COMPLICE  The facility must main resident in accordant standards and practical accurately document systematically organism.	family member but she did the family member's home.  on 1/6/12 at 1:00PM, the ed the process for resolving a ow-up on the grievance st to make sure the issue ated usually the person that as called to let them know ed. She stated staff followed d grievance forms were ere returned to the evealed she had been made in with Resident #2 but she evance form. The the employee was id not know if follow-up was member. She explained the ave the grievance form back the form had been turned the department.  ETE/ACCURATE/ACCESSIB  Intain clinical records on each ce with accepted professional ces that are complete; ted; readily accessible; and ized.			work until training has bee The in-service topics incluand procedure of filing a gethe follow up required. This information has been into the standard orientation Administration staff and in in-service refresher course Administrative employees reviewed by the Quality A Process to verify that the cobeen sustained.  Quality Assurance The Administrator will most issue using the "Grievance Tool" for monitoring following grievances (Attachment E) monitoring will look at following documentation and notification concerned parties. This will completed weekly x 4 weekly x 2 months or unto QOL/QA committee. Rep given to the weekly Quality committee by the Administrator will monitoring will the committee by the Administrator will monitoring will look at following process.	n compleded: Political Pol	d by be QA
		information to identif resident's assessme services provided; th preadmission screen	y the resident; a record of the nts; the plan of care and ne results of any		-	1	18	

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 514	Continued From page	<b>∍</b> 7	F 514	F 514		14/12
	Continued From page 7  This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews and resident interview, the facility failed to document accurate bowel pattern for 1 of 3 sample residents (Resident #1) reviewed for bowel elimination.  Resident #1 was admitted on 12/16/11. Cumulative diagnoses included Rehabilitation, History of Falls, Hypertension, Hypothyroidism and Anemia. The 14-day admission Minimum Data Set (MDS) completed on 12/28/11 indicated Resident #1 had no indicated problems with short and long term memory. The MDS revealed Resident #1 required extensive assistance with walk in the room. The MDS also indicated Resident #1 was continent of bowel.  A review of the completed care task sheet documented by NA (Nurse Aides) for bowel pattern revealed Resident #1 did not have a bowel movement on 12/27/11, 12/28/11, 12/29/11, 12/30/11, 12/31/11, 1/1/12, and 1/2/12.  A review of the nurses' notes dated 12/27/11, 12/28/11, 12/29/11, 12/30/11, 12/31/11, 1/1/12, and 1/2/12 revealed no documentation that Resident #1 had a bowel movement. The nurse's noted dated 1/3/12 stated "She was sitting on the toilet." There was no description of the type of bowel movement reported by Resident #1, or the nurse's observation/description of a bowel movement.		Corrective Action for Affected:  For Resident # 1, was Johnston Memorial H due to changes noted She was admitted with Small bowel obstructs.  Corrective Action for Potentially Affected. All resident's have the affected by the allege On 1/6/12 under the sold Director Of Nursing, were listed on the normalist were assessed for need for a laxative, if charge nurse. Note fire residents were found movement report on residents required min (Attachment F).  Systemic Changes		s transported to Hospital on 1/2/11 I in her condition. It a diagnosis of tion.  For Resident I: he potential to be ged deficient practice. supervision of the ged afficient who to bowel movement or impaction and the findicated, by the findings here: 5 I to be on the bowel 1-6-12. 1 of 5	
		our nurse communication 12/27/11, 12/28/11, 12/29/11,		by the Staff Developme (Attachment B). Those		

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	OVIDER OR SUPPLIER	иноц	STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504				
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F 514	12/30/11, 12/31/11, 1 3p-11p; and 11p-7a s documentation of Re- movement, or staff de bowel movement.  In an interview on 1/6 (Director of Nursing) locate a documented Resident #1 from 12/ In an onsite hospital AM, Resident #1 stat nursing facility, she h movement no less th In an interview on 1/6 (Nurse Aide) #1 indic "No" on the complete pattern, her document Resident #1 did not h validated by observa #1.  In an interview on 1/6 stated her document completed care task meant Resident #1 s a bowel movement.	/1/12, and 1/2/12 for 7a-3p; hifts; revealed no sident's #1 report of a bowel escription of an observed  //12 at 12:25 PM, the DON revealed she could not bowel movement for 27/11-1/2/12.  Interview on 1/10/12 at 8:45 ed while she resided at the ad a soft-formed bowel an every other day.  ///12 at 10:40 AM, NA ated when she documented d care task sheet for bowel intation was indicative that have a bowel movement; tion or inquiry from Resident  ///12 at 10:55 AM, NA #2 ation of "No" on the sheet for bowel pattern; tated to her she did not have	F	514	were all RN's and LPN's, FPRN. The facility specific is sent to Hospice Providers we employees give residents care. Any in-house staff medid not receive in-service to not be allowed to work untile been completed. The in-service included: Abdominal dister swelling of the abdomen care by overeating or eating gas foods but when combined worm to womiting or nausea further needed. When a resident deand symptoms such as disterved and symptoms such as disterved and symptoms. This assessment is conducted. ssessment is conducted assessment is conducted. This assessment is conducted assessment is conducted. This assessment is conducted assessment is conducted assessment is conducted. This assessment is conducted as	n-service whose are in the for staff property of provide ember who raining will training rvice topic ntion or an be caus producing with pain, assessment is plays signal pain should be not included enderness is noted the sted food. Addition resident to	rior o ll has es ed g nt is gns then s hen ally
	stated her document completed care task conveyed that Resid needed to have a bo have one.	sheet for bowel pattern ent #1 indicated to her she wel movement; but did not		•	occurring. Smart charting documentation can be quic by pulling up the "No bow	kly check	
	In an interview on 1/	10/12 at 12:15 PM the DON					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION			RVEY ED	
AMD FEW OF	CONCENTION		A. BUII	LDIN	G			
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	OVIDER OR SUPPLIER	ЈОНИ		:	REET ADDRESS, CITY, STATE, ZIP CODE 2316 HIGHWAY 242 NORTH BENSON, NC 27504			
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F 514	stated she expected nurse if Resident #1 movement in 3 days, completed care task	the NA's to report to the did not have a bowel as documented on the bowel pattern sheet, or if to the staff; she was unable	L.	514	movement has been docum your assessment should not Regardless of the document above signs/symptoms are the nurse should interview and staff to verify that bow have occurred within 3 day they are a regular size and of Stool that is hard or overly indicate constipation or implicate constipation or implicate and symptoms of continuity include Infrequent bowel mand/or difficulty having bow movements, swollen abdom abdominal pain, pain, vomit is any doubt then a rectal in the necessary to check for in Once the assessment is continued the MD must be notified as below. PRN medications to bowel movement and antimedications may be useful. The results of the assessment in the results of the assessment orders that have been obtain implemented. See below for the MD and Order Processis MD notification, if vomiting	see if a boented but stop there tation, if the residence of the residence	e. he en nt ents y.  d y d be ng	
İ					_ abdominal symptoms conti			

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A BUILDING  B. WING			ED ED	
		345519	B. WIN				0/2012	
,	COMMONS NSG & REH	ЈОНИ	· • • • • • • • • • • • • • • • • • • •	23	EET ADDRESS, CITY, STATE, ZIP CODE 115 HIGHWAY 242 NORTH ENSON, NC 27504			
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F 514	stated she expected nurse if Resident #1 movement in 3 days, completed care task	the NA's to report to the did not have a bowel as documented on the bowel pattern sheet, or if i to the staff; she was unable	F	514	resident on PEC list at the more for review.  Some residents experience as signs and symptoms for a prepared of time. Once an MI made aware of the signs and and treatments initiated the still continue to assess for a Changes might include wor worsening distention, increasing the frequency of vomiting or not in type or color or character vomitus. When a change in conditions occur, then the monce again contact the MD them of the changes and imadditional orders that are reconditional	abdominate rolonged D has been dead symptom nurse mushanges. sening parased ausea, characteristic of the these nurse shout to notify aplement a secived. A were in opment tion of both integrated in training effesher and will be ssurance	n nns st in, inge ie ild any ill wel and	

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 514	nurse if Resident #1 o movement in 3 days, completed care task t	he NA's to report to the fid not have a bowel as documented on the bowel pattern sheet, or if to the staff; she was unable	F.	51	Quality Assurance The Director of Nurses or monitor this issue using the Tool" for monitoring resid appointment needs and req (Attachment H). The mon look at the use of the BM r facility protocol and notifice. This will be completed 5 ti for two weeks by the Director Unit Managers then week months or until resolved by committee. Reports will be weekly Quality of Life- Qaby the Administrator and caction initiated as approprise	e "BM QA ent uest itoring wil eport, use cation of A mes a wee tor of Nur kly for 3 QOL/QA e given to A committ orrective	of MD. ek sees	2