MAY 2 1 2812

PRINTED: 04/26/2012 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SU COMPLET	
		345517	A. BUII B. WIN			1	R-C 24/2012
	OVIDER OR SUPPLIER			38	EET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612	) 04/2	.4/2012
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{F 000}	On 4/20/12, the factoredible allegation for immediate jeopardy 4/3/12 in the areas of resident's change of prevent accidents, to staffing of nursing set that immediate jeopardy removed on 4/18/12.  The Division of Heat conducted a complavisit on 04/22/12 that the facility had removed in the facility remains out of the facility remains o	dility submitted an acceptable or the removal of the for the deficiencies cited on of notification of physician of a condition, supervision to racheostomy care, and ervices. The facility alleged ardy for residents was the Service Regulation interpretation and follow up ough 04/24/12 to determine if eved the immediate jeopardy survey of 04/03/12. The ion allegations were not survey identified that the of compliance with the eaid program participation CFR Part 483, Subpart B for chilities. The survey found that still exists in regulatory at tags F323 and F328. Tags ain out of compliance at a verity of a D. The facility will live 04/26/12.  The Jeopardy was identified on the facility failed to ray low pressure alarm to alert anges for a ventilator who was found unresponsive	{F	000}	DEFICIENCY)		
10001705	allegation included t		=		, TITLE A		(X6) QATE

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.

If continuation sheet Page 1 of 33

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
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<del></del>		345517	B. WIN			04/24	/2012
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{F 000}	pressure alarms by the designee before they unit. All Respiratory pressure alarms before respiratory unit by the designee. A daily auderssure alarms 7 tires, 3 times per weekly for 2 weeks; resident is connected Respiratory Therapis on the respiratory union low pressure alarm. Validation of the Crecompliance began of 3 PM and 4:45 PM staff and Respiratory were aware of turning checking low pressurespiratory staff if alle location of low pressurespiratory of low pressurespiratory staff if alle location of	espiratory unit were rpose and placement of low the director of nursing or worked on the respiratory staff were in-serviced on low ore working on the the Respiratory Director or dit would be conducted of low ones per week for 2 weeks; tek for 2 weeks; then once then, at each time the dit to ventilator by the st. Employees will not work with without being in-serviced on 1/6/12 between the hours of Interviews with the nursing of Therapists indicated they of on low pressure alarms, re alarms, notification of the arms are not on, and the the alarms. Staff interviewed the ort on symptoms of agitation the what to look for, what to the Care Plans for ventilator diewed for agitation as	{F	000}			
{F 157} SS=D	Secondary Low Predetermine the alarm and In-service record 483.10(b)(11) NOTII (INJURY/DECLINE/	FY OF CHANGES	{F	157)	No Plan of Correction is being due to nothing was cited.	submitted	
	consult with the resi	dent's physician; and if sident's legal representative					

	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVI	
AND PLAN OF (	PORKEOTION		A. BUIL			R-C	
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{F 157}	accident involving the injury and has the pointervention; a signification in healt status in either life the clinical complications significantly (i.e., a nexisting form of treat consequences, or to treatment); or a decident from the §483.12(a).  The facility must also and, if known, the resorder family in change in room or respecified in §483.13 resident rights under regulations as specified specified in §483.15.  The facility must receive the address and photon interested family in the facility must receive the address and photon interested family in the facility must receive the address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family in the facility must receive address and photon interested family interested family in the facility must receive address and photon interested family in the family interested family in the facility must receive a family in the family interested famil	ly member when there is an eresident which results in stential for requiring physician cant change in the resident's psychosocial status (i.e., a h, mental, or psychosocial streatening conditions or si); a need to alter treatment eed to discontinue an ment due to adverse commence a new form of sion to transfer or discharge a facility as specified in promptly notify the resident esident'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.	{F	157}			
	This REQUIREMEN	IT is not met as evidenced					111111111111111111111111111111111111111
(F 323) SS=J	LIVE A DOCUMENTO	FACCIDENT VISION/DEVICES	{F	323}			
	environment remain	sure that the resident ns as free of accident hazards each resident receives					

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	345517	B. WIN	G		04/24	/2012
DER OR SUPPLIER HEALTH CARE CEN	TER	STREET ADDRESS, CITY, STATE, ZIP CODE  3830 BLUE RIDGE ROAD  RALEIGH, NC 27612				
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETION DATE
		{F:	323}	of correction does not constitute a or agreement by the provider of the the facts alleged or conclusions s the statement of deficiencies. The correction is prepared and/or executive solely because it is required by the	admission he truth of het forth in plan of cuted e	
y: Based on observation Based	on, staff interview, and record filed to implement their nce for removing the identified on 4/3/12. The nunicate their policy and nd failed to monitor staff to dependent residents, 5 with tracheostomy resident residents were supervised		And a discovery of the state of	is the process of preparing disch for the residents residing on the Specialty Unit. The discharge p then be executed. Once the resi the specialty unit are successful appropriately discharged Blue R no longer have a Ventilator/Tracheostomy Resp specialty unit. Once the last pat transferred out this will fully res	arge plans Medical lans will dents on iy and Lidge will biratory ient is solve all	
compliance was cornrough 04/24/12. Find the control of the control	nducted from 04/22/12 nding include: s of the 200 unit on 4/22/12 at Resident #4 had a as connected to a pulse oximeter box was stored in ling to the credible allegation, black bag enclosure was to imeter was not turned off entionally by staff or th of the pulse oximeter was bag. The end of the black he velcro end of the bag was rulse oximeter of Resident #4 at 1:30 PM and at 5:00 PM			plan of correction at the requirement of the corrected resident of the corrected residence of the provided to Blue Ridge on Market Page 1988. Blue Ridge Health Care Center disputes this citation.  1. Resident #4 had his pulse oxencased in the bag with tape controls throughout 4/22/2012. resident is also alert and oriented from behavior and is free from just and is on 15 minute checks.	est of nal items ent roster ny 8, 2012.  respectfully imeter overing the The ed, is free eopardy	5/14/12
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I  continued From page lequate supervision event accidents.  This REQUIREMENT ased on observation view, the facility fal legation of complia mediate jeopardy cility failed to commocedures to staff a musure 10 ventilator entilator combined of the validation of the contilator combined of the validation of the compliance was con mough 04/24/12. Fi  Initial observation 1:10 AM revealed for acheostomy and we wimeter. The pulse of the purpose for the to musure the pulse oxi nintentionally or intentionally or intentionally or esidents. One four exposed outside the ag was open and to out attached. The pulse of the purpose of the pulse oxi mister the pulse oxi	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 3 Ilequate supervision and assistance devices to event accidents.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 3 Idequate supervision and assistance devices to event accidents.  In assed on observation, staff interview, and record view, the facility failed to implement their legation of compliance for removing the imediate jeopardy identified on 4/3/12. The cility failed to communicate their policy and occdures to staff and failed to monitor staff to insure 10 ventilator dependent residents, 5 entilator combined with tracheostomy resident and 5 tracheostomy residents were supervised or maintain their airway.  The validation of the Credible Allegation of compliance was conducted from 04/22/12 rrough 04/24/12. Finding include:  Initial observations of the 200 unit on 4/22/12 at 1:10 AM revealed Resident #4 had a acheostomy and was connected to a pulse eximeter. The pulse oximeter box was stored in black bag. According to the credible allegation, the purpose for the black bag enclosure was to insure the pulse oximeter was not turned off inintentionally or intentionally by staff or esidents. One fourth of the pulse oximeter was exposed outside the bag. The end of the black ag was open and the velcro end of the bag was ot attached. The pulse oximeter of Resident #4 was observed again at 1:30 PM and at 5:00 PM and remained out of the black bag by one-fourth	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 3 Idequate supervision and assistance devices to event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents and record or event accidents.  In SEQUIREMENT is not met as evidenced or event accidents and record or event accidents and record or event accidents and record or event accidents ac	HEALTH CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 3  lequate supervision and assistance devices to event accidents.  In Preparation and/or execution of of correction does not constitute or agreement by the provider of the facts alleged or conclusions is the statement of deficiencies. The correction is prepared and/or execution of execution of provisions of federal and state law provisions of federal and state law provisions of federal and state law shis REQUIREMENT is not met as evidenced in the facts alleged or conclusions is the statement of deficiencies. The correction is prepared and/or execution of correction does not constitute or agreement by the provider of the facts alleged or conclusions is the statement of deficiencies. The correction is prepared and/or execution of executions is the statement of deficiencies. The correction is prepared andor execution of executions is the statement of deficiencies. The correction is prepare	HEALTH CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  THE PROPERTY OF LSC IDENTIFYING INFORMATION)  INTIRUDE FROM page 3  Intilude From page 4  Intilude Fro

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{F 323}	the Respiratory There the resident, the RT of resident and his equi- stated she last check and his pulse oximet of the observation, Rimachine was "okay"  2. An observation of 11:15 AM revealed the had no stop sign on According to the cree for the stop sign stick oximeter was not tur intentionally by staff was observed again no stop sign sticker of 3. An observation of 11:20 AM revealed to a pulse oximeter ma unlike all others in the an olive green colore bag. There was a reread "high alert." Accallegation, the purposenciosure and the state pulse oximeter was unintentionally or intresidents. One four exposed outside the PM revealed no chamade.  During an interview the Respiratory The stated the old pulse	apist (RT) (#8) who cared for stated she checked the pment every 2 hours. RT#8 ted the resident at 3:20 PM er was "okay." When notified IT#8 reported the resident's when she last checked it.  Resident #5 on 4/22/12 at the resident's pulse oximeter the face of the machine. It is allegation, the purpose for residents. The machine at 5:10 PM that day and had on the face of the machine.  Resident #6 on 4/22/12 at the resident was connected to chine. The machine was the facility. The machine was the facility. The machine was the facility. The machine that the cording to the credible use for the black bag top sign sticker was to ensure	{F:	323}	Resident #1 who has have remain from jeopardy risk with a pulse on attached, controls remain covered tape, encased inside a bag. The continue to be concealed. The reare on resident monitoring programinute checks.  Addendum: Based on the corresident roster Resident #4 has pulse oximeter in the bag with controls fully encased in the batape covering the controls. The resident is also alert and orient free from at risk or emergent be currently or in history and is free jeopardy risk. Resident #4 rem 15 minute checks.  Resident #5 & #6 are not identified resident roster. It is possible the meant this alleged violation to be to residents who have remained jeopardy risk with a pulse oximet attached, controls remain covered tape, encased inside a bag. The continue to be concealed. The reare on resident monitoring programinute checks.  Addendum: Based on the concesident roster Resident #6 is comatose and quadraplegic. If the has remained free from jeop with a pulse oximeter attached bag with the controls fully encuted bag with the controls fully encuted bag and tape covering the The resident is on resident monitoring program with 15 minute checks.  Based on the corrected resident #6 has remained free from jeopard with 15 minute checks.	dimeter d with controls sidents am with 15 ected is his the ag and e ted, is ehavior, ee from hains on ed on the surveyor in relation free from er d with controls esidents am with 15 erected in controls. In the cased in controls, onitoring is.	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

NAME OF PROVIDER OR SUPPLIER  BLUE RIDGE HEALTH CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612  PROVIDER'S PLAN OF CORRECTION	TED R-C 24/2012
NAME OF PROVIDER OR SUPPLIER  BLUE RIDGE HEALTH CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612  D PROVIDER'S PLAN OF CORRECTION	
NAME OF PROVIDER OR SUPPLIER  BLUE RIDGE HEALTH CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612  PROVIDER'S PLAN OF CORRECTION	24/2012
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BLUE RIDGE HEALTH CARE CENTER  RALEIGH, NC 27612  SUMMARY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION	
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(F 323) Continued From page 5 Director stated the facility initially ordered 10 new machines and borrowed 2, then ordered 4 more. The Director stated there were 2 machines currently not in use. These machines would be used to replace any machines that were not working properly. The Director stated only staff came into the resident's room and the on button was in place and no one would turn it off. The director pointed out the button was under a red stop sign sticker that read "high alert".  4. During an observation of Resident #3 on 4/23/12 at 1149 PM, the resident #3 on anti-disconnect device in place. According to the credible allegation, anti-disconnect device were implemented for all tracheostomy residents who are ventillator dependent and the purpose of the anti-disconnect device is to increase safety for tracheostomy resident that is ventilator dependent. During an interview with the resident, the resident who was allert and oriented, reported the device was pinching his tracheostomy (trach) area and made him uncomfortable. The resident stated an RT took it off for him a few days ago but didn't remember when or who the RT was. Review of nurse notes and the unit's 24-hour report for the period of 4/18/12 through 4/123/12 revealed no documentation of the removal of the device.  During an interview on 4/122/12 at 4:30 PM, with the Director of Respiratory Therapy, the Director reported the remembered seeing the resident on Friday, 4/20/12, and did not remember the resident having had a anti-disconnect device, but didn't think anything about it. Review of the list of resident tweer on the 15 minute checks.    F 323	

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STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		
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{F 323}	there was fluid in the distress in their face, way they were breat and the monitor sour risk behaviors as "versident's but when the pulling at their collar. According to the crebehavior was define tracheostomy tube, climb out of bed, verdifficulty or distress, of distress, heart rate for that resident, oxy 85 % and resident heart rate that resident if the tell the nurse or resistated she would "someone comes."  The NA reported the she never did one. one-on-one docume 30 minutes and let the was doing and what stated she hasn't be minute checks. Accallegation, one on one of the state of the stated she hasn't be minute checks. Accallegation, one on of the state o	w with NA #15 on 4/22/12 at corted emergent behavior as ir trach, coughing a lot, the machine going off, the hing, coloration of the skin, ading. The NA described at we don't have a lot of agitated they are agitated they are agitated they are itying to get out of the bed." dible allegation, emergent das pulling at the climbing or attempting to balization of respiratory objective or subjective signs are elevation to abnormal levels regen saturation levels below andling or pulling at the mergent behaviors, she would be were ok then she would objective them probably 'til at for one-on-one supervision,	(F:	323)	May 6, 2012. Until the time of discharge the one-to-one more remained within arms length resident's bed. The resident free from jeopardy.  Resident #2 has not ever rece on one nor has he exhibited a emergent behavior.  Addendum: Based on the consident roster, Resident #2 free from jeopardy and contrective appropriate monitor emergent behavior occurs, completion of the one-to-one 2. Residents with tracheostom potential to be affected by the alleged deficient practice. The Respiratory completed an autresidents utilizing continuous oximeter and ventilators to enoximeters are in the bag, and disconnect devices are in plants. Blue Ridge facility has ret survey monitor, who is focuse Medical Specialty Unit to enscompliance. The facility developicy titled "One-to-One suppresidents on the Medical Spe (MSU)".  The facility has contracted the anadditional Pulmonologist to residents on MSU and to consider need for a period of 6 medical services began on April 23, 2 The facility has contracted the anadditional Psychiatrist to provide the residents on the residents of the resident and any new admissions and any new admissions and any new admissions and the residents on the resident and any new admissions and the residents on the resident and any new admissions and the residents on the resident and any new admissions and the resident and the resident and any new admissions and the resident and the resident and any new admissions and the resident and any new admissions and the resident and th	onitor of the of	

Event ID: 20R212

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(F 323)	6. Review of Resident revealed the resident diagnoses to include dependence, chronic motor vehicle accider head injury.  Review of the resider Data Set (MDS), a que 4/10/12, revealed the impaired. Of the 14-cresident's mood was appearing down, dependays; moving or specific gety or restless the around a lot more than 14 day assessment percoded as being short to 6 days of the 14-de MDS indicated the recone staff member for personal hygiene, and Diagnoses section of resident had an Anxiet Review of a Respirated documented on 4/14/(patient) was pulling collar and irritated the around trach (stoma) tubing part of the vertubing part of the vertubing part of the vertubing part of the vertubing the trach more than 14 (Respiratory Therapical)	t #1's medical record was admitted on 3/5/12 with chronic ventilator tracheostomy, history of a nt with subsequent closed  It's most recent Minimum farterly assessment of resident was cognitively day assessment period, the assessed as feeling or ressed, or hopeless 2 to 6 king so slowly, or being so at she has been moving an usual 7 to 11 days of the feriod. The resident was rempered, easily annoyed 2 ay assessment period. The sident was dependent on eating, dressing, toilet use, d bathing. The Active the MDS indicated the fety Disorder.  The resident was and inside of (suctioning tilator tubing). (suctioning tilator tubing) was changed. ach tie may have tightened of the sused to. RT st) (RT #20) will continue to the was not available for	{F 3	323}	as deemed appropriate for each individual's plan of care for a period months. This contract was signed 24, 2012.  The facility has contracted with a Respiratory Therapist to provide of to the on-site Respiratory Therapy evaluate current practices, make recommendations and provide trait systems utilized by the facility for a of 6 months. These services were on April 11, 2012.  Addendum: Blue Ridge Healthcare the MSU with 2-3 Respiratory therapist. On occasion where there is one Respiratory the an additional Registered Nurse (nincluded in direct care staff) that he received ventilator certification train work in conjunction with the Respiratory therapist.  Pulse Oximetry units are utilized continuous for Non-Ventilator Depresidents with tracheostomies. The oximeters are programmed to sour alarm if the pulse oximeter become dislodged or if the residents' oxyg saturation level falls below 93% of specifically ordered by the physicic pulse oximeters are housed in probags with a clear window through the pulse oximeter controls are visual large Velcro flap. The facility has covered the control buttons on the oximeters, including the On/Off but a resident would not be able to visual the On/Off button and to prevent the machines from being intentionally intentionally.	versight staff to ining on a period began e staffs apists eaches i-2 ons erapist, ot as ining will iratory  bendent e pulse and an as en r settings an. The otective which sible and as e pulse utton, so sualize the	

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	OVIDER OR SUPPLIER GE HEALTH CARE CE	NTER	s	TREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612			
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{F 323}	Review of a nurse revealed the reside (tracheostomy) and The resident was gused to treat panic with effectiveness. conducted with Nur The nurse reported on the hall the resident didn't remember trach.  Review of a SBAR Situation, Backgrous Request) for physic 4/15/12, document causing some bleed documented for on hours and the psychology According to the corresident exhibits all pulling at the trach with the resident, cassigns a staff measupervision and can Review of nurse nor revealed (name of resident behaviors intervention ordere immediately with a manipulation by resident was up in and no behaviors was implemented related to the new	note of 4/14/12 at 7:30 PM Int was pulling on the trach she was placed back in bed. In the was residing on 4/14/12 In the wa	{F 32	unintentionally turned residents. Residents I refuse treatment, inclusion continuous pulse oxim resident refuses the upulse oximetry, the refamily will, again, be a purpose of continuous the risks related to the treatment. Resident resubsequent education in the resident's med resident's physician of will be notified of the an order obtained, as alternate intervention notified as well of the life a resident is exhibit risk" behaviors, the sidentifying this will rebedside and uses the call for help. The Rheperform an assessm condition. Based on the charge nurse, if implement one-to-or Resident Monitoring attending physician of the change in the resident's condition the intervention implements and any other physician or Medical necessary.  Newly admitted resirvulently be placed for the 1st week of the during the 1st week risk" behavior is ide	off by staff or have the right to uding the use of metry. In the event a use of the continuous esident and their educated on the spulse oximetry and e refusal of such refusals and n will be documented ical record. The or the Medical Director resident's refusal and appropriate, for its. The IDT will be resident's refusal.  Iting "emergent" or "at staff member emain at the resident's enurse call button to N charge nurse will ent of the resident's warranted, will be supervision, or and notify the or the Medical Director ventilator dependent and obtain orders for lemented by the charge rintervention the all Director deems idents to the MSU will on Resident Monitoring heir admission and will IDT. If at any time of admission an "at entified, the physician the level of supervision		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	COMPLETER	
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BLUE RID	OVIDER OR SUPPLIER  GE HEALTH CARE CEN		ID	38	EET ADDRESS, CITY, STATE, ZIP CODE  30 BLUE RIDGE ROAD  ALEIGH, NC 27612  PROVIDER'S PLAN OF CORRECT		(X5)
(X4) ID PREFIX TAG	/EACH DESIGIEN(	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	x	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE
(F 323)	Physician's orders dorder to Implement resident monitoring of psychiatrist) re: but re-evaluate resident Review of the medic subsequent physicial 4/19/12, and 4/22/1 the 1:1 close monitor more hours for pullit to get out of bed.  On 4/23/12 at 2:03 was conducted of the (NA#19) while provifor Resident #1. Not middle of the resident's visitor that room. NA #19 was the resident's foot or resident reviewing part of the province of the province of the resident reviewing part of the province of	monitor.  ated 4/15/12 revealed an  1:1 monitoring for close for 48 hours, contact (name ehavior evaluation, after 48 hours.	{F 3	23}	Respiratory assessments will det appropriate level of ongoing superbased on available information. Owill be reviewed by the IDT and the needed to reflect the residents' of care needs.  Beginning April 26, 2012 re-educe a new curriculum, will be comple nurses and respiratory therapists on MSU on:  1) The new policy titled "Status Contification of".  2) The Why, How, and When of the tool  3) The 24 hour report process  4) Clinical Communication process  6) Pulse Oximeter  7) Resident Monitoring, including admissions.  8) One-to-One Supervision  9) Anti-disconnect devices/trach  11) At risk vs. Emergent behaving appropriate staff actions when in 12) Resident decannulation  13) Staffing MSU for direct care. One, and Resident monitor.  Licensed nurses and Respirato Therapists working on the MSU not received the above training education by May 7, 2012 will repermitted to work until such rehas been completed. Education training will be provided at the lateir next scheduled shift, prior resident care. The training will by the MSU Unit Manager, Hou Supervisor, and/or DON at the each shift for persons that have received the training, including	cation, with eled with sworking Changes: the SBAR ess g new tie for and dentified.  That have and not be education in and/or beginning of to provided use beginning of e not	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SUR COMPLET	
AND PLAN OF	CORRECTION	IDEATH IOUTON NORDER.	A. BUILDING		p.	·C
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NAME OF PR	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
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BLUE RID	GE HEALTH CARE CE	NIEK	R	ALEIGH, NC 27612		
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(F 323)	revealed she was st bedside, then back in hall and looked at the 2:14 PM, NA #19 er another staff member doorway and continus watching staff activity. During an interview 4/23/12, the NA repwas definitely keepi time, and not leave replacement arrived within arm's reach of that her standing in was not within arms NA stated she receis monitoring and resimonth ago. NA #15 her legs.  Review of a facility Attendance Record staff members provito stay at the resided distance". Review the information reversecord.  According to the consupervision is when continuously at arm.  During an interview Nursing (DON) on stated the one on consit next to the residence.	anding at the resident's to doorway looking down the he resident occasionally. At ngaged in conversation with er while remaining in the ued looking down hall and	{F 323}	staff. The above described tra	distribution. di	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		E CONSTRUCTION	COMPLETE	D
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	ROVIDER OR SUPPLIER	ITER	tracheostomies. (a) On a daily basis, the DON, Assistant Director of Nursing (ADON), MSU manager, or House Supervisor will review the 24 hour reports from the MSU to verify appropriate information is being communicated shift to				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ILD BE	(X5) COMPLETION DATE
(F 323)	During an interview of 4/23/12 at 2:03 PM, expectation of the ormonitor to follow the arms' distance of the 7. During an intervie on 4/24/12 at 12:15 worked at the facility 7:00 PM to 11:00 PM first time to work at the nurse. The nurse stothe unit, but did not on behaviors, monitor procedures. According about physic supervision, residen oximetry and the 24	with the Administrator on the Administrator stated his ne on one monitor was for the policy of remaining within	{F	323}	DON, Assistant Director of Nursi (ADON), MSU manager, or Hous Supervisor will review the 24 hour from the MSU to verify appropriatinformation is being communicate shift and that respiratory therapy nursing are collaboratively report changes in resident condition and via the 24 hour report. (b) On a basis, the DON, Assistant Direct Nursing (ADON), MSU Manager Supervisor will review the 24 hour from the MSU to verify that an Shas been completed appropriate item entered.  (c) On a daily basis, the DON, A Director of Nursing (ADON), MSU Manager, or House Supervisor via shift to shift report to verify that if from the 24 hour report is being communicated to the on-coming by the off-going nurse, (d) On a the DON, Assistant Director of National Carlon, MSU manager or House Supervisor will verify that the Puspervisor will verify that the Puspervisor will verify that the	ng se ar reports tte ed shift to and ting d incidents daily or of , or House ar reports BAR form ely for each assistant su will observe information y shift nurse daily basis, lursing se ulse	
	that emergent beha- is agitated, their vita- strange. The unit si- one-on-one supervit- nurse aide (NA) or a credible allegation, of defined as pulling at climbing or attempti verbalization of resp objective or subjecti- rate elevation to ab- oxygen saturation le	33 AM, the unit RN s interviewed. She indicated viors were when the resident al signs were off, or acted upervisor said that the sion could be assigned to a a nurse. According to the emergent behavior was t the tracheostomy tube, ng to climb out of bed, biratory difficulty or distress, ive signs of distress, heart normal levels for that resident, evels below 85 % and resident at tracheostomy. The unit			oximeters and resident monitor check) documentation on the M been completed by each charge On a daily basis, the DON, Assi Director of Nursing (ADON), MS or House Supervisor will review documentation and intervention that the resident monitor (15 mi sheets are completed, (f) On a a Respiratory therapist will concaudit of Pulse oximeter bags, or covered, and anti disconnect deplace. (g) On a daily basis MAMinistrator (NHA) will review sheet for the prior day(s) to veriatios and per patient day (ppd)	AR has a nurse, (e) stant SU manager the s and verify nute check) a daily basis duct an ontrols evices are in - F the the staffing if y staffing hours are	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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	COVIDER OR SUPPLIER GE HEALTH CARE CEN		38	EET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612		
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{F 323}	supervisor said, to do she would either pull halls, call a nurse aid management team m supervisor indicated. According to the facility had 3 back up adequate. The supe will contact the Medic tracheostomy and vestaff that were not on if unable to locate stamethods, then the famanagement staff.  The unit supervisor swhen the resident is attempting to pull out According to the credistress, cognitive chand subjective signs.  The unit supervisor supervision is used with need constant one-one seated near the resident in the roor. We do not have a pmodified one-on-one responsibility of the visupervisor said the se (situation, backgrour form when something when a resident decapulls the vent off. The	the one on one supervision, a restorative aide from other e or use one of the tembers to do. The they can use agency nurses. ity's credible allegation, the plan to ensure staffing is rvisor or the staff coordinator cal Specialty Unit (where ntillator residents resided) duty or staffing agencies. aff by the previous two cility will utilize on-call aid that at risk behaviors are pulling at the tube, their vent and thrashing. Itheir vent and thrashing. Itheir vent and thrashing anges, weeping, objective of pain or discomfort.  The staff could be dent's door. The staff could be dent's door. The staff could be dent's door. The staff could dent but not as close as if the in. The unit supervisor said, person assigned to do	{F 323}	days and then will be completed unless concerns are identified in case daily audits will continue undetermined by the QA & A committee NHA/DON/Respiratory Ther Director will report to the facility's Assessment and Assurance (QA Committee weekly with the resulverification review of the above is audits. Issues identified by the NHA/DON/Respiratory therapy of a result of these audits will be rethe QA&A Committee within one day. The QA&A Committee within one day. The QA&A Committee will ethe effectiveness of the plan on a basis, for 2 months, then month on trends identified and develop implement, additional intervention needed to ensure continued con On a weekly basis the Medical Exaministrator, DON, Respiratory Director, and MSU manager will review the plan and ensure there issues with communication.  Weekly the Administrator will reprogress on the corrective action including any issues identified in reviews with achieving or sustain compliance to the governing boa facility. The board will take any cactions they deem necessary bareports.  Twice monthly, for 2 months, an monthly for 2 months, the Vice For Clinical Services will attend the same actions and provide input effectiveness as well as ensure compliance.  The Administrator is responsible ongoing compliance.	which atil a time nittee. appy s Quality &A) ts of the dentified director as ported to business evaluate a weekly ery two ly based and ons as appliance. Director, therapy meet to e are no  port a plan the ning ard of the other used on the defacility QA on plan continued	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  G	(X3) DATE SUR' COMPLETE	:D
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{F 323}	notified. According to modified one on one the resident had emetimes of the day. The ordering the modified specific times when oneeded to be used. It an order for resident checks) during the time one is not being done one is not being done one is not being done on the day of	the credible allegation, the supervision was used when regent behaviors at certain a physician is responsible for tone on one supervision with one on one supervision. The physician will also write monitoring (15 minute me of the day when one on a.  15 AM, the charge nurse (#5) are charge nurse said would be behaviors leading situation. Some of the are restlessness, trying to peting, and picking at their are case, the physician would very 15-minute check is viors continue or worsen, initiate the one-on-one ng to the credible allegation, whibiting emergent behaviors ped), the resident will be put	{F:	323)			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	rer	\$	STREET ADDRESS, CITY, STATE, ZIP CODE 3830 BLUE RIDGE ROAD RALEIGH, NC 27612		
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{F 323}	one-on-one supervisi checked every 15 min a physician order for 10. On 4/22/12 at 4:0 Therapy Director was Respiratory Therapy check was used for rebehaviors in the past danger.  11. Resident #2 was 3/23/12 following a herespiratory failure duaccident on 2/9/12. H 3/30/12 indicated the oxygen therapy, track a ventilator. The asse Resident #2 was cog Review of the facility (Situation, Backgrour Request) and dated Resident #2, "Discoventilator." The SBA Respiratory Therapy ventilator back on, the resident was on costaff.  At 7:15 AM on 4/19/10 order to continue the to reassess when the observation was to be servation was to be servation.	on is when a resident is nutes and staff do not need it.  O PM the Respiratory interviewed. The Director said the 15-minutes esidents that showed that would put them in admitted to the facility on ospitalization for acute is to a cerebrovascular lis Minimum Data Set, dated resident was receiving neostomy care and required essment also indicated nitively intact.  form titled, "SBAR" and, Assessment and 4/19/12 indicated at 2:30 AM nnected himself from R form indicated a staff person put the e physician was notified and one-on-one observation by  2 the facility received an one-on-one observation and a resident was fully awake.	{F 32			

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED		
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{F 323}	7am. Call (physic behavior " The or was to receive Semedication to treat Resident #2 was PM about what he #2 said, "I had a bordered on psyc I was headed to the had a stroke in night after the Me watch me sleep a response with the someone sit with On 4/22/12 at 4:0 Nursing (DON) in Resident #2's root thought he was in tracheostomy. Tracheostomy. Tracheostomy. Tracheostomy. The more remember anythit talked about it be taking. I talked to one-on-one again 7:00 AM to be su acting DON added 15 minute checket the one-on-one cop PM on 4/19/12.  On 4/22/12 at 4:4 indicated the factione-on-one documents.	page 15 Jan) in AM if any concerns (with) reder also indicated the resident proquel 12.5mg (an antipsychotic at acute agitation) at bedtime.  Interviewed on 4/22/12 at 12:27 Jappened on 4/19/12. Resident procuple of episodes that photic. They told me on Saturday Mexico." The resident indicated prebruary. He added, "The package of they paid a guy to part of the procup of the pro	{F 3:	23}		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED	
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(F 323)	AM on 4/20/12. She to document on the on the 19th."  During an interview Respiratory Therapy observed Resident from approximately the physician came indicated she had a one-on-one observed documentation she one documentation at 2:30 AM. RT #8  At 4:05 PM on 4/23 indicated RT #10 and had also done one Resident #2 on 4/1 the one-on-one ob both RT #10 and had had also done one Resident #2 on 4/1 the one-on-one ob both RT #10 and have been used for On 4/23/12 at 5:10 been inserviced at and sat by Reside approximately 7:00 about the one-on-said, "It slipped my I didn't do the documentation with the one-on-said, "It slipped my I didn't do the documentation with the one-on-for Resident #2 on 7:00 AM on 4/20/1	e said, "It looks like we failed new form for (Resident #2)  on 4/22/12 at 4:56 PM  sist (RT) #8 indicated she had #2 one-on-one on 4/19/12  or 7:30 AM until 8:20 AM when e in to see the resident. RT #8 one inserviced about eation and was aware of the et but was not given a one on a sheet that would have started eatin, "I didn't think about it."  8/12 Corporate Nurse #9  and Nursing Assistant (NA) #11  -on-one observation on 9/12 but had not completed servation sheets. She also said that #11 had been inserviced to en-one and it would have been eat the one-on-one sheet would resident #2 on 4/19/12.  PM, RT #10 indicated she had sout one-on-one observation ent #2's bed from 2:30 AM until O AM on 4/19/12. When asked one documentation RT #10 mind. I sat by his bedside, but	{F 323}				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED R-C	
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(F 323) (F 328) SS=J	two 15 minute break NA sat with the resid gave me a form to in indicated he was aw 15 minute checks by observations.  The facility's Credible Resident Monitors a one-on-one supervisitheir duties and the forms reated for each 483.25(k) TREATMINEEDS  The facility must ensproper treatment an special services: Injections; Parenteral and entering and services.	s during which time another lent. NA #11 said, "No one litial or anything." NA #11 are of the documentation for at not for the one on one de Allegation included, "The nd persons performeing sion have received training on documentation required on the of these activities."  ENT/CARE FOR SPECIAL  sure that residents received care for the following  aral fluids; stomy, or ileostomy care;		323}			
	by: Based on observat review, the facility f allegation of compli immediate jeopardy facility failed to com procedures to staff ensure 10 ventilato	NT is not met as evidenced sion, staff interview, and record ailed to implement their fance for removing the videntified on 4/3/12. The inmunicate their policy and and failed to monitor staff to r dependent residents, 5 is with tracheostomy resident					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
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{F 328}	and 5 tracheostomy of for maintain their airy for maintain their airy. The validation of the Compliance was conthrough 04/24/12. Fir 1. Initial observations 11:10 AM revealed R tracheostomy and was oximeter. The pulse a black bag. According the purpose for the bensure the pulse oximintentionally or interesidents. One fourtlexposed outside the bag was open and the not attached. The pulse was observed again and remained out of and opened on the ethe Respiratory Theresident and his equistated she last check and his pulse oximet of the observation, R machine was "okay"  2. An observation of 11:15 AM revealed the had no stop sign on According to the cree for the stop sign stick oximeter was not tur intentionally by staff	cesidents were supervised vay.  Credible Allegation of ducted from 04/22/12 adding include:  s of the 200 unit on 4/22/12 at desident #4 had a las connected to a pulse oximeter box was stored in ng to the credible allegation, lack bag enclosure was to meter was not turned off	{F 328}	"Preparation and/or executor of correction does not consor agreement by the provide the facts alleged or conclus the statement of deficiencie correction is prepared and/o solely because it is required provisions of federal and state the process of preparing for the residents residing of Specialty Unit. The dischatchen be executed. Once the the specialty unit are successappropriately discharged in longer have a Ventilator/Tracheostomy specialty unit. Once the later transferred out this will full deficiencies cited in the suit when the address any addin light of the corrected approvided to Blue Ridge of F 328  Blue Ridge Health Care Controls throughout 4/22/20 resident is also alert and of from behavior and is free firsk and is on 15 minute challed the surveyor alleged violation to be in refersioned the surveyor alleged violation to the sur	enter respectfully  Respiratory est patient is lity resolve all rvey.  dendum to the request of ditional items resident roster on May 8, 2012.  enter respectfully  se oximeter pe covering the 012. The riented, is free rom jeopardy necks. meant this elation to	5/14/18

CENTER	S FUR WEDICARE &	VIEDICAID SERVICES	WAY MULTIPLE CONSTRUCTIONS (VA)		WALL DATE OF DEATH		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SUR COMPLETE	D
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BLUE RID	GE HEALTH CARE CEN	TER		R	ALEIGH, NC 27612		
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{F 328}	no stop sign sticker of 3. An observation of 11:20 AM revealed the a pulse oximeter man unlike all others in the an olive green colored bag. There was a recread "high alert." Act allegation, the purposenciosure and the state pulse oximeter wounintentionally or interesidents. One fourt exposed outside the PM revealed no charmade.  During an interview of the Respiratory Therestated the old pulse one of the original modification of the original modification of the resident working properly. The came into the resident was in place and no director pointed out stop sign sticker that the disconnect device one of the original modification of the resident was in place and no director pointed out stop sign sticker that the disconnect device of the place of the place and no director pointed out stop sign sticker that the disconnect device of the place of the place and no director pointed out stop sign sticker that the place of the place and no director pointed out stop sign sticker that the place of th	Resident #6 on 4/22/12 at the resident was connected to chine. The machine was a facility. The machine was do box and had no protective do sticker on the machine that cording to the credible se for the black bag op sign sticker was to ensure as not turned off antionally by staff or the pulse oximeter was bag. An observation at 5:12 ange in the machine was achines in the facility. The acility initially ordered 10 new wed 2, then ordered 4 more. These machines would be machines that were not e Director stated only staff int's room and the on button one would turn it off. The the button was under a red	{F:	328}	from jeopardy risk with a pulse ox attached, controls remain covered tape, encased inside a bag. The continue to be concealed. The resare on resident monitoring programinute checks.  Addendum: Based on the corresident roster Resident #4 has pulse oximeter in the bag with controls fully encased in the batape covering the controls. The resident is also alert and orient free from at risk or emergent be currently or in history and is free jeopardy risk. Resident #4 rem 15 minute checks.  Resident #5 & #6 are not identified resident roster. It is possible the meant this alleged violation to be to residents who have remained to jeopardy risk with a pulse oximete attached, controls remain covered tape, encased inside a bag. The continue to be concealed. The reare on resident monitoring programinute checks.  Addendum: Based on the corresident roster Resident #6 is a comatose and quadraplegic. Refersident roster Resident #6 is a comatose and quadraplegic. Resident #5 has remained free from jeop with a pulse oximeter attached bag with the controls fully encased in the bag and tape covering the Resident #5 has remained free jeopardy risk with a pulse oximatached, in the bag with the controls fully encased in the bag and tape covering the feeling part of the pulse oximatached, in the bag with the controls fully encased in the bag and tape covering the feeling part of the bag with the controls fully encased in the bag with the controls fully encased in the bag and tape oximatached, in the bag with the controls fully encased in the bag and tape oximatached, in the bag with the controls fully encased in the bag and tape oximatached, in the bag with the controls fully encased in the bag and tape oximatached, in the bag with the controls fully encased in the bag and tape oximatached.	d with controls sidents m with 15 ected is his the ag and ected, is echavior, ee from earns on the controls sidents am with 15 ected ecmi ecmi ected ecmi ecmi ected ecmi ected ecmi ected ecmi ected ecmi ected ecmi ected ecmi ecmi ecmi ecmi ecmi ecmi ecmi ecmi	

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AND PLAN OF	CORRECTION	DENTIFICATION NOMBER.	A. BUIL	DING		R-	c
		346517	B. WANG	3			/2012
	COVIDER OR SUPPLIER	TER		38:	EET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
{F 328}	are ventilator dependenti-disconnect device tracheostomy reside dependent. During a the resident who was the device was pincharea and made him stated an RT took it didn't remember who report for the period revealed no docume device.  During an interview the Director of Respreported he remembered he remembered he remembered he resident having had didn't think anything residents that were revealed Resident #  5. During an interview there was fluid in the distress in their face way they were breat and the monitor sourisk behaviors as "resident's but when pulling at their collar According to the crebehavior was define tracheostomy tube, climb out of bed, verifications as the resident of the crebehavior of the crebehavior was defined tracheostomy tube, climb out of bed, verifications as the crebehavior of the crebehavior of the crebehavior was defined tracheostomy tube, climb out of bed, verifications and the crebehavior was defined tracheostomy tube, climb out of bed, verifications and the crebehavior was defined to the crebehavior was define	racheostomy residents who dent and the purpose of the ce is to increase safety for an interview with the resident, as alert and oriented, reported any his tracheostomy (trach) uncomfortable. The resident off for him a few days ago but en or who the RT was. es and the unit's 24-hour of 4/18/12 through 4/23/12 antation of the removal of the cered seeing the resident on did not remember the a anti-disconnect device, but about it. Review of the list of on the 15 minute checks a was not on the list.  The wwith NA #15 on 4/22/12 at the ported emergent behavior as ein trach, coughing a lot, as, the machine going off, the thing, coloration of the skin, anding. The NA described at twe don't have a lot of agitated they are agitated they are agitated they are registed allegation, emergent	{F	328}	covering the controls. The corcontinue to be concealed. Resis on resident monitoring prog 15 minute checks.  Resident #3 does continuously the anti-disconnect device and did sto 4/23/2012 during survey. This receives one-to-one supervision did so on 4/23/2012 during survey. It is possible the surveyor meant alleged violation to be in relation unnamed resident who chose not the device. The resident receive education regarding the risk and preferences are being respected.  Addendum: Based on the corresident roster, Resident #3 is jeopardy risk. He has exercis patient right to refuse treatment therefore has elected not to unantidisconnect device. The received education regarding and still refused the device. Acquired by the conditions of participation, the resident's preferences are being respect Resident #3 is alert and orient free from at risk or emergent.  Resident #1 Resident #1 not even any one-to-one nor has he exhibits or emergent behavior. Resident roster, Resident #1 ron one-to-one monitoring und discharge to the acute care sident roster, Resident #1 ron one-to-one monitoring und discharge to the acute care sident get to th	ident #5 iram with  dillize an o esident and also ey. I this I to an of to utilize ed i personal i. Irected if free from ed his ent and tilize the esident the risk as ersonal ted, ited and is behavior.  er received bited any at ident #1  rrected emained cill her etting on i the nitor	

STATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILO	NG		-C	
		345517	B, WNG		1	4/2012	
	ROVIDER OR SUPPLIER	NTER	s	TREET ADDRESS, CITY, STATE, ZIP C 3830 BLUE RIDGE ROAD RALEIGH, NC 27612	CODE		
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{F 328}	of distress, heart rafor that resident, or 85 % and resident tracheostomy.  The NA stated for ask the resident if tell the nurse or restated she would someone comes."  The NA reported the she never did one one-on-one docum 30 minutes and let was doing and whistated she hasn't be minute checks. As allegation, one on staff member stays the resident.  6. Review of Reside diagnoses to incluid dependence, chromotor vehicle accident injury.  Review of the resident injury.  Review of the resident injury.  Review of the resident injury.	age 21 ate elevation to abnormal levels kygen saturation levels below handling or pulling at  emergent behaviors, she would they were ok then she would spiratory therapist. The NA  'stay with them probably 'til  mat for one-on-one supervision, The NA stated with hentation she would chart every them know what the resident at the activities were. The NA been trained how to do the 15 coording to the credible one supervision is when the scontinuously at arms length of the chronic ventilator nic tracheostomy, history of a dent with subsequent closed  dent's most recent Minimum a quarterly assessment of the resident was cognitively id-day assessment period, the was assessed as feeling or depressed, or hopeless 2 to 6 peaking so slowly, or being so that she has been moving than usual 7 to 11 days of the	{F 32	resident's bed. The r	resident remained  rer received any one bited any at risk or  In the corrected lent #2 remains of continues to nonitoring, if cours, with e-to-one form.  eostomies have the by the same ce. The Director of an audit of nuous pulse s to ensure pulse g, and antipin place  has retained a focused on the to ensure ongoing ty developed a new he supervision of cal Specialty Unit celed the services of logist to evaluate the to consult with the harding the residents of 6 months. These if 23, 2012. Ceted the services of ist to provide an he residents on MSU and periodically the for each effor a period of 6 months.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345517	B. WNG		R- 04/24	C 1/2012	
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{F 328}	14 day assessment coded as being shot to 6 days of the 14-c MDS indicated the rone staff member for personal hygiene, a Diagnoses section of resident had an Anxi Review of a Respiral documented on 4/1-(patient) was pulling collar and irritated the around trach (stomatubing part of the vetubing part of	period. The resident was t-tempered, easily annoyed 2 lay assessment period. The esident was dependent on r eating, dressing, toilet use, nd bathing. The Active of the MDS indicated the lety Disorder.  Interpretation of the trach (stoma). Blood was a) and inside of (suctioning intilator tubing). (suctioning intilator tubing) was changed. Frach tie may have tightened Pt is used to. RT list) (RT #20) will continue to #20 was not available for	{F 328}	The facility has contracted with Respiratory Therapist to provid to the on-site Respiratory Thera evaluate current practices, make recommendations and provide systems utilized by the facility of 6 months. These services won April 11, 2012.  Addendum: Blue Ridge Healthe the MSU with 2-3 Respiratory to until such time when the censuration of the majority to until such time when the censuration of the majority that the majority and additional Registered Nurse included in direct care staff) the received ventilator certification work in conjunction with the Restherapist.  Pulse Oximetry units are utilized continuous for Non-Ventilator Experience of the pulse oximeter bed dislodged or if the residents of saturation level falls below 93% specifically ordered by the phypulse oximeters are housed in bags with a clear window through the pulse oximeter controls are a large Velcro flap. The facility covered the control buttons on oximeters, including the On/Off a resident would not be able to the On/Off button and to prevent machines from being intentional unintentionally turned off by staresidents. Residents have the refuse treatment, including the continuous pulse oximetry. In the resident refuses the use of the	e oversight apy staff to be training on or a period ere began care staffs herapists is reaches the 1-2 esions therapist, (not at has training will espiratory of the pulse sound an omes eygen or settings sician. The protective gh which evisible and the pulse foutton, so visualize ally or aff or right to use of the event a		

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) ML	JLTIPL	E CONSTRUCTION	(X3) DATE SUR\	
	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	I	A. BUILDING			D
						R-	С
		345517	B. WIN	3		04/24	/2012
NAME OF PR	OVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
				38	30 BLUE RIDGE ROAD		
BLUE RID	GE HEALTH CARE CEN	TER		R	ALEIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
{F 328}	documented for one-hours and the psychi According to the crec resident exhibits and pulling at the trached with the resident, cal assigns a staff memi supervision and call Review of nurse note revealed (name of place of place). At 12 PM on 4/15/12 resident was up in a and no behaviors now as implemented to related to the new to trach on 4/14/12 to staff will continue to Physician's orders of order to Implement resident monitoring of psychiatrist) re: bre-evaluate resident Review of the medic subsequent physicia 4/19/12, and 4/22/14 the 1:1 close monitor more hours for pulling to get out of bed.	ing." The "Request" was on-one monitoring for 48 atrist to evaluate. dible allegation, when a emergent behavior such as estomy, the staff should stay I the nurse, the nurse per to do one on one the doctor. The dated 4/15/12 at 9:10 AM invisician) was informed of with trach pulling, no new additional trach dent.  It, a nurse note indicated the recliner chair, was pleasant, ated. One-on-one supervision monitor behaviors/actions and device that was added to nelp reinforce trach and the monitor.  It ated 4/15/12 revealed an at:1 monitoring for close for 48 hours, contact (name enhavior evaluation, after 48 hours.  It all record revealed an ater 48 hours.  It all record revealed and the recipied of the resident for 48 hours and attempting at the trach and attempting	{F 3	328}	pulse oximetry, the resident and the family will, again, be educated on purpose of continuous pulse oximithe risks related to the refusal of treatment. Resident refusals and subsequent education will be dod in the resident's medical record. The resident's physician or the Medic will be notified of the resident's real order obtained, as appropriate alternate interventions. The IDT in notified as well of the resident's residentifying this will remain at the bedside and uses the nurse call call for help. The RN charge nurperform an assessment of the recondition. Based on assessment the charge nurse, if warranted, wimplement one-to-one supervision Resident Monitoring and notify the attending physician or the Medic of the change in the ventilator de resident's condition and obtain of the intervention implemented by nurse and any other intervention physician or Medical Director denecessary.  Newly admitted residents to the routinely be placed on Resident for the 1st week of their admission be reviewed by the IDT. If at any during the 1st week of admission risk behavior is identified, the place will be notified and the level of simple management of the place of ongoing sup based on available information. Will be reviewed by the IDT and will be reviewed by the IDT a	the netry and such such such such such such such such	
1	Un 4/23/12 at 2:03	PM, a continuous observation	1		needed to reflect the residents' of	current	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	(BENTIFICATION TO COMBETT	A. BUILDING		R-C			
		345517	B. WNO	3		04/24/2012		
	OVIDER OR SUPPLIER GE HEALTH CARE CEN	TER		38	EET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612			
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{F 328}	(NA#19) while provid for Resident #1. NA# middle of the resident resident resident's visitor that room. NA #19 was the resident's foot of resident reviewing particles. At 2:06 PM, NA# 19 in doorway talking with PM, NA #19 was star roommates bedside and out the door into 19 returned to standing out toward the nurse visitor that was walking remained in doorway toward the nurse designed in bed on her left side way. An observation revealed she was star bedside, then back to hall and looked at the 2:14 PM, NA #19 enganother staff member doorway and continu watching staff activity.  During an interview was definitely keepin time, and not leave the replacement arrived, within arm's reach of that her standing in the	restorative nurse aide ing one on one supervision 19 was standing in the 19 was standing in the 19 was leaving the resident's hen observed at 2:05 PM at the bed with her back to the inpers on the overbed table.  Teturned to standing in the anurse in the hall. At 2:07 adding on a floor mat at the and looking at Resident #1 the hall. At 2:09 PM, NA# ang in the doorway looking desk, then spoke with a ang down the hall. NA #19 looking out into the hall and k. Observation of Resident dent was awake and resting a facing away from the door of NA #19 at 2:13 PM anding at the resident's o doorway looking down the e resident occasionally. At gaged in conversation with remaining in the ed looking down hall and	{F 3	28}	Beginning April 26, 2012 re-educa a new curriculum, will be complete nurses and respiratory therapists on MSU on:  1) The new policy titled "Status Ch Notification of".  2) The Why, How, and When of the tool  3) The 24 hour report process 4) Clinical Communication process 5) Physician Log process 6) Pulse Oximeter 7) Resident Monitoring, including radmissions. 8) One-to-One Supervision 9) Anti-disconnect devices/trach tin 11) At risk vs. Emergent behavior appropriate staff actions when ide 12) Resident decannulation 13) Staffing MSU for direct care, Cone, and Resident monitor. Licensed nurses and Respiratory Therapists working on the MSU the not received the above training are education by May 7, 2012 will not permitted to work until such re-education by May 7, 2012 will not permitted to work until such re-education work until such re-education will be provided at the best heir next scheduled shift, prior to resident care. The training will be by the MSU Unit Manager, House Supervisor, and/or DON at the been shift for persons that have received the training, including ages staff. The above described training incorporated into the new hire oring New hires will not be permitted to resident care on the MSU until the is completed. Beginning April 25, 2012 re-educanew curriculum, will be completed.	ed with working anges: e SBAR e SBAR e and entified. One-to- nat have nd be lucation and/or ginning of providing provided e gency ng will be entation. e provide e training eation, with		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER GE HEALTH CARE CEN	TER		38	EET ADDRESS, CITY, STATE, ZIP CODE 330 BLUE RIDGE ROAD ALEIGH, NC 27612			
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{F 328}	NA stated she receive monitoring and reside month ago. NA #19 her legs.  Review of a facility 'Attendance Record' staff members provide to stay at the resider distance". Review of the information reversecord.  According to the cresupervision is when continuously at arms.  During an interview Nursing (DON) on 4 stated the one on or sit next to the reside comfortable, and she with the state of the organization of the organiz	red an inservice on ent behaviors about one stated she was up stretching  Temployee Education of 4/13/12 revealed "all ding continuous supervision at the attendance record for aled NA # 19 signature on the dible allegation, one on one the staff member stays a length of the resident.  With the Interim Director of 1/23/12 at 2:36 PM, the DON he monitors were expected to ant and keep the resident ould be within arms' reach.  With the Administrator on the Administrator of the on one monitor was for the policy of remaining within	{F:	328}	Certified Nursing Assistants (CNA 1)Resident Monitoring, including admissions.  2)One-to-One Supervision  3)At risk vs Emergent behavior as appropriate staff actions when ide 4)Pulse oximeter observations 5)Resident decannulation working on the MSU that have not the above training and education 2012 will not be permitted to work such re-education has been come Education and/or training will be at the beginning of their next sch shift, prior to providing resident training will be provided by the Manager, House Supervisor, and at the beginning of each shift for that have not received the training including agency staff. The above described training will be incorporate to provide resident the MSU until the training is come in addition to the above listed traccontracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted Respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory Therapis involvement began a didactic traccourse for MSU nurses that contracted respiratory therapis into the MSU to verify appropriation the MSU	new  nd entified.  of received by May 9, c until pleted. provided eduled are. The SU Unit flor DON persons g, e orated into es will not care on pleted. sining the t with IDT ining sists of 18 enpetency tient. This nimum of d es to above plan ts with asis, the ing se ur reports ate ted shift to		

Facility ID: 20020003

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345517	8. WNG		R-C 04/24/2012	
	OVIDER OR SUPPLIER	NTER	38	EET ADDRESS, CITY, STATE, ZIP CODE 830 BLUE RIDGE ROAD ALEIGH, NC 27612		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
{F 328}	training about phys supervision, reside oximetry and the 2 provided for each atheir shift.  8. On 4/22/12 at 10 supervisor (#17) with the emergent behasis agitated, their vitis trange. The unit sone-on-one supervisor aide (NA) or credible allegation defined as pulling climbing or attemp verbalization of resobjective or subjective or sub	ician notification, one on one not monitoring continuous pulse 4 hour report process will be agency staff before beginning 0:33 AM, the unit RN as interviewed. She indicated aviors were when the resident al signs were off, or acted supervisor said that the rision could be assigned to a a nurse. According to the emergent behavior was at the tracheostomy tube, ting to climb out of bed, spiratory difficulty or distress, tive signs of distress, heart chormal levels for that resident, levels below 85 % and resident at tracheostomy. The unit do the one on one supervision, uill a restorative aide from other aide or use one of the members to do. The ad they can use agency nurses. Acility's credible allegation, the up plan to ensure staffing is pervisor or the staff coordinator adical Specialty Unit (where ventilator residents resided) on duty or staffing agencies. staff by the previous two facility will utilize on-call	(F 328)	nursing are collaboratively reporting changes in resident condition and via the 24 hour report. (b) On a collaborative properties that the DON, Assistant Director Nursing (ADON), MSU Manager, Supervisor will review the 24 hour from the MSU to verify that an SE has been completed appropriately item entered.  (c) On a daily basis, the DON, Ast Director of Nursing (ADON), MSU Manager, or House Supervisor with shift to shift report to verify that in from the 24 hour report is being communicated to the on-coming by the off-going nurse, (d) On a communicated to the on-coming by the off-going nurse, (d) On a communicated to the on-coming by the off-going nurse, (d) On a communicated to the on-coming by the off-going nurse, (d) On a communicated to the on-coming by the ON, Assistant Director of Nassistant (ADON), MSU or House Supervisor will review to documentation and interventions that the resident monitor (15 min sheets are completed, (f) On a a Respiratory therapist will conduct of Pulse oximeter bags, concevered, and anti disconnect deviations and per patient day (ppd) met. The daily audits will continue undetermined by the QA & A common The NHA/DON/Respiratory The Director will report to the facility Assessment and Assurance (QA Sa common The NHA/DON/Respiratory The Director will report to the facility Assessment and Assurance (QA Sa common The NHA/DON/Respiratory The Director will report to the facility Assessment and Assurance (QA Sa common The NHA/DON/Respiratory The Director will report to the facility Assessment and Assurance (QA Sa common The NHA/DON/Respiratory The Director will report to the facility Assessment and Assurance (QA Sa common The NHA/DON/Respiratory The Director will report to	incidents daily or of or House r reports BAR form y for each sisistant J vill observe information shift nurse daily basis, ursing e ise 15 minute AR has nurse, (e) stant U manager the s and verify inte check) daily basis uct an introls vices are in F the the staffing y staffing hours are ue for 30 weekly which intil a time intitee. rapy s Quality	

Facility ID: 20020003

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345517	B, WIN	G		04/24	/2012
	(EACH DEFICIENC	TER  ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	38 R	EET ADDRESS, CITY, STATE, ZIP CODE  330 BLUE RIDGE ROAD  ALEIGH, NC 27612  PROVIDER'S PLAN OF CORRECTI  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPRO  DEFICIENCY)	LD BE	(X5) COMPLETION DATE
{F 328}	attempting to pull out According to the cred behavior included res distress, cognitive chand subjective signs  The unit supervisor supervision is used were designed to reside the residual staff were in the room. We do not have a prodified one-on-one responsibility of the vullet supervisor said the supervisor super	their vent and thrashing. lible allegation, at risk stlessness, emotional anges, weeping, objective of pain or discomfort.  aid a modified one-on-one when the resident does not n-one. The staff could be lent's door. The staff could lent but not as close as if the n. The unit supervisor said, verson assigned to do a supervision; it is the whole team." The unit taff will fill out the SBAR d, assessment, request) g abnormal is going on or annulates themselves or e SBAR forms are kept in the cord after the physician is of the credible allegation, the supervision was used when ergent behaviors at certain e physician is responsible for d one on one supervision The physician will also write monitoring (15 minute me of the day when one on e.	{F:	328}	Committee weekly with the results verification review of the above id audits. Issues identified by the NHA/DON/Respiratory therapy dia result of these audits will be rep the QA&A Committee within one Iday. The QA&A Committee will exthe effectiveness of the plan on a basis, for 2 months and then ever weeks for 2 months, then monthly on trends identified and develop a implement, additional intervention needed to ensure continued componence of the plan and ensure there issues with communication. Weekly the Administrator will reprogress on the corrective action including any issues identified in reviews with achieving or sustain compliance to the governing boar facility. The board will take any of actions they deem necessary bas reports.  Twice monthly, for 2 months, and monthly for 2 months, the Vice Proclinical Services will attend the factor of the provide input of effectiveness as well as ensure of compliance.  The Administrator is responsible ongoing compliance.	lentified rector as ported to business valuate weekly ry two y based and as as pliance. irector, therapy meet to are no  ort plan the ing rd of the ther sed on the d then resident of acility QA on plan continued	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILE B. WNG			R-C 04/24/2012		
	OVIDER OR SUPPLIER	346517 NTER		STREET	ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE ROAD EIGH, NC 27612	1 04/2	24/2012	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{F 328}	be notified and an einitiated. If the beh then the facility will supervision. Accord when a resident is a (trying to get out of on one on one super The charge nurse swith the resident to nurse said she will to meet the staffing supervision. The charge nurse is supervision. The charge nurse is supervision was use exhibited no restles because of their did to be at risk. The cone-on-one supervision order for the charge nurse is supervision was use exhibited no restles because of their did to be at risk. The cone-on-one supervision order for the charge purse of the physician order for the charge purse of the charge	is case, the physician would every 15-minute check is aviors continue or worsen, initiate the one-on-one ding to the credible allegation, exhibiting emergent behaviors bed), the resident will be put ervision. The charge rearrange staff in the building need for one-on-one harge nurse said she will pull staff such as restorative aides or one-on-one supervision.  The charge nurse said she will pull staff such as restorative aides or one-on-one supervision.  The charge nurse said she will pull staff such as restorative aides or one-on-one supervision.  The charge nurse said the potential charge nurse said modified dision is when a resident is minutes and staff do not need	{F 3	28}				
and the second s	3/23/12 following a respiratory failure accident on 2/9/12 3/30/12 indicated to	as admitted to the facility on a hospitalization for acute due to a cerebrovascular . His Minimum Data Set, dated the resident was receiving acheostomy care and required	A Company of the Comp	The state of the s				

NAME OF PROVIDER OR SUPPLIER  BLUE RIDGE HEALTH CARE CENTER  SUMMARY STATEMENT OF DETIGIORS IN PALL PROPERTY AND PROPERTY	STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION  G	COMPLETED R-C	
BLUE RIDGE HEALTH CARE CENTER    ONLY   D			345517	B, WIN	G			1
FRETX TAG  (F 328)  Continued From page 29 a ventilator. The assessment also indicated Resident #2 was cognitively inact.  Review of the facility form titled, "SBAR" (Situation, Background, Assessment and Request) and dated 4/19/12 indicated at 2:30 AM Resident #2." Disconnected himself from ventilator." The SBAR form indicated a Respiratory Therapy staff person put the ventilator back on, the physician was notified and the resident was on one-on-one observation by staff.  At 7:15 AM on 4/19/12 the facility received an order to continue the one-on-one observation and to reassess when the resident was fully awake.  Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation and to reassess when the resident was fully awake.  Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation was to be discontinued but, "Resume 1:1 (one-on-one) sitter foright only from 10pm - 7am. Call (physician) in AM if any concerns (with) behavior." The order also indicated the resident was to receive Seroquel 12.5mg (an antipsychotic medication to treat acute agitation) at bedime.  Resident #2 was interviewed on 4/22/12 at 12:27 PM about what happened on 4/19/12. Resident #2 said, "I had a couple of episodes that bordered on psychotic. They told me on Saturday I was headed to Mexico." The resident indicated he had a stroke in February, He added, "The night after the Mexico episode they paid a guy to watch me sleep all right. That has been their response with these episodes - Key have someone sit with me continuously for a while."			TER		3	8830 BLUE RIDGE ROAD		
a ventilator. The assessment also indicated Resident #2 was cognitively intact.  Review of the facility form titled, "SBAR" (Situation, Background, Assessment and Request) and dated 4/19/12 indicated at 2:30 AM Resident #2, "Disconnected himself from ventilator." The SBAR form indicated a Respiratory Therapy slaff person put the ventilator back on, the physician was notified and the resident was on one-on-one observation by staff.  At 7:15 AM on 4/19/12 the facility received an order to continue the one-on-one observation and to reassess when the resident was fully awake.  Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation and to reassess when the resident was fully awake.  Another physician order dated 4/19/12 (no time noted) indicated the current one-on-one observation was to be discontinued but, "Resume 1:1 (one-on-one) siter tonight only from 10pm - 7am. Call (physician) in AM if any concerns (with) behavior" The order also indicated the resident was to receive Seroquel 12.Emg (an antipsychotic medication to treat acute agitation) at bedtime.  Resident #2 was interviewed on 4/22/12 at 12:27 PM about what happened on 4/19/12, Resident #2 said, "I had a couple of episodes that bordered on psychotic. They told me on Saturday I was headed to Mexico." The resident indicated he had a stroke in February. He added, "The night after the Mexico episode they paid a guy to watch me sleep all night. That has been their response with these episodes - they have someone sit with me continuously for a while."	PREFIX	(FACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	ULD BE	COMPLETION
	{F 328}	a ventilator. The asser Resident #2 was cog Review of the facility (Situation, Background Request) and dated Resident #2, " Discoventilator." The SBA Respiratory Therapy ventilator back on, the resident was one staff.  At 7:15 AM on 4/19/20 order to continue the to reassess when the Another physician or noted) indicated the observation was to the 1:1 (one-on-one) sitted 7am. Call (physician behavior " The order was to receive Serond medication to treat at Resident #2 was interpedication to treat at Resident #4 was interpedication to treat at Re	form titled, "SBAR"  nd, Assessment and 4/19/12 indicated at 2:30 AM onnected himself from aR form indicated a staff person put the ne physician was notified and one-on-one observation by  12 the facility received an none-on-one observation and ne resident was fully awake.  If a dated 4/19/12 (no time current one-on-one ne discontinued but, "Resume ner tonight only from 10pm - none indicated the resident quel 12.5mg (an antipsychotic neute agitation) at bedtime.  In the physician was notified and none-on-one observation and none-on-on-one ob	{F:	328}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE C .DING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345517	B. WNG			R-C 04/24/2012	
	OVIDER OR SUPPLIER	ITER	<b>.</b>	3830	ADDRESS, CITY, STATE, ZIP CODE BLUE RIDGE ROAD EIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{F 328}	Resident #2's room thought he was in M tracheostomy. The completed SBAR, ca initiated the one-on-said, "In the morning remember anything, talked about it being taking. I talked to the one-on-one again the 7:00 AM to be sure acting DON added the 15 minute checks the one-on-one obsept on 4/19/12.  On 4/22/12 at 4:47 indicated the facility one-on-one docume 4/19/12 for 2:30-8:0 AM on 4/20/12. She to document on the on the 19th."  During an interview Respiratory Therapic observed Resident from approximately the physician came indicated she had be one-on-one observed documentation she one documentation at 2:30 AM. RT #8  At 4:05 PM on 4/23.	ated she was called to and was told he awoke, exico and was pulling at his acting DON indicated she alled the physician and one observation. The nurse of he woke up and couldn't. In morning meeting we at the new medication he was the doctor and he said do the at night from 10:00 PM to the would be okay." The hat Resident #2 was on every the remainder of the day until ervation began again at 10:00 PM, Corporate Nurse #9 was unable to find the entation for Resident #2 on 0 AM or for 10:00 PM to 7:00 the said, "It looks like we falled new form for (Resident #2)  on 4/22/12 at 4:56 PM st (RT) #8 indicated she had #2 one-on-one on 4/19/12 7:30 AM until 8:20 AM when in to see the resident. RT #8 the entation and was aware of the est but was not given a one on sheet that would have started said, "I didn't think about it."	{F :	328}			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345517	B. WING		R-C 04/24/2012	
	OVIDER OR SUPPLIER	NTER	3830	T ADDRESS, CITY, STATE, ZIP CODE D BLUE RIDGE ROAD LEIGH, NC 27612		
(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 APPROI DEFICIENCY)	D BE COMPLETION	
(F 328)	had also done one-Resident #2 on 4/19 the one-on-one obs both RT #10 and N/ the sheet for one-or her expectation that have been used for  On 4/23/12 at 5:10 been inserviced abo and sat by Resident approximately 7:00 about the one-on-or said, "It slipped my I didn't do the docur  NA #11 was intervice about the one-on-or for Resident #2 on 4 7:00 AM on 4/20/12 been at the residen two 15 minute breal NA sat with the resi gave me a form to i indicated he was av	on-one observation on 2/12 but had not completed ervation sheets. She also said A #11 had been inserviced to n-one and it would have been the one-on-one sheet would Resident #2 on 4/19/12.  PM, RT #10 indicated she had out one-on-one observation t #2's bed from 2:30 AM until AM on 4/19/12. When asked ne documentation RT #10 mind. I sat by his bedside, but	{F 328}			
{F 353} SS=D	Resident Monitors a one-on-one supervitheir duties and the forms reated for ea	ble Allegation included, "The and persons performeing ision have received training on documentation required on ch of these activities."  ENT 24-HR NURSING STAFF	(F 353)	No Plan of Correction is being due to nothing was cited.	submitted	
		ave sufficient nursing staff to d related services to attain or	d a de la companya de			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED  R-C 04/24/2012	
		345517	B. WNG				
	OVIDER OR SUPPLIER	TER		383	ET ADDRESS, CITY, STATE, ZIP CODE 30 BLUE RIDGE ROAD ALEIGH, NC 27612		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION DATE
{F 353}	and psychosocial well determined by reside individual plans of ca  The facility must prov numbers of each of th personnel on a 24-ho care to all residents in care plans:  Except when waived section, licensed num personnel.  Except when waived section, the facility m nurse to serve as a c duty.	practicable physical, mental, il-being of each resident, as nt assessments and re. ride services by sufficient	{F :	353}			

3830 Blue Ridge Road Raleigh, NC 27612

### Blue Ridge Health Care Center



**919.781.4900** Fax 919.424.4637

A Nursing and Rehabilitation Center

May 18, 2012

Jean Farley, RPH
NC Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, NC 27699-2711

Ms. Farley,

I am providing this addendum to our Plan of Correction at the request of DHSR to address any additional items in light of the corrected resident roster provided to Blue Ridge on May 8, 2012. This Plan of Correction is based on the cited deficiencies at a level J listed on the CMS-2567 from your visit on April 22-24, 2012. I hope you find this POC acceptable and that it covers all concerns noted on the CMS-2567. Please note that this POC has been submitted by May 18, 2012 as stated on your letter.

If you have any further questions, please do not hesitate on contacting me at (919) 781-4900.

Respectfully,

Brian D. Joiner LNHA

Administrator