WR 1 7 2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 03/01/2013 FORM APPROVED

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	ELE CONSTRUCTION	(X3) DATE SUF COMPLET	ED
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	CARE OF BISCOE		4	REET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209		
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	consult with the reside known, notify the resident involving the injury and has the polintervention; a signific physical, mental, or p deterioration in health status in either life thre clinical complications; significantly (i.e., a nexisting form of treatment); or a decist the resident from the §483.12(a). The facility must also and, if known, the resor interested family mechange in room or rospecified in §483.15(resident rights under regulations as specifications. The facility must record the address and phore legal representative of this REQUIREMENT by: Based on resident, sopharmacy consultant	iately inform the resident; ent's physician; and if dent's legal representative with member when there is an resident which results in ential for requiring physician can change in the resident's sychosocial status (i.e., a particular conditions or an eatening conditions or discharge facility as specified in promptly notify the resident ident's legal representative ember when there is a commate assignment as epi(2); or a change in Federal or State law or eat in paragraph (b)(1) of and and periodically update the number of the resident's reinterested family member.		Biscoe contends that it substantial compliance v	to HCFA does not admission f the truth orrectness on the nis plan of submitted ander state a Care of was in with the Part 483, me periodificiencies. In a federal e submits address the does with the dates on and as	3/11/13
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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.

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F 157	the facility failed to not direction when medications (Resident 3 of 3 residents samp medications (Resident 1. Resident #3 was a PM with diagnoses in replacement on 1/15/ osteoarthritis, migrair Munchausen's synd Minimum Data Set (Mar discharge and was Review of the Hospit Reconciliation dated revealed that while in order for the following medications): a. Hydrocodone - Act (milligrams) 1 tablet of the thick this mediscontinued at dischedus the column "Last Dose indicated that this mediscontinued at dischedus every 4 hours column "Last Dose 10:02 PM. The recommedication was to be from the hospital. The addition that changed tablets every 4 - 6 hours 1/18/13 indicated Reintact.	otify the physician and obtain ations were not available for obled for availability of at #3, #4 and #5) admitted on 1/18/13 at 2:30 cluding: right total knee fig. fibromyalgia, the headaches, and history of rome. An Admission fibromyalgia, the headaches, and history of rome. An Admission fibromyalgia, the headaches, and history of rome. An Admission fibromyalgia, the headaches, and history of rome. An Admission fibromyalgia, the headaches, and history of rome. An Admission fibromyalgia, the headaches, and the fibromyalgia fibromya	F 15	F157: This facility has and continue to inform the resident's physician known, notify the resident's representative or an interest member when there is an actinvolving the resident which injury and has the potential requiring physician intervensignificant change in the resphysical, mental, or psychosocial status in either threatening conditions or clicomplications); a need to altereatment significantly (i.e., discontinue an existing form treatment due to adverse coror to commence a new form treatment); or a decision to discharge the resident from as specified in §483.12(a).	ent; consult; and if legal ed family cident results in for tion; a ident's cocial status n, mental, ner life nical er a need to a of resequences, of cransfer or	3/11/13

F 157 Continued From page 2 and entered into the electronic medical record on 1/18/13 at 3:42 PM revealed an order for Percocet (a Brand name for Oxycodone-Acetaminophen) 5/325 mg 1 tablet every 4 hours as needed for pain. The Admission Pain Assessment 1/18/13 revealed the resident had no pain at that time. No other information was documented. On 1/18/13 the first entry in the nursing notes at 10:43 PM revealed "Resident complained of pain to right knee surgical site. No further information regarding the pain was documented. Review of the electronic medical record and Nursing Notes for 1/18/13 revealed no admission note, no admission assessment or assessment of		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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AUTUMN CARE OF BISCOE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) From the properties of the surgical site. No further information regarding the pain was documented. AUTUMN CARE OF BISCOE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) From the providing serving the providing serving the providing care to resident # 3 & 4 found to have been cited in the survey findings: The licensed nurse providing care to resident on the 7-3 and 3-11 shift received counseling and instruction regarding Admission/Pain documentation, Ordering/Re-Ordering of Medications and Medication Administration on 2/15/13 by D.O.N. Steps taken in regards to Resident # 5 found to have been cited in the survey findings: Exelon patch was applied on 1/13/13. Steps taken in regards to residents having the potential to be affected by the survey findings: All licensed by the surv			345000	J			02/14	//2013
F 157 Continued From page 2 and entered into the electronic medical record on 1/18/13 at 3:42 PM revealed an order for Percocet (a Brand name for Oxycodone - Acetaminophen) 5/325 mg 1 tablet every 4 hours as needed for pain. The Admission Pain Assessment 1/18/13 revealed the resident had no pain at that time. No other information was documented. On 1/18/13 the first entry in the nursing notes at 10:43 PM revealed "Resident complained of pain to right knee surgical site. No further information regarding the pain was documented. Review of the electronic medical record and Nursing Notes for 1/18/13 revealed no admission note, no admission assessment or assessment of				401 LAMBERT ROAD P O BOX 708				
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the Resident #3 's pain noted in the above Nursing Note and no documentation of pain management interventions, including pain medications. Interview with Nurse # 1 on 2/13/13 at 2:42 PM revealed that Resident #3 arrived at 2:30 PM near the end of her shift (3 PM) on 1/18/13. She indicated that she stayed to input the medication orders and to clarify the Oxycodone - Acetominophen 5 - 325 mg 1 - 2 tablets as needed for pain medication order. Nurse #1 added that she needed to clarify the pain medication order to be for either just 1 tablet or for 2 tablets. She added that medications ordered from the pharmacy in the evening before 6 PM usually arrived on third shift around 11 PM. In interview with Nurse #2 on 2/13/13 at 5:15 PM she recalled that Resident #3 had a lot of	F 157	and entered into the a 1/18/13 at 3:42 PM re Percocet (a Brand na Acetaminophen) 5/32 as needed for pain. The Admission Pain a revealed the resident No other information On 1/18/13 the first of 10:43 PM revealed the pain to right knee surinformation regarding. Review of the electron Nursing Notes for 1/1 note, no admission at the Resident #3 's p Nursing Note and no management interversed that Resident the end of her shift (a indicated that she stooders and to clarify Acetominophen 5 - 3 needed for pain medication order to for 2 tablets. She accordered from the phase PM usually arrived In interview with Nurse revealed from the phase PM usually arrived.	electronic medical record on evealed an order for ame for Oxycodone - 25 mg 1 tablet every 4 hours Assessment 1/18/13 It had no pain at that time, was documented. Entry in the nursing notes at 1' Resident complained of regical site. No further go the pain was documented. Entry in the nursing notes at 1' Resident complained of regical site. No further go the pain was documented. Entry in the nursing notes at 1' Resident complained of regical site. No further go the pain was documented. Entry in the nursing notes at 1' Resident complained of regical site. No further go the pain was documented. Entry in the pain was documented. Entry in the above and 18/13 revealed no admission assessment or assessment of ain noted in the above adocumentation of pain noted in the above at 2:30 PM near 3 PM) on 1/18/13. She asyed to input the medication the Oxycodone - 325 mg 1 - 2 tablets as a slication order. Nurse #1 led to clarify the pain be for either just 1 tablet or dided that medications armacy in the evening before it on third shift around 11 PM.	F1	57	Steps taken in regards to R 3 & 4 found to have been cit survey findings: The licent providing care to resident of and 3-11 shift received couns instruction regarding Admis documentation, Ordering/Re of Medications and M Administration on 2/15/13 b Steps taken in regards to #5 found to have been cite survey findings: Exelon p applied on 1/13/13. Steps taken in regards to having the potential to be at the survey findings: All nurses received instruction D.O.N. or SDC regarding A Pain documentation, Orderin ordering of Medication and M Administration beginning of and completed on 3/5/13. Systemic Changes: New licensed nurses will receive in regarding Admit documentation, Ordering Ordering of Medication Medication Administration	ted in the sed nurse in the 7-3 seling and sision/Pain -Ordering fedication by D.O.N. Resident ed in the patch was residents ffected by licensed by the dmission/g and Redication in 2/15/13 why hired instruction ssion/Pain and Reson and in during	

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F 157	complaints and was a medications may not evening. She added could to reassure Rewould arrive. When a resident pain medication on 1/18/1 wanted 2 tablets like I told her we don't dishe did not contact the Resident #3's pain for 2 tablets, Nurse # responsibility of the fill Interview with the phace of the following disher th	rery concerned that her pain arrive in the facility that that she did everything she sident #3 her medications asked if she offered the tion Nurse #2 said that she have (there was no ding pain assessment or ervention including 3) but that Resident #3 she had in the hospital "but to that". When asked why he physician to discuss signs/symptoms and request 2 said that this was the first shift nurse. Tarmacy consultant on evealed that if medications in pharmacy by 5 PM they are that night and so would any around 11 PM. He said armacy records the pharmacy in Resident #3's medications one - Acetaminophen 5 - and to the facility at 11:15 PM. Director of Nursing (DON) AM revealed that if Resident ablets of pain medication sician should have been that the pain assessment immunicated with the riate interventions could be	F1	157	QA Monitoring to reoccurrence: All admission audited by the D.O.N. or Desappropriate documentation x then weekly x 4 weeks then r 3 months. All new admissi will be reviewed x 4 we weekly x 4 weeks then mononths for timely administ medications. Any area of concern will be addressed at as indicated according to situ disciplinary, in-servicing, demonstration, etc.) will be in Quality Assurance mediurther action plans during meeting.	signee for 4 weeks nonthly x on charts eks then onthly x 3 cration of identified the time ation (i.e. return addressed eting for	3/11/13

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F 157	pharmacy was not ac back-up sources and back-up sources and back-up sources and 2/14/13 at 2:45 PM s asked for pain medic she thought the facili prepared and had the Resident #3 indicate pain " that day. She rate her pain on a so told them I was really Interview with the phrevealed he did not s gotten any calls regaindicated that if he h #3 's concerns rega would have expected completed a pain as with information regaintensity of the pain could have been important to the pain could have been important to the pain could have been important the pain could have been import	ons had not arrived from exceptable as there were doptions. erview with Resident #3 on the said that she repeatedly eation on 1/18/13 and that ity should have been more to emedication available to her. If the did not recall being asked to eale of 0 - 10 but said that "I by hurting". Application on 2/14/13 at 3 PM especifically recall if he had earling Resident #3. He also ead been informed of Resident riding pain management he did the nurse to have sessment on the resident earling the characteristics and so appropriate interventions obtained. Admitted 1/21/13 at 4:15 PM eding: hypertension, sepsis, if fibrilation and ottis media. The mum Data Set dated 1/28/13 at was cognitively intact.	F	157			
	hypertension daily,						

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F 157	used to treat atrial fi Augmentin (antibioti days, ordered for se Cortisporin 4 gtts (d times a day for otttis	icrograms) daily (Digoxin is brillation), c) 875 mg twice daily for 7	F	157					
	ordered for sepsis (I general digestive pr caused by antibiotic Mirlax Powder 17 g constipation,	Lactobacillis is used for oblems such as diarrhea therapy) (grams) daily ordered for ated 40 mg daily (Protonix is							
	summary sheet for medications were n morning of 1/22/13: cortisporin, lactobac protonix. Review of variance report assimedication doses reason the medicat documented as "in pharmacy, pharmacy	ronic medical record daily 1/22/13 revealed the following ot given as ordered on the atenolol, digoxin, augmentin, cillis, mirilax powder and if the electronic medical record ociated with these missed evealed that in each case the tions were missed was nedication on order from by notified ". There was no cating that the physician had							
	2:45 PM revealed to medications were in 1/22/13. She state the night before she medications list to pexpected they would night. Nurse #3 sa	w with Nurse #3 on 2/28/13 at hat Resident #4 's not available on the morning of d because they had not arrived a faxed the hospital discharge obarmacy that morning, and ld arrive around 11 PM that id she did not think about that the medications were							

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 157	summary sheet for the following med ordered on the modered as "pharmacy, pharmal Interview with the 2/14/13 at 9:30 At ordered by 5 PM same day by 11 F medications were that cut off time the facility until 11 PM also indicated that one dose was accessary for the modered on the physical modered in the facility until 11 PM also indicated that one dose was accessary for the modered in the physical modered in the facility until 11 PM also indicated that one dose was accessary for the modered in the physical modern physical phys	ctronic medical record daily or 1/23/13 and 1/24/13 revealed dication was not given as corning of 1/23/13 and 1/24/13: diew of the electronic medical aport associated with this on revealed that in both cases edication was missed was medication on order from acy notified ". Pharmacy Consultant on M revealed that medications were usually delivered that PM. He added that if the ordered from pharmacy after ney would not be delivered to the period of the most medications missing coptable, so he did not think it or nursing staff to take any action dician or to obtain the the back up pharmacy. Sident #4 on 2/14/13 at 2:30 PM or recalled that she did not get her usually she indicated that she cations should have been	F	157			

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were not available in the facility. She also said that for some non essential medications it would be acceptable to wait until they arrived from pharmacy. Interview with the physician on 2/14/13 at 3 PM revealed he expected to be notified when medications were not being given because they were not available and that alternatives such as the back-up emergency kit and back-up pharmacy needed to be utilized, or an order to hold the medications until arrival from pharmacy could be written if appropriate. 3. Resident #5 was admitted on 3/21/11 with diagnoses including delirium, failure to thrive, alzheimers disease and depression. Review of the Physician's Orders dated 10/22/12, revealed an order for Exelon 9.5 mg (milligram) patch, apply one patch daily (remove old patch before placing new one). The Quarterly Minimum Data Set (MDS) dated 11/17/12 revealed the resident was moderately cognitively impaired. Review of the electronic medical record daily summary sheet for 1/9/13 - 1/12/13 revealed the Exelon Patch was not given as ordered 1/9/13 through 1/12/13. Review of the electronic	
medical record variance report associated with these missed medication doses revealed that the reason the medication was missed was documented on each occasion as "medication on order from pharmacy, pharmacy notified". Review of the Grievance Report dated 1/12/13	

CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
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F 157	(Resident #5) has rui. She ran out this time that her mental statu what prompted them Please note (name of pharmacy and it will Under action taken at the Exelon Patch are applied at 8:20 AM. were inserviced on contacting appropria. Telephone Interview 2:20 PM revealed th #4 on the morning of on both days the Exbecause it had not a stated that she did reorder the medication had alre #4 said she did not medication had not typically had not be when other medicati	his is the 3rd time that in out of her Exelon Patch. on 1/8/2013. Family notes is has changed and that is to inquire about patch. If nurse) promptly contacted be on tonight 's tote". In hand written note indicated ived on 1/12/13 and was it also indicated that staff ordering of medications and the staff members. With Nurse #4 on 2/28/13 at at she worked with Resident if 1/9/13 and 1/10/13, and that elon Patch was not given urrived from pharmacy. She not contact pharmacy to on on either 1/9/13 or noticed the reorder sticker was refore assumed that the ady been reordered. Nurse notify the physician that this been given and that she en notifying the physician ions were not available, and She added that she did not	F	157			

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F 157	that she did not notify Exelon had not been said that she did not changes in the residual Interview with the Ph 2/14/13 at 9:30 AM rordered by 5 PM we same day by 11 PM. medications were or that cut off time they facility until 11 PM the on 2/14/13 at 11:30 a staff should have continued in the continued in the same of the continued in the same of the continued in the same	e medication. Nurse #5 said y the physician that the given for 3 days. She also notice any mental status ent. armacy Consultant on evealed that medications re usually delivered that He added that if dered from pharmacy after would not be delivered to the	F	157			
F 309 SS=E	revealed that he wor informed when the E available from pharm had been contacted believed he was not ensured action was medication from the been aware. 483.25 PROVIDE C HIGHEST WELL BE Each resident must provide the necessary or maintain the high mental, and psycholic available.	receive and the facility must ry care and services to attain est practicable physical,	F		F309: This facility has continue to provide the nece and services to attain or mathighest practicable physica and psychosocial well-baccordance with the compassessment and plan of care.	essary care aintain the al, mental, being, in prehensive	

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	OVIDER OR SUPPLIER		41	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
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F 309	by: Based on resident, pharmacy consultan the facility failed to of assessment for 1 of nursing admission a (Resident #3), failed provide pain manageresidents sampled for (Resident #3) and fa pain characteristics management intervers sampled for pain management intervers sampled for pain management intervers sampled for pain management #4). Findings included: 1a. Resident #3 wa PM with diagnoses replacement on 1/18 osteoarthritis, migra Munchausen 's syn person acts as if the illness). An Admiss was not due prior to completed. The FL2 Level of Ca 1/18/13 indicated R intact. The Admission Pair	staff , physician and tinterview, record review and omplete a nursing admission 3 residents sampled for sesessment completion to assess pain and to ement interventions for 1 of 3 or pain management liled to assess or document pre and post pain ention for 2 of 3 residents anagement (Resident #3 and se admitted on 1/18/13 at 2:30 including: right total knee 5/13, fibromyalgia, ine headaches, and history of drome (a disorder in which a ley have a physical of mental ion Minimum Data Set (MDS) in her discharge and was not are Screening Tool dated lesident #3 was cognitively	F 309	Steps taken in regards to R 3 found to have been cite the survey findings: The nurse providing care on the for Resident # 3 received of and re-instruction regardin policy for Admission/Pain a and documentation on 2/ D.O.N. Steps taken in regards to having the potential to be a the survey findings: All nurses were re-in-serviced on 2/15/13 and completed regarding facility policy on A Pain assessment and docume D.O.N. or SDC. Systemic Changes: orientation, all newly hired	d during a licensed 3-11 shift counseling g facility issessment 15/13 by a resident ffected by a licensed beginning on 3/5/13 admission/entation by During d licensed instruction assessment	3/11/13
		sident had no pain at that rmation was documented.				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	JLTIPL	E CONSTRUCTION	(X3) DATE SURV COMPLETE	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING		С	
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	OVIDER OR SUPPLIER			40	EET ADDRESS, CITY, STATE, ZIP CODE 14 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
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F 309	10:43 PM revealed pain to right knee su information regarding. Review of the electron Nursing Notes for 1/2 note, no admission at the Resident #3 's polynomials. Nursing Note and not management intervented in the review of the until the residents of that an admission a documented. Interview with Nurse revealed that Resid the end of her shift indicated that becard close to the end of responsibility of the the admission asset. In interview with Nushe stated that becarding the end of the end	entry in the nursing notes at 'Resident complained of regical site. No further g the pain was documented. In the pain was sessment of pain and pain was pain wa	F	309		Il new dimission/mentation ekly x 4 anths. All laily x 4 eeks then opropriate in. Any will be indicated in (i.e. return addressed eting for	3/11/13

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CC 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	assessment could hat the end of second second shif a nursing admission completed by the nur it this information shot the following day. 1b. The facility policifrom Lippincott's Nu Edition, 2004, pages "To assess pain properties of the patient observations of the patient observations of the patient observations of the patient 's response following series of quality the patient 's responsion of the patient 's responsion of the patient 's responsion of the patient 's response to pain the patient to rail of the patient to rai	ve been completed before ift (11 PM). She added that in assessment was not se who was responsible for ould have been passed on for y on Pain Management was irrsing Procedures 4th 533 - 536. and read, in part, perly, you'll need to s description and your ratient's physical and s. Start by asking the restions (bearing in mind that ses will be shaped by his elf-image, and beliefs about cated? How long does it sit occur? The pain? This helps revaluate pain therapies. Is behavioral and physiologic Physiologic responses may arasympathetic. " mitted on 1/18/13 at 2:30 PM ding: right total knee 1/13, fibromyalgia, The headaches, and history of drome. An Admission MDS) was not due prior to	F 30				

CENTERS	MEDICAID SERVICES				OMB NO.	0938-0391	
STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		345000	B. WIN	IG		02/14	/2013
	OVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209		
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F 309	1/18/13 revealed, in medial calf tendernd Doppler study (a test been done. The reat the time of dischart the time. The FL2 Level of C 1/18/13 indicated R intact. Review of the Hosp Reconciliation date revealed that while order for the following medications): a. Hydrocodone - A (milligrams) 1 table. There was no date column "Last Dosindicated that this indiscontinued at discontinued at disco	itial Discharge Summary dated in part, that Resident #3 had ess and because of this a set to evaluate blood flow) had sults of this were still pending arge. are Screening Tool dated desident #3 was cognitively bital Discharge Medication of 1/17/13 at 11:38 PM in hospital the resident had an ing narcotic analgesics (pain Acetaminophen 10-500 mg trevery 4 hours as needed, or time noted under the e Taken. "The reconciliation nedication was to be charge. Detaminophen 5 - 325 mg 2 are as needed. Under the e Taken "it read 1/17/13, conciliation indicated that this be continued after discharge There was also a hand written led the dosage to read 1 - 2	F	309			

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONST	RUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER				RESS, CITY, STATE, ZIP CODE ERT ROAD P O BOX 708 NC 27209		
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F 309	included: pain asses admitting shift, Oxyo 5/325 mg 1 tablet ev pain and Percocet (a - Acetaminophen) 5/hours as needed for Review of the Physicand entered into the 1/18/13 at 3:42 PM Percocet (a Brand n Acetaminophen) 5/3 as needed for pain. Review of the Physicand entered into the 1/18/13 at 5:45 PM - Acetaminophen 5/3 as needed for pain. On 1/18/13 the first 10:43 PM revealed pain to right knee st warm to touch. Recevaluation and requinospital. (Name of ER (Emergency Roarrived at facility to Further review of the and Nursing Notes admission note, no assessment of the I the above Nursing I pain management i medications.	sment to be completed on odone - Acetaminophen ery 4 hours as needed for a Brand name for Oxycodone 325 mg 1 tablet every 4	F3	09			

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO.	0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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	_	345000	B. WI	√G		02/14	/2013
	COVIDER OR SUPPLIER			4	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708		
AUTOIM	OAKE OF BIOODE			В	BISCOE, NC 27209		
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F 309	at 11:31 PM revealed knee pain with an on 1/18/13. No vital sig cardiovascular status knee was noted to be of motion and erythe There was no docum regarding pain sever treatment given. The (query) DVT ((Deep (leg was crossed out reevaluation " improte the heading for discricted. The 1/19/13, 4:18 Al part, " Resident reppain was just not conher some of their mespoke with (Name of Name of Hospital) whad dx (diagnosis) and leg (a narcotic pain meschospital". Interview with Nurse revealed that Reside the end of her shift (indicated that because close to the end of the responsibility of the the admission assest that she did stay to and to clarify the as order. Nurse #1 not	the "time seen" documented of that Resident #3 had right uset of the afternoon of the set of the afternoon of the swas "normat". Her right the swollen with limited range the swollen was listed as "? Vein Thrombosis) painful leg to the swollen was circled and under the swollen was circled and under the swollen was the swollen was the swollen was was listed and the swollen was listed as listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful leg the swollen was listed as "? Vein Thrombosis painful l	F	309			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			401 L	ADDRESS, CITY, STATE, ZIP CODE AMBERT ROAD P O BOX 708 COE, NC 27209			
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F 309	hydrocodone - acetal be given to Resident 4 - 6 hours. She stat order needed to be of tablet, or for 2 tablets range in the number the frequency was not facility. The order was every 4 hours as need medications ordered evening before 6 PM around 11 PM. In interview with Nur she recalled that Res complaints and was medications may not evening. When aske pain medication she sure she would have 2 tablets like she has her we don't do that this statement Nurse from the hospital wa medication as needed the first shift nurse in clarified (1 tablet on) #1 was responsible admission assessme During this interview contact the physicia pain signs/symptom Nurse #2 reiterated of the first shift nurs that she was aware acetaminophen 5 - 3	minophen 5 - 325 mg could #3 as needed for pain every led that per facility policy, the larified to be specifically for 1 s, and that an order for a of tablets and/or a range in of an acceptable order at the las clarified to for 1 tablet laded. Nurse #1 also said that from the pharmacy in the l usually arrived on third shift se #2 on 2/13/13 at 5:15 PM sident #3 had a lot of very concerned that her pain that arrive in the facility that led if she offered the resident Nurse #2 said that she was but that Resident #3 wanted do in the hospital "but I told let". When asked to clarify let #2 stated that the order let stated that the order let so for 1 - 2 tablets of pain led every 4 - 6 hours but that leeded to have the order let y or 2 tablets only) as Nurse for the admission and lent. If when asked why she did not on to discuss Resident #3's let and request for 2 tablets, that this was the responsibility let Nurse #2 also indicated	F	309				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER: A. BUILDI		ONSTRUCTION	COMPLETED		
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	OVIDER OR SUPPLIER			401 L	ADDRESS, CITY, STATE, ZIP CODE AMBERT ROAD P O BOX 708 OE, NC 27209			
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F 309	and just wanted to g because she did not facility. Telephone interview Member #1 on 2/13/Resident #3 was ad PM she was hurting medication. She sta Member #1) left she Resident #3 who sa still hadn't received Family Member #1 Nurse #2 and Nurse Resident #1 sometives borrowed from Member #1 said she medications would PM. Family Member asked what would hot arrive and Nurse until the morning. In Nurse #2 called her had gone back to a and it was sore with leg possibly related said that Nurse #2 Services could be the hospital but that take her. Family Member was crying and reather to the hospital. Acetominophen Nacorresponding Member 1/18/13 revealed and the Count She and the Count She are with the count She and the Count She are with the count She and the Count She are with the said that Count She and the Count She are with the count She and the Count She are with	not want the pain medication o back to the hospital want to be admitted to the with Resident #3 's Family '13 at 6:30 PM she said that mitted around 3 PM and by 4	F	309				

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO.	0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' '	ULTIPI LDING	E CONSTRUCTION	(X3) DATE SUR\ COMPLETE	
		345000	B. WIN			C 02/14/2013	
NAME OF PE	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF BISCOE			1	of LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
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F 309	was not used. Resid Oxycodone - Acetom pain medication adm 1/18/13). An interview with the on 2/14/13 at 11:30 A expectation that the I Assessment, includin assessment could he Resident #3 left for th (approximately 10:43 Resident #3 was ask medication instead o	ent #3's MAR revelaed no inopent, Tylenol or other inistered to Resident #3 on Director of Nursing (DON) M revealed that it was her Nursing Admission g a thorough pain twe been completed before	F	309			
	regarding Resident # appropriate intervent The DON indicated to medication to be give not giving it because had not arrived from	3 's pain assessment, so ions could be determined. nat she expected pain en, when needed, and that the resident 's medications					
	2/14/13 at 2:45 PM s asked for pain medic she thought the facili prepared and had the Resident #3 indicate pain " that day. She rate her pain on a so told them I was really said that Nurse #2 find pain that she said was resident but it was to to the hospital. (Revi	erview with Resident #3 on the said that she repeatedly ration on 1/18/13 and that ty should have been more the medication available to her. did that she was " in so much the did not recall being asked to the ale of 0 - 10 but said that " I ty hurting " . Resident #3 also that y gave her something for the something for the something the something that and she needed to go the of the Oxycodone - the count Sheets and					

		ID HUMAN SERVICES				FORM): 03/01/2013 MAPPROVED
TATEMENT C	S FOR MEDICARE & DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		E CONSTRUCTION	OMB NO. 0938-039 (x3) DATE SURVEY COMPLETED	
	•	345000	B. WIN	G			C <u>4/2013</u>
	OVIDER OR SUPPLIER			40	EET ADDRESS, CITY, STATE, ZIP CODE 11 LAMBERT ROAD P O BOX 708		
AUTUMN	CARE OF BISCOE			BI	SCOE, NC 27209		I.
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F 309	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 corresponding Medication Administration Records for 1/18/13 revealed no borrowed medications and the Count Sheet for the Oxycodone - Acetominophen in the emergency kit revealed it was not used. Resident #3's MAR revelaed no Oxycodone - Acetominopent, Tylenol or other pain medication administered to Resident #3 on 1/18/13). Interview with the physician on 2/14/13 at 3 PM revealed he did not specifically recall if he had gotten any calls regarding Resident #3. He also indicated that if he had been informed of Resident #3's concerns regarding pain management he would have expected the nurse to have completed a pain assessment on the resident with information regarding the characteristics and intensity of the pain so appropriate interventions could have been implemented. The physician also confirmed that an order for 1 - 2 tablets of a pain medication was not an acceptable order at the facility and was to be clarified as either 1 or 2		F 309				
	3:30 PM revealed the while her family was 1/18/13 but after the wanting to be there care of her at home resident indicated he the resident was wo Nurse #2 said that see and found no signal.	with Nurse #2 on 2/28/13 at nat Resident #3 seemed fine is visiting on the evening of any left she talked about not and said her family could take. Nurse #2 stated the er pain was mild but also said wried about a blood clot. The assessed the residents gas of a deep vein thrombosis the resident 's knee was a					

little red. She stated that she offered Resident #2 Tylenol as there are standing orders for Tylenol but did not give the oxycodone - acetaminophen

CENTERS FOR MEDICARE & MEDICAID SERVICES

	S FOR MEDICARE & OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				С
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F 309	because the order h Nurse #1 yet. Nurse #3 did not show any verbal signs. She se Resident #2's pain not remember the re Nurse #2 said she de medication borrowe did not recall receivi #1. She stated Res Family Member #1 before she (Nurse #1 before she (Nurse #1 her know Resident hospital. 1c. Resident #3 way PM with diagnoses replacement on 1/1 osteoarthritis, migra Munchausen's syl Minimum Data Set her discharge and The FL2 Level of C 1/18/13 indicated F intact. The Admission Pa PM revealed the re time. No other information of the Phy and entered into the 1/18/13 at 3:42 PM Percocet (a Brand	ad not been clarified by a #2 also said that Resident non-verbal signs of pain only aid that she assessed on a 0 - 10 scale but could seult and did not document it. Idid not give Resident #3 pain d from another resident and ing a call from Family Member ident #3 had already called to take her to the hospital #2) was able to call her and let #3 wanted to go to the as admitted on 1/18/13 at 2:30 including: right total knee 5/13, fibromyalgia, aine headaches, and history of indrome. An Admission (MDS) was not due prior to was not completed. Care Screening Tool dated Resident #3 was cognitively in Assessment 1/18/13 at 2:30 esident had no pain at that ormation was documented. Sician 's Orders dated 1/18/13 are electronic medical record on M revealed an order for iname for Oxycodone - 5/325 mg 1 tablet every 4 hours	F 309			

PRINTED: 03/01/2013 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING C B. WING 345000 02/14/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 **AUTUMN CARE OF BISCOE** BISCOE, NC 27209 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 F 309 Continued From page 21 Review of the Physician 's Orders dated 1/18/13 and entered into the electronic medical record on 1/18/13 at 5:45 PM revealed an order Oxycodone - Acetaminophen 5/325 mg 1 tablet every 4 hours as needed for pain. On 1/18/13 the first entry in the nursing notes at 10:43 PM revealed "Resident complained of pain to right knee surgical site. Area red and warm to touch. Requested to go to hospital for evaluation and requested family take her to hospital. (Name of Doctor) gave order to send to ER (Emergency Room) for evaluation. Family arrived at facility to take to (name of hospital) ". Further review of the electronic medical record and Nursing Notes for 1/18/13 revealed no admission note, no admission assessment or assessment of the Resident #3 's pain noted in the above Nursing Note and no documentation of pain management interventions, including pain medications. Review of the Nursing Notes, Pain Assessment Notes and Narcotic Count Sheet for 1/19/13 through 1/21/13 revealed: 1/19/13, 4:18 AM Nursing Note: "Resident reports that per hospital that her pain was just not controlled and that they gave her some of their medication ". " Called and spoke with (Name of hospital staff member) at (Name of Hospital) who reported that resident had dx (diagnosis) of DVT (deep vein thrombosis) and leg pain, received Dilaudid 2 mg (a narcotic pain medication) for pain while at hospital ". 1/19/13 4:30 AM Pain Assessment - " resident

FORM APPROVED OMB NO. 0938-0391

PRINTED: 03/01/2013

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION	COMPLETED COMPLETED C 02/14/2013		
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	CARE OF BISCOE		401 L	ADDRESS, CITY, STATE, ZIP CODE AMBERT ROAD P O BOX 708 COE, NC 27209			
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F 309	med (medication) the ER (emergencinformation regard 1/19/13, 5:44 AM pain medication a given for right leg information regard 1/19/13, 8:45 AM tablet of hydrocongiven. 1/19/13, 10:32 Al present, PRN (as given this shift "	some pain but received pain at (name of hospital) while in cy room) ". No further ding the pain was documented. Nursing Note: administration of as ordered was documented as and knee pain. No other ding the pain was documented. (per Narcotic Count Sheet) - 1 done - acetaminophen 5-325 mg M Nursing Note: "No pain at a needed) pain med (medication) M (per Narcotic Count Sheet) - 1 done - acetaminophen 5-325 mg I (per Narcotic Count Sheet) - 2 odone - acetaminophen 5-325 although the physician's order ee only for 1 tablet, the Narcotic cated that the order was for 1 - 2 is hours). M Nursing Note: administration of as ordered was documented as information regarding the pain	F 309				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT C	S FOR MEDICARE & IF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	OVIDER OR SUPPLIER CARE OF BISCOE	345000	O. WILL	STRE	ET ADDRESS, CITY, STATE, ZIP CODE 1 LAMBERT ROAD P O BOX 708 SCOE, NC 27209		/14/2013
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F 309	for right knee and lear regarding the pain with the pain medication as a complaints " at this with the pain medication as a complaints " at this with the pain medication as a complaints " at this with the pain medication and the pain medication with the pain medication with the pain medication as given for complaint that effectiveness with the pain medication regarding the pain with the pain medication as given for complaint that effectiveness with the pain medication regarding the pain with the pain medication as given for complaint that effectiveness with the pain medication regarding with the pain medication as given for complaint that effectiveness with the pain medication regarding with the pain medication as given for complaint that effectiveness with the pain medication as given for complaint that effectiveness with the pain medication as given for complaint that effectiveness with the pain medication as given for complaint that effectiveness with the pain medication as given for complaint that effectiveness with the pain with th	Iministration of pain and was documented as given as pain. No other information as documented. Ursing Note: "Gave her pain (1:20 AM) for right lower leg be her right lower leg. Skin Ursing Note: administration of ordered was documented. Ithat the resident had no other	F	309			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	CARE OF BISCOE	<u> </u>	٤	STREET ADDRESS, CITY, STATE, ZIP COL 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209	DE		
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F 309	Continued From pag 1/20/13, 8:55 PM (petablet of hydrocodon given. 1/20/13, 10 PM Pain assessment indicate further information redocumented. 1/21/13, 3:20 AM (petablet of hydrocodon given. 1/21/13, 3:20 AM Nupain medication as or given for complaints information regardin. 1/21/13, 8:05 AM (petablet of hydrocodon given. 1/21/13, 8:09 AM Nupain medication as or note also read " C/C (as needed) medication. Will monitor for 1/21/13, 12:20 PM (tablet of hydrocodor given. 1/21/13, 2 PM Pain indicated "yes" for sales and the sales are sales.	e 24 er Narcotic Count Sheet) - 1 e - acetaminophen 5-325 mg Assessment: the d "yes" for pain. No garding the pain was er Narcotic Count Sheet) - 1 e - acetaminophen 5-325 mg arsing Note: administration of ordered was documented as of pain. No other g the pain was documented. er Narcotic Count Sheet) - 1 e - acetaminophen 5-325 mg arsing Note: administration of ordered was documented. er Narcotic Count Sheet) - 1 e - acetaminophen 5-325 mg arsing Note: administration of ordered was documented the O (complains) pain with PRN tion given. Pain 8 on scale of or effectivemness. per Narcotic Count Sheet) - 1 e - acetaminophen 5-325 mg Assessment: the assessment or pain. No further information	F 3		P()		
	regarding the pain v 1/21/13, 2:42 PM N medication given. N discomfort noted ".	ursing Note: " C/O pain with to acute distress or					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345000	в. Wing		02	C 14/2013	
	CARE OF BISCOE		401	T ADDRESS, CITY, STATE, ZIP CO LAMBERT ROAD P O BOX 708 COE, NC 27209	ODE		
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F 309	Continued From pag	ge 25	F 309				
	1/21/13, 5:15 PM (p tablet of hydrocodor given.	er Narcotic Count Sheet) - 1 ne - acetaminophen 5-325 mg					
		dical record Resident #3 was medical advice on 1/21/13 at					
	revealed that when would use a 0 - 10 s or a faces scale to a of pain with cognitive indicated that documentar cteristics, inclusometimes missed with Nurse #1 noted that charting it was easier	iding pain intensity is with the electronic system. with the paper system of					
	there was a specific characteristics and i effectiveness of pair	place to document pain ntensity and that n medications could be back of the Medication				Polyper Control of Con	
	she recalled that Re about her pain med in the door. When a reesident's pain ar medication, Nurse would have and that this (there was no dassessment or pain including medication stated when doing a	rse #2 on 2/13/13 at 5:15 PM sident #3 was concerned cation as soon as she came asked if she assessed the ad offered the resident pain to said that she was sure she to she would have documented ocumentation regarding pain management intervention in on 1/18/13). Nurse #2 a pain assessment she used a in intensity. When asked why					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		345000	B. WIN	G		02/14/2013		
	COVIDER OR SUPPLIER			401	ET ADDRESS, CITY, STATE, ZIP CODE I LAMBERT ROAD P O BOX 708 SCOE, NC 27209			
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F 309	Resident #3 's pain of or 2 tablets, Nurse # responsibility of the for 2 tablets, Nurse # responsibility of the for 2/13/13 at 5:30 Plexpected to use the medical record to fin as needed pain med stated that nurses should be reevaluati medication. She ach being done on a conduction of the conduction	ne physician to discuss signs/symptoms and request 12 reiterated that this was the irst shift nurse. aff Development Coordinator 15 M revealed that nurses were alerts tab in the electronic 16 dout when the last dose of ication was given. She also hould be documenting a more ment in their notes and 16 mg the effectiveness of pain 17 knowledged that this was not 18 isstent basis. The Director of Nursing (DON) 18 AM revealed that it was her 18 Nursing Admission 18 ng a thorough pain 18 ave been completed before	F	309				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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		345000	B. WING)	02/14		4/2013
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 401 LAMBERT ROAD P O BO BISCOE, NC 27209			
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				.D BE	(X5) COMPLETION DATE	
F 309	4 hours had elapsed a medication so she wa Resident #3 felt that it known that she neede every 4 hours and the pain medication every to ask for it. Interview with the phy revealed he did not spotten any calls regard indicated that if he ha #3's concerns regard would have expected completed a pain asswith information regard intensity of the pain so could have been impleads o confirmed that are pain medication was in the facility and was to tablets. 2. Resident #4 was a with diagnoses includ atrial fibrilation and of the Admission Minim revealed Resident #4 MDS indicated she has moderate intensity an - 10 (worst pain) at its Review of the Physici dated 1/21/13 for hydrogen and the pain with the pain at its Review of the Physici dated 1/21/13 for hydrogen with the pain with the pain at its Review of the Physici dated 1/21/13 for hydrogen with the pain with the pain at its Review of the Physici dated 1/21/13 for hydrogen with the pain with th	n most occasions, more than since her last dose of pain is always getting it late. It is always getting the pain medications of the pain management her is always getting pain management her is always getting pain management her is always getting the characteristics and to appropriate interventions generated. The physician is norder for 1 - 2 tablets of a mot an acceptable order at the clarified as either 1 or 2 dimitted 1/21/13 at 4:15 PM ing: hypertension, sepsis, tis media (ear infection). The pain rarely, that it was d 7 on a scale of 0 (no pain) worst. The pain revealed an order recodone - acetaminophen in medication) 7.5 - 650 mg	F3	09			

CENTER:	S FOR MEDICARE &	MEDICAID SERVICES				OWR NO	<u>. 0938-0391</u>
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		L		REET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF BISCOE			1	401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209		
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F 309	Continued From page 28 (diagnosis: ottis media).		F	30	9		
	Review of the Nursin	g Notes and the Medication d (MAR) for 1/22/13 -					
	hydrocodone-acetom to the MAR. The 4:2 this medication was order and resident reinformation regarding. The 4:30 AM nursing Resident questioned her pain medication resident that pain meand she had not clofor any pain medication. PM Nursing Note income prin order and patient.	g the pain was documented. I note read, in part, " why she hasn't received that was due. Explained to edication was not scheduled (complained) pain or asked ion this shift". The 11:29 licated Loracet was given per					
	Loracet according to Nursing Note indicated prince of the indicated prince of the information regarding the 2:12 PM Nursing med (medication) was information regarding. The 6:11 PM Nursing pain at this time. Note that is the indicated according to Nursing Note indicated resident complaints.	t#4 received 2 doses of the MAR. The 12:05 AM ed Loracet was "given per nt request"; no other g the pain was documented. g Note indicated "prn pain as given", no other g the pain was documented. g Note indicated "no c/o of acute distress noted". t#4 received 2 doses of the MAR. The 12:30 AM ed Loracet was given due to of pain to the right leg and out of 10. The note also					

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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(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	On 1/26/13 Residen Loracet according to indicated " prn pain PM note indicated " On 1/27/13 Residen Loracet according to Nursing Note indicate pain pill earlier in the prn order and reside signs or symptoms of On 1/28/13 Residen Loracet according to Nursing Note indicate continue to monitor AM Nursing Note indicate pain med given will On 1/29/13 Residen Loracet according to Nursing Note indicate prn medication give regarding the pain w PM Nursing Note in 1/10 pain scale. Will On 1/30/13 Resider Loracet according to Nursing Note indicate pain med given, will On 1/30/13 Resider Loracet according to Nursing Note indicate pain med given, will On 1/30/13 Resider Loracet according to Nursing Note indicate pain med given indicate loracet according to Nursing Note indicate	ation was tolerated well. It #4 received 1 dose of the MAR. The 1:51 PM note med given " and the 11:53 Ino c/o pain at this time ". It #4 received 2 doses of the MAR. The 1:43 AM ted the resident requested a e shift and it was given per ent request with no further	F	309			

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			NO. 0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	COMPLET	(X3) DATE SURVEY COMPLETED C		
		345000	B. WIN	IG		1	C <u>4/2013</u>		
	CARE OF BISCOE			40	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 NISCOE, NC 27209				
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F 309	Review of the Nursin 2/1/13 - 2/14/13 reve documentation regar no further Loracet or administered. The 2 indicated " no c/o particle of the company of the c	g Notes and MAR from railed no further pain medication (/14/13 2:29 PM Nursing Note railed no railed no discomfort at this time " # 1 on 2/13/13 at 2:42 PM railed no assess pain intensity seess non-verbal indications railed no for pain railed no for pain railed no form the paper system of railed no form the paper system as place to document pain rate and with the paper system as place to document pain rate and that an edications could be back of the Medication railed no form the last dose of dication was given. She also hould be documenting a more sement in their notes and ling the effectiveness of pain eknowledged that this was not	F	309					

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SUF COMPLET	ED	
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F 333 SS=E	revealed that pain is asked for them. Si specific questions in intense her pain has the also stated she days and she did in was taking for it was taking for it was taking for it was that she had told the working but she did done about it. She doctor would be in An interview with the national pain management assessed and doctor indicated that she regarding pain management interview with the prevealed he expect management interview with the prevealed he expect management interview. He also that a pain assessed of the pain and exa was completed and in determining effective. He also that a pain assessing the pain and exa was completed and in determining effective. RES	dent #4 on 2/14/13 at 2:30 PM medications were given if she he did not recall being asked regarding pain, like how do been on a scale of 0 - 10. The had a sore throat for a few of think the medication she is effective. Resident #4 said reflective. Resident #4 said reflective muses that it wasn't fin't think anything was being then said she was told the to see her today. The Director of Nursing (DON) of AM revealed that it was her in assessment was done on a recommend to added that effectiveness of interventions was to be attended. The DON also expected that concerns the physician, with a thorough so appropriate pain wentions could be identified. The physician on 2/14/13 at 3 PM and the dobe notified when pain wentions were needed or to indicated that he expected ment, including characteristics accorbating or relieving factors dominicated to him to aid ctive pain management.		333	F333: This facility longinum to ensure that free of any significant errors.	residents are	[3/11/13]
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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		345000	B. WIN	G			/2013
	OVIDER OR SUPPLIER			40	EET ADDRESS, CITY, STATE, ZIP CODE 11 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
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F 333	The facility must ens any significant medical training and significant medical training and significant medical training and significant medical training and significant medical training and significant signifi	ure that residents are free of sation errors. T is not met as evidenced dent, physician and tinterview and record review dminister Oxycodonecotic pain medication) as ro tablets instead of one on 3 residents sampled for pain lent #3); and failed to n patch (used in the ner's disease) for 4 days to 1 led for availability of lmission (Resident #5). admitted on 1/18/13 at 2:30 including: right total knee 5/13, fibromyalgia, ine headaches, and history of ldrome. An Admission (MDS) was not due prior to	F	333	to be applied to blister pack the nurse that a change had with the order. Licensed nu instructed regarding the 2/18/13 by the SDC. Steps taken in regards to R 5: Exelon patch was ap 1/13/13. Steps taken in residents having the potent affected by the survey find licensed nurses were rebeginning on 2/15/13 and on 3/5/13 regarding Ordering Medications and Madministration by D.O.N. All charts were reviewed of months of January to procurrent residents for medical with paperwork complianced by D.O.N. or QA is Systemic Changes: orientation, all newly hired	Pharmacy is to alert occurred rses were label on lesident # oplied on egards to tial to be ings: All instructed completed dering/Re-Medication or SDC. during the resent for tion errors leted as Nurse. During d licensed instruction inistration of Designee, be held by	

CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION ABUILDING	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P 0 BOX 708 BISCOE, NC 27209 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BY (EACH CORRECTION (EACH CORRECTION OF ACTION SHOULD BY (EACH CORRECTION OF ACTION OF ACTION SHOULD BY (EACH CORRECTION OF ACTI	COMPLETED	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 33 (milligrams) 1 tablet every 4 hours as needed. There was no date or time noted under the column "Last Dose Taken." The reconciliation indicated that this medication was to be discontinued at discharge from the hospital. b. Oxycodone - Acetaminophen 5/325 mg 2 tablets every 4 hours as needed. Under the column "Last Dose Taken." it read 1/17/13,	С	
AUTUMN CARE OF BISCOE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 33 (milligrams) 1 tablet every 4 hours as needed. There was no date or time noted under the column "Last Dose Taken." The reconciliation indicated that this medication was to be discontinued at discharge from the hospital. b. Oxycodone - Acetaminophen 5/325 mg 2 tablets every 4 hours as needed. Under the column "Last Dose Taken." it read 1/17/13, 401 LAMBERT ROAD P 0 BOX 708 BISCOE, NC 27209 PREFIX (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY CROSS-REFERENCED TO THE APPROPRIA (EACH CORRECTIVE ACTION SHOULD BY C	02/14/2013	
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F 333 Continued From page 33 (milligrams) 1 tablet every 4 hours as needed. There was no date or time noted under the column "Last Dose Taken." The reconciliation indicated that this medication was to be discontinued at discharge from the hospital. b. Oxycodone - Acetaminophen 5/325 mg 2 tablets every 4 hours as needed. Under the column "Last Dose Taken" it read 1/17/13,	BE COMPLETION	
10:02 PM. The reconciliation indicated that this medication was to be continued after discharge from the hospital. There was also a hand written addition that changed the dosage to 1 - 2 tablets every 4 - 6 hours as needed. Review of the Physician's Orders dated 1/18/13 and entered into the electronic medical record on 1/18/13 at 5:45 PM revealed an order for Oxycodone - Acetaminophen 5/325 mg 1 tablet every 4 hours as needed for pain. Review of the Nursing Notes, Narcotic Count Sheet for 1/19/13 through 1/21/13 revealed: 1/19/13, 8:45 AM (per Narcotic Count Sheet) - 1 tablet of Oxycodone - Acetaminophen 5/325 mg given. 1/19/13, 4:42 PM (per Narcotic Count Sheet) - 1 tablet of Oxycodone - Acetaminophen 5/325 mg given. 1/19/13, 4:42 PM (per Narcotic Count Sheet) - 2 tablets of Oxycodone - Acetaminophen 5/325 mg given. (Note: although the physician's order was clarified to be only for 1 tablet, the Narcotic Count Sheet indicated that the order was for 1 - 2 tablets every 4 - 6 hours).	system c on all charted cekly x 4 inths for ications. onducted on all y area of ressed at rding to ry, in- on, etc.) ssurance	

PRINTED: 03/01/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIPLE (CONSTRUCTION	(X3) DATE SU COMPLE			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUII	DING		, , , , , , , , , , , , , , , , , , ,	С		
		345000	B. WING			02/	14/2013		
	OVIDER OR SUPPLIER			401	I ADDRESS, CITY, STATE, ZIP CODE LAMBERT ROAD P O BOX 708 COE, NC 27209				
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F 333	tablets of Oxycodone given. (Note: although clarified to be only for Sheet indicated that tablets every 4 - 6 hours and tablets of Oxycodone given. (Note: although clarified to be only for Sheet Indicated that tablets every 4 - 6 hours and tablets every 4 - 6 hours and tablets every 4 - 6 hours and tablets of Oxycodone given. 1/20/13, 10:40 AM (particularly and tablet of Oxycodone given. 1/20/13, 8:55 PM (particularly and tablet of Oxycodone given. 1/21/13, 8:05 AM (particularly and tablet of Oxycodone given. 1/21/13, 12:20 PM (particularly and tablet of Oxycodone given.)	er Narcotic Count Sheet) - 2 e - Acetaminophen 5/325 mg gh the physician 's order was or 1 tablet, the Narcotic Count the order was for 1 - 2 ours). er Narcotic Count Sheet) - 2 e - Acetaminophen 5/325 mg gh the physician 's order was or 1 tablet, the Narcotic Count the order was for 1 - 2	F	333					

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	_	345000	B. WIN	٧		02/	14/2013	
	OVIDER OR SUPPLIER			401	ET ADDRESS, CITY, STATE, ZIP CODE LAMBERT ROAD P O BOX 708 COE, NC 27209	W	T	
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F 333	Interview with Nurse revealed that Reside near the end of her said she stayed to it and to clarify the as order. Nurse #1 no Discharge Summar Oxycodone - Acetal given to Resident #6 hours. She stated order needed to be tablet, or for 2 table range in the number the frequency was facility. The order whours as needed. During a telephone 2/14/13 at 2:45 PM understand why sher pain medication She added that she taking into consider migraine headached taking pain medications. Resident #3 nurses told her she according to the or said that on the followed to have two the change had occurred the next day	ge 35 a # 1 on 2/13/13 at 2:42 PM ent #3 admitted at 2:30 PM shift (3 PM) on 1/18/13. She uput the medication orders needed pain medication ted that the Hospital y indicated 1 - 2 tablets of minophen 5/325 mg could be 3 as needed for pain every 4 - d that per facility policy, the clarified to be specifically for 1 ts, and that an order for a r of tablets and/or a range in not an acceptable order at the vas clarified to 1 tablet every 4 interview with Resident #3 on she indicated that she did not the could not have two tablets of a like she did in the hospital. The felt nursing staff were not ration that she suffered from that she suffered from that she suffered from that she suffered from that she suffered from the sand was therefore used to tion, so needed a stronger indicated that one of the the could have two tablets, der, and did give her two. She towing day she was told she tablets. She did not know why curred but she thought the was "mad" that the dosage d and changed it back.	F	333				
	at 3 PM the narcot s Oxycodone - Ace	v with the physician on 2/14/13 ic count sheet for Resident#3 ' staminophen was reviewed and that the 2 tablets given on						

PRINTED: 03/01/2013

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII			(0
	_	345000	B. WIN	с		02/1	4/2013
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE				40	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
(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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 333	1/19/13 (4:42 PM) am on 1/20/13 (1:20 AM amedication errors. He physician's medication have prevented the econfirmed that an ord medication was not at facility and was to be tablets. He added that and the Medication Pheen used with the dot and the new order for been clarified with phindicated that the Narreviewed for accuracy necessarily against the Atelephone interview Nurse #7 revealed the order as transcribed of Administration Record Oyxcodone - Acetami #3 on 1/19/13 at 4:42 Resident #3 asked for knew that the punch of Acetaminophen 5/325 was 1 - 2 tablets. Nur documented that she medical record she st had given an extra tal Interview with the Adr PM revealed that the Acetaminophen given (4:42 PM) and the 2 to	d the 2 tablets given twice and 5:45 AM) were added that checking the on order was one of the "administration that could rror. The physician also er for 1 - 2 tablets of a pain acceptable order at the clarified as either 1 or 2 at the Narcotic Count Sheet unch Card should not have be posage written as 1 - 2 tablets in just 1 tablet should have armacy. The physician cotic Count Sheets were a monthly and but not be physician is order. To no 2/28/13 at 3:15 PM with pat she did not check the posage that at the did not check the period of the physician is order. To no 2/28/13 at 3:15 PM with pat she did not check the period of the medication of the medication of the medication of the medicated that the card for her Oxycodone - 5 indicated that the dose rise #7 said that when she had given 2 tablets in the fill did not notice that she bet in error. To no control the medication of the medicated that the dose rise #7 said that when she had given 2 tablets in the fill did not notice that she bet in error.	F	333	DEFICIENCY)		
		l 5:45 AM) were medication lity had not been aware of					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT C AND PLAN OF	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING B. WING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/14/2013			
	OVIDER OR SUPPLIER	345000		401 L	ADDRESS, CITY, STATE, ZIP CODE AMBERT ROAD P O BOX 708 OE, NC 27209		
(X4) ID PREFIX TAG	/FACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 333	error reports had not incidents but that the the error was known 2. Resident #5 was diagnoses including Alzheimers disease Review of the Physical 10/22/12, revealed a (milligram) patch, apold patch before plant 1/17/12 revealed the cognitively impaired Review of the electrosummary sheet for Exelon Patch was not through 1/12/13. Remedical record variathese missed medic reason the medical documented on each on order from pharm Review of the Griev revealed, in part, "(Resident #5) has rough this time that her mental state what prompted there pharmacy and it will under action taken	She indicated that medication been done for these by would be done now that admitted on 3/21/11 with delirium, failure to thrive, and depression. Cian 's Orders dated an order for Exelon 9.5 mg oply one patch daily (remove cing new one). Jum Data Set (MDS) dated he resident was moderately onic medical record daily 1/9/13 - 1/12/13 revealed the ot given as ordered 1/9/13 eview of the electronic ance report associated with teation doses revealed that the	F	333			

STATEMENT C	S FOR MEDICARE & DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345000	B. WING			C 02/14/2013		
	OVIDER OR SUPPLIER				SS, CITY, STATE, ZIP CODE AT ROAD P O BOX 708 C 27209			
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CF	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 333	2:20 PM revealed the #4 on the morning of on both days the Exc because it had not a stated that she did n reorder the medicati 1/10/13, since she n missing and she the medication had alrea #4 also said that she had been reordered for reordered medica expected it to come #4 added that becau given as ordered an action to obtain the order; this was a me Telephone Interview 2 PM revealed that on the morning of 1. Patch was not giver arrived from pharms she was aware that for the previous two another Nurse (Nur- for her, to reorder the stated that she did pharmacy if the Exc the back-up pharms the pharmacy said night (1/11/12). Nu medications were of pharmacy, it was the	with Nurse #4 on 2/28/13 at at she worked with Resident 1/9/13 and 1/10/13, and that alon Patch was not given rrived from pharmacy. She of contact pharmacy to on on either 1/9/13 or officed the reorder sticker was refore assumed that the ady been reordered. Nurse add not verify if the Exelon because it took a few days ations to arrive, so she the night of 1/10/13. Nurse use the medication was not d because she did not take medication, or get a hold	F3	33				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ((X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345000	B. WING		C 02/14/2013	
	CARE OF BISCOE		401	ET ADDRESS, CITY, STATE, ZIP CODE LAMBERT ROAD P O BOX 708 COE, NC 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 333	the back-up pharmace the medication. She did not inquire about when determining wh pharmacy. Nurse #5 notice any mental sta Interview with the Pha 2/14/13 at 9:30 AM resordered by 6 PM were same day by 11 PM. medications were ord that cut off time they was necessary for nut to notify the physician medications from the An interview with the on 2/14/13 at 11:30 A staff should have conthe Exelon Patch for I available. She also sheen taken to obtain the back-up pharmacy. During an interview wat 3 PM, he acknowle of Exelon constituted after the first missed of implement strategies inform him it was not indicated that not giving should have been ide	y would be used to supply revealed that the pharmacist the status of the resident ether to utilize the back-up also said that she did not tus changes in the resident. Armacy Consultant on evealed that medications a usually delivered that He added that if ered from pharmacy after would not be delivered to the enext day. The pharmacist most medications missing able so he did not think it rsing staff to take any action or to obtain the back up pharmacy. Director of Nursing (DON) M revealed that Nursing tacted the physician when Resident #5 was not tated that action could have the medication from the ith the physician on 2/14/13 dged that the missed doses a medication error, at least dose; since staff did not to obtain the medication or being given. He also not the example of	F 333			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	LTIPLE CONSTRUCTION DING	(X3) DATE SUF COMPLET	EO
		345000	B. WING		i i	C 4/2013
	COVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209	- 100-300	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
	drugs and biologicals them under an agree §483.75(h) of this par unlicensed personne law permits, but only supervision of a licent A facility must provide (including procedures acquiring, receiving, administering of all dithe needs of each receiving a licensed pharmacis on all aspects of the services in the facility. This REQUIREMENT by: Based on staff, physiconsultant interview, policy review; the fact medications were available admitted residents (fensure medications in residents sampled for after admission (Received).	DURES, RPH ride routine and emergency to its residents, or obtain ment described in rt. The facility may permit to administer drugs if State under the general sed nurse. re pharmaceutical services is that assure the accurate dispensing, and rugs and biologicals) to meet sident. rolloy or obtain the services of the who provides consultation provision of pharmacy record review and facility failed to ensure ailable for 1 of 3 newly Resident # 4) and failed to were re-supplied for 1 of 2 or availability of medications sident #5).	F 42	emergency drugs and bi residents, or obtain the agreement described in this part. Steps taken in regards 4 found to have been the survey findings: Li were re-instructed on po	routine and ological to its em under an \$\frac{3}{483.75(h)} of to Resident # cited during censed Nurses licy regarding and timely Medications and completed DC. to residents to be affected gs: All new reviewed by the store timely dications and to obtain or documentation hart. ring licensed by the SDC mely ations, Order/	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345000	B. WING_		02/14	1/2013	
	OVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 425	is imperative that the pharmacy as soon as "You must set the s' medications. If a res medication BID (twic administered at the humst schedule the must schedule the mevening in the facility For after hours admispharmacist, explain to can be obtained from must document your. Review of the facility Getting Medications Admissions (undated "If you know you had coming in, the Admis MUST notify the phassoon as you know. If the courier". "The on-call pharm your meds (medication (pharmacy) or have back-up pharmacy and In contrast to the abordacility's Pharmacy Medication Orders are revealed, in part, un New Medication Orders are revealed, in part, un New Medication Orders are scheduled to scheduled to the soon as soon as scheduled to the soon	In part: Interest is admitted to the facility it information be sent to see possible by fax. It date appropriately for all ident is to be receiving a enday) and the dose was respital that morning, you redication to begin that the formation is to late a contact the one call the situation so medications in the back up pharmacy. You refforts in the nursing notes are policy titled Procedure for for Weekend and Evening the procession dept (department) are an evening admission serion dept (department) are the may decide to wait for fore leaving or before sending acist will decide whether to fill ons) from Legacy a short supply filled by your and delivered.	F 42	QA Monitoring to precedurence: All new charts will be reviewed by Designee x 4 weeks then weeks then monthly x 3 retimely administration of mand Order/Re-Orderin Medications. Ten different be reviewed monthly x 4 retimely administration of many area of identified concaddressed at the time as according to situated disciplinary, in-servicing demonstration, etc.) will be in Quality Assurance many further action plans during meeting.	admission D.O.N. or veekly x 4 months for nedications ng of charts will months for edications. ern will be indicated on (i.e. g, return addressed eeting for	3/11/13	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' i		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
–		345000	A. BUII B. WIN			02/14	; J/2013
	OVIDER OR SUPPLIER	1 01000		40	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 ISCOE, NC 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 425	facility ". " If greater than 24 h delivery, the medicate emergency kit (if app back-up pharmacy " "Emergency/STAT has appropriate numl administered prior to pharmacy delivery. from a back-up pharmapplicable). Thereaf be received from the Resident #4 was admithed diagnoses inclusioned infection), hyp and ottis media (ear The Admission Minimarevealed Resident # Review of the Physical revealed medication Atenolol 12.5 mg (months) hypertension daily, Digoxin 125 mcg (months) used to treat atrial fical Augmentin (antibiotical days, ordered for second control of the physical digostive produced by antibiotical digostive produced for sepsis (in general digos	nours before the next ion is either pulled from the dicable), or called into a . Medication Order: Schedule per of doses to be the regularly scheduled These doses will be obtained macy or the emergency kit (if ter, doses are scheduled to regular pharmacy delivery " . mitted 1/21/13 at 4:15 PM ding: hypertension, sepsis (a perlipidemia, atrial fibrilation infection). mum Data Set dated 1/28/13 4 was cognitively intact. cian 's Orders dated 1/21/13 orders including: illigrams) ordered for icrograms) daily (Digoxin is brillation), c) 875 mg twice daily for 7 psis, rops) otic (ear) solution three is media (ear infection), g twice daily for 7 days, Lactobacillis is used for oblems such as diarrhea	F	425			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345000	B. WING		02	C /14/2013
	COVIDER OR SUPPLIER	1	401	T ADDRESS, CITY, STATE, ZIP CODE LAMBERT ROAD P O BOX 708 COE, NC 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 425	Protonix Enteric Coarused to treat heartbu Review of the electrosummary sheet for 1, medications were no morning of 1/22/13: a cortisporin, lactobacil protonix. Review of twariance report assomedication doses reveason the medication documented as "me pharmacy, pharmacy emergency kit list of revealed none of the kit at the dosage ordinate the dosage ordinate the report sate of 1/22/13. She stated the night before she medications list to phe expected they would night. Nurse #3 said calling the pharmacy medications from the Review of the electrosummary sheet for 1 and evening doses of Review of the electroreport associated with revealed the reason	ted 40 mg daily (Protonix is rm) mic medical record daily /22/13 revealed the following to given as ordered on the atenolol, digoxin, augmentin, list, mirilax powder and the electronic medical record ciated with these missed realed that in each case the ms were missed was edication on order from the medications (undated) are medications (undated) are medications were in the ered. with Nurse #3 on 2/28/13 at at at Resident #4's at available on the morning of because they had not arrived faxed the hospital discharge marrive around 11 PM that she did not think about to see about getting a back-up pharmacy. Incomic medical record daily /23/13 revealed the morning of lactobacillis were not given. Onlic medical record variance the this missed medication the medication on order from "medication on order from "medicat	F 425			

CENTERS FOR MEDICARE & MEDICAID SERVICES

		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIENCED (X1) PROVIDENSUPPLIENCED (X1) PROVIDENSUPPLIENCED (X1) PROVIDENSUPPLIENCED (X2) PROVIDENSUPPLIENCED (X3) PROVIDENCED (X3) PROVI		IDENTIFICATION NUMBER:	A. BUILDING			С		
			B. WIN	IG		02	14/2013	
	MIDER OR SUPPLIER	345000	STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREI TAI	:IX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	COMPLÉTION DATE	
F 425	with the Resident # the resident her mo the Lactobacillis . S why that one medic pharmacy with the Nurse #1 added the been the one who of the Lactobacillis ca medication was av- indicated that wher available in the mo notified and the mo obtained from the necessary, which of indicated this was as she took steps Interview with the 2/14/13 at 9:30 At ordered by 6 PM ordered by 6 P	with Nurse #1 on 2/28/13 at that on 1/23/12 she worked 4 on first shift (7 - 3) and gave rning medications, except for she stated she did not know resident 's other medication. The she thought she must have called the pharmacy to ensure rning the pharmacy to ensure rning the pharmacist should be redication could then be redication could then be redication could then be redication could then be redication or the Lactobacillis to obtain it the next day. Pharmacy Consultant on revealed that medications were usually delivered that refer ordered from pharmacy after rely would not be delivered to the rest day. The pharmacist of the next day. The pharmacist of the remaining staff to take any action ician or to obtain the runring staff to take any action ician or to obtain the rother has back up pharmacy. He are the back up pharmacy. He are the back up pharmacy. He are the back up pharmacy. He are the rother has more resident that nursing staff at the runring dose of resident #4 on 2/14/13 at 2:30 PM are recalled that she did not get her		- 425				
	revealed that sh	6 tenglien that one aid not act no			Facility ID: 922949	If continuat	ion sheet Page 45	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUC	CTION	COMPLET	
		345000	B. WING			02	C /14/2013
	OVIDER OR SUPPLIER				S, CITY, STATE, ZIP CODE ROAD P O BOX 708 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORR ACH CORRECTIVE ACTION SI OSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 425	on the morning of 1/2 arrived in the facility. thought the medicati available that morning of 1/2 arrived in the facility. Thought the medicati available that morning of 1/2 arrived in the morning of 1/2 at 11:30 and 13:50 at 11:30 and 14:50 and 14:50 and 15:50 and	ng her antibiotic, as ordered 22/13 as they had not yet She indicated that she ons should have been ng. Director of Nursing (DON) AM revealed that Resident #4 norning medications could from the back-up pharmacy if emergency back-up kit. She me non essential medications alle to wait until they arrived to DON added that for planned the Admissions Coordinator medication information to the	F	125			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345000	B. WING			C 02/14/2013		
	ROVIDER OR SUPPLIER			401 LA	DDRESS, CITY, STATE, ZIP CODE MBERT ROAD P O BOX 708 DE, NC 27209	, , ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 425	. The refill order is capharmacy. Resident #5 was adn diagnoses including alzheimers disease at Review of the Physic 10/22/12, revealed at (milligram) patch, appold patch before place. The Quarterly Minima 11/17/12 revealed the cognitively impaired. Review of the electro summary sheet for 1/2 Exelon Patch was not through 1/12/13. Remedical record variant these missed medicate reason the medication documented on each on order from pharmace. Review of the Grieva revealed, in part, "T (Resident #5) has rur She ran out this time that her mental status what prompted them Please note (name opharmacy and it will it Under action taken a	alled in or faxed to the nitted on 3/21/11 with delirium, failure to thrive, and depression. ian 's Orders dated n order for Exelon 9.5 mg oly one patch daily (remove ing new one). Im Data Set (MDS) dated e resident was moderately nic medical record daily 9/13 - 1/12/13 revealed the t given as ordered 1/9/13 view of the electronic nece report associated with tion doses revealed that the	F	125				

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345000	B. WING		02	C /14/2013	
	ROVIDER OR SUPPLIER CARE OF BISCOE		401	TADDRESS, CITY, STATE, ZIP CODE LAMBERT ROAD P O BOX 708 COE, NC 27209			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 425	Telephone Interview of 2:20 PM revealed that #4 on the morning of on both days the Exe because it had not ar stated that she did not reorder the medication 1/10/13, since she not missing and she there medication had alread #4 also said that she had been reordered befor reordered medicate expected it to come the Exelon didn't contarrive on the night of Exelon was not in the she didn't think about get it from the back-up that she did not obser resident. Telephone Interview was not given the morning of 1/1 Patch was not given the arrived from pharmacy she was aware that the for the previous two danother Nurse (Nurse for her, to reorder the stated that she did not pharmacy if the Exelo the back-up pharmacy the pharmacy said the night (1/11/12). Nurse	with Nurse #4 on 2/28/13 at a state worked with Resident 1/9/13 and 1/10/13, and that lon Patch was not given rived from pharmacy. She at contact pharmacy to an on either 1/9/13 or a sticed the reorder sticker was before assumed that the day been reordered. Nurse add not verify if the Exelon recause it took a few days ions to arrive, so she are night of 1/10/13. When me, she assumed it would 1/11/13. Nurse #4 said remergency back-up and at calling to see if she could be pharmacy. She added to any change in the worked with Resident #4 1/13, and that the Exelon hat day because it had not a second and the exelon had been missed any as well. Nurse #5 said #6) contacted pharmacy medication. Nurse #5 think about asking an could be obtained from a because Nurse #6 told her a Exelon would arrive that a #5 indicated that when ained from the back-up	F 425				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345000	B. WING			C 02/14/2013	
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE				4	REET ADDRESS, CITY, STATE, ZIP CODE 101 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209	<u> </u>	14/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	HOULD BE COMPLETION	
F 425	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	425			

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391											
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU	(X3) DATE SURVEY COMPLETED					
		345000	B. WNG_		C 02/14/2013						
NAME OF PR	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE							
AUTUMN	CARE OF BISCOE			401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE					
F 425	Continued From page 49		F 425								
	3 PM he indicated that	the physician on 2/14/13 at at steps should have been celon for Resident #4 so she ad 4 doses.									
	3:50 PM revealed tha facility would be gettir	vith the DON on 2/28/13 at t starting immediately the ng twice daily deliveries from of just once daily at 11 PM.									
			The state of the s								
			April 1911								