WAY 0 3 2013

PRINTED: 04/24/2013

FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345293	B. WNG		C 04/11/2013		
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	1 04	111/2013	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION	N.	7 70	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI) TAG		38 C	(X5) COMPLETION DATE	
·	Nursing Home Licens Section, conducted a 3/25/13 through 3/28/done on 4/10/13 and Jeopardy was identified 483.25, and 483.75. The began on 3/9/13 and visible 5:55 PM when the fact allegation of compliant out of compliance at a (with potential for mornot immediate jeopard staff can be inserviced implement monitoring 483.10(b)(11) NOTIFY (INJURY/DECLINE/Ref) A facility must immediate consult with the reside known, notify the reside known, notify the reside known, notify the reside known, as ignificated involving the injury and has the pote intervention; a significate physical, mental, or pedeterioration in health, status in either life three clinical complications); significantly (i.e., a new existing form of treatments); or a decision the resident from the fa §483.12(a).	th Service Regulation, ure and Certification complaint investigation from 13. An extended survey was 4/11/13. Immediate ed at CFR 483.10, 483.20, the Immediate Jeopardy was removed on 4/11/13 at ellity provided a credible ce. The facility will remain a scope and severity level D to the than minimal harm that is ely) until all of the nursing the facility will then of its corrective action. (**OF CHANGES**OOM, ETC**) Compared to the resident; and if the service in the resident which results in the resident whic	F1	Richmond Pines Nursing Rehabilitation Center acknowledge of the Statement of Deficience proposes this Plan of Correction extent that the summary of fin factually correct and in order to compliance with applicable ruprovisions of quality of care of racination of Correction is submit written allegation of compliance. Richmond Pines Nursing Rehabilitation Center's response Statement of Deficiencies does not agreement with the Statem Defleiencies nor does it const admission that any deficiency is Further, Richmond Pines Nurs Rehabilitation Center reserves the refute any of the deficiencies Statement of Deficiencies through Dispute Resolution, formal procedure and/or any other admit or legal proceeding.	ies and to the dings is maintain les and esidents. ted as a and to this t denote ent of itute an accurate. Ing and right to on this informal appeal histrative	(X6),DATE	
MM	un V MUUN	th, Adminishw	for	<u> </u>	14-5	1-13	

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

Event ID: BPWT11

FORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Facility ID: 923021

If continuation sheet Page 1 of 106

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345293	B. WING		 	l	C /11/2013	
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		Н	REET ADDRESS, CITY, STATE, ZIP CODE IIGHWAY 177 S BOX 1489 IAMLET, NC 28345			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE	
	or interested family m change in room or roo specified in §483.15(in resident rights under It regulations as specified this section. The facility must record the address and phonologal representative on the address and phonologal representative of the address and record reviews the facility from the facility of the physician on the facility provides of the physician on the facility provides of the physician on the physicia	ident's legal representative ember when there is a symmate assignment as ea)(2); or a change in Federal or State law or ad in paragraph (b)(1) of and and periodically update enumber of the resident's interested family member. Is not met as evidenced ew, staff and physician ailed to notify the physician sident with aggressive 5) hit 2 of 3 (Resident #4 pled residents reviewed for a dementia unit. The facility enhysician on 3/9/13 that hit in the eye and failed to 3/10/13 that Resident #2 e and nose. The Immediate end on 04/11/13 at 5:55 PM and a credible allegation of y will remain out of and severity level D (with minimal harm that is not intil all of the nursing staff	F	157	What measures the facility put in plane for the resident affected: On 3-9-2013 resident #4 was assess nurse and attempt made to notify XRay of eye area was completed on 3 10:30 pm with results of no fracidentified. On 3-11-13 MD gave ord resident to see eye physician and resident to see eye physician on 3-1 with additional eye physician visits 12-13 with order to start antibiotic thand a return visit scheduled for 3-13-On 3-14-13 resident had procedure move right eye and returned to the fafrom procedure on 3-15-13. On 3-10-13 resident #2 was assesse nurse and attempt made to notify Family notified on 3-10-13. On 3-resident #2 was moved to another on 3-11-13 MD gave order for resides eeye physician and resident was see eye physician on 3-11-13 with order cold compress and antibiotic ointment applied. On 3-12-13 facility obtains Ray of resident nasal bones and receiv Ray results on 3-12-13 for residers showing non-displaced fracture of nos	ed by MD. 3-9-13 ctures er for sident 11-13, on 3-terapy 2013. re to actility MD. 10-13 room. ent to en by rs for to be ed X-ed X-ed X-ed X-ed X-ed X-ed X-ed	5-20-13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	345293	B. WNG			04/	11/2013
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE	AND REHABILITATION CENTE		Н	REET ADDRESS, CITY, STATE, ZIP CODE RIGHWAY 177 S BOX 1489 RAMLET, NC 28345		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
6/7/11 and had diagnot Dementia with Behavior Bi-Polar Disorder. The Quarterly Minimur Assessment dated 2/1 resident had short and problems and was more impaired requiring cue MDS revealed that the and had behavior sympothers. A facility incident report 3/9/13 at 11:19 PM revenotified on 3/9/13 at 8:1 were fighting. The report observed Resident #5 with a clenched fist and swollen and blood short (Assistant Director of Nat 8:10 PM. (Name of phone @ 8:20 PM x (timet. (returned) call. Mol @ 8:45 PM for X-ray of racture. X-ray of rt. Eynot reveal that the physician was There was no document notes for Resident #4 of physician was notified. The nursing progress revealed that Resident doctor on 3/11/13, 3/12	imitted to the facility on isses including Anxiety, oral Disturbances and important of the facility on Data Set (MDS) 7/13 revealed that the I long term memory derately cognitively is and supervision. The resident was ambulatory proms not directed towards or the prepared by Nurse #3 on realed that the nurse was 00 PM that 2 residents or revealed that the nurse standing over Resident #4 dr. Resident #4 seye was to the report read: ADON Nursing) notified via phone obysician) beeped via mes) 2. Have not gotten bile X-ray called via phone of rt. (right) eye r/o (rule out) re done. "The report did sician returned the call or notified of the incident. Intation in the progress of the incident or that the motes for Resident #4 #4 was seen by an eye 2/13 and 3/14/13. An Eye at 4:10 PM revealed the	L.	157	RP was notified by nurse on 3-9-13 at 10-13 of resident #5's behaviors. Mattempted to be notified by nur behavior on 3-9-13 and 3-10-13. On 13 at 7:00 am resident #5 was placed minutes checks. On 3-11-13 first resident #5 was placed on one to on monitoring. DON contacted psychatric nurse practitioner arrived day at 3:45 pm to see resident recommendation to resume previous of antipsychotic medications. Worker contacted outside psychiatric on 3-11-2013 for potential placement to resident #5's behavior. On 3-11 at 7:00 pm the outside psychiatric contacted social worker and verified would admit resident #5 on the morn 3-12-13. One to One staff monicontinued with resident #5 until h discharged from facility. On 3-resident #5 was transported to a psychiatric center for admission a longer resides at this facility. What measures were put in place for residents having the potential to be affected: The Corporate Nurse Consucompleted a 100 percent audit of renurses notes starting on 3-11-13 completed on 3-12-13 for the time per documentation from 12-1-2012 to propose the start of the percentage of the percentage of the time per documentation of resident to resident the repisodes that may not have been previous file the percentage of the percen	D was se of 3-10- on 15 is shift e staff hiatric and same with dosage Social center of they ing of itoring e was 12-13, butside and no example. Itants sident and iod of resent ursing sident iously iclude	

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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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	н	REET ADDRESS, CITY, STATE, ZIP CODE RIGHWAY 177 S BOX 1489 IAMLET, NC 28345 PROVIDER'S PLAN OF CORRECTION	,	(×5)	
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	perception and a rupt treatment plan was et the right eye. A Disch 3/15/13 revealed that eye removed on 3/14. The Assistant Directo in an interview on 3/2 was the nurse on call 3/9-10/13 and that shourse #3 on Saturday Resident #5 had hit Residents separated a facial X-ray for Reside that Nurse #3 was tryithat time and that she back if any further chance where the Nurse #3 stated in an 10:55 AM that she wo on the 3PM-11PM shi Nurse stated that she beeper and called the Nursing (ADON) who regarding the incident Resident #4. The Nurse receive a response frobeeped the physician that when she did not the physician the second ADON and told her that reach the physician. The ADON told her to go a Resident 4 's eye.	ured globe and that the nucleation (removal of) of arge Summary dated Resident #4 had the right /13. It of Nursing (ADON) stated 6/13 at 10:30 AM that she on the weekend of e received a phone call from evening (3/9/13) that esident #4. The ADON enurse to keep the two and to go ahead and get a ent #4. The ADON stated ing to reach the physician at told the nurse to call her anges. Interview on 3/26/13 at rked on the dementia unit fit on 3/9/13 (Saturday). The paged the physician on his Assistant Director of was on call for the weekend where Resident #5 hit is estated that she did not om the physician so she again. The Nurse stated receive a response from and time she called the at she had not been able to he Nurse stated that the head and get an X-ray of succeed with the	Ę.	157	Consultant (PG) completed a revier resident to resident altercations from 9 to 3-11-12 to assure interventions resident to resident incidents were in	of the control of the	
	Administrator, the Dire	ctor of Nursing (DON) and			Director	Calcai	

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	Facility Consultant #1 The DON stated that she was aware of that (name of physician). I tried to tell all the nurse cell phone and to call trouble reaching him. the Facility Consultant ADON stated that on with Nurse #3 she heat the background and Nothe physician was professed for the physician was professed for the physician was professed all the staff. The ADON stated in a 1:07 PM that she calle (3/11/13) for an eye apand the physician stated in 1:07 PM that she calle (3/11/13). The Physician stated in 1:30 PM that he did not him over the weekend could not remember. To did not remember whe incident between Reside home on the weekend phone and his home place.	this was the first incident the staff was unable to get The DON stated that she ses to call the physician 's the hospital if they had The ADON was asked by to join the interview. The 3/9/13 while on the phone and the telephone ringing in turse #3 commented that bably calling back. The ted that they had identified rese not documenting the eto physicians and had regarding this issue. In interview on 3/26/13 at d the physician on Monday appointment for Resident #4 ed that he was aware of the ethim on Wednesday In an interview on 3/26/13 at think that the staff called of 3/9-10/13 but really the Physician stated that he in he was notified of the dent #5 and Resident #4 found out on Monday an stated that he was at and was available by cell none.	F 15	On 4-11-2013 the Corporate Consultant and Staff Develor Coordinator initiated an addition service for all Licensed Nurses or Notification that included when conthe MD for notification of a situation the MD does not respond, contate physician who has been designated on-call for this physician. If ther question as to who is taking on-call attending MD, then contact the hospic request the on-call physician for the you are attempting to contact. Nurse also notify the Medical Director. And a nurse feels that a resident needs phymedical evaluation and the physician not returned call or on-call status of the cannot be verified, then send resident Emergency Room as a precaut measure for their needs. On 4-10-13, the Staff Develo Coordinator and DON initiated in-ser at 6:15 pm for all nursing assistant nurses that anytime a resident has a continuous in the context of the c	al in- m MD tacting on and act the to take re is a for an tal and re MD res can mytime rysician an has re MD to the ionary pment vicing is and hange hange Guide rompt ges in If a ge in are to ime a rige in re to issure re safe re QI

STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE	
AND PLAN OF	CORRECTION .	INCIALITACIONA MONINCIA	A. BUILD	ING			,
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	OVIDER OR SUPPLIER ID PINES HEALTHCARE	AND REHABILITATION CENTE	i	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
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F 157	the resident's eye lo him to the eye clinic. could not say that the had the resident rece that the trauma occur	oked very bad so he sent The Physician stated that he eye could have been saved ived treatment on the day red.	F	157	Call. If situation warrants, notify that RP. The in-service includer reminder that the QI Nurse will a routinely observing these residents wan antipsychotic medication change and will also be asking Nursing As and Nurses who work with resident observed changes in condition or behavior of the condition of the call of	ed the lass be thile on as well sistants if any	
	Resident #4 at the ey Physician stated that the resident had a lar the eye. The Physicia happens, the person in the injured eye. Th could not say that res	pthamologist that saw re clinic on 3/11/13. The on the Initial examination, ge laceration of the globe of an stated that when this dld not regain their eyesight e Physician stated that he sident #4's eye could have esident received emergency			Directed In-Service Training antipsychotic medication and beh management will be conducted nurses on 5-16-2013 by the North C Elderly Psychiatric Services utiliz curriculum approved by Arizona State	avioral for all arolina zing a	
	PM that on 3/9/13 (Softhe physician during I that she beeped the parties only way she kneemake sure that he was on call for him stated that her shift was the way on call for him stated that her shift was the way on call for him stated that her shift was the way on call for him stated that her shift was the sh	n interview on 4/10/13 at 2:15 aturday) she never did get her shift. The Nurse stated obysician and that this was w to reach the physician. It she called the hospital to as on call and was told that helf that night. The Nurse was over at 11:00 PM and report that she had not been sician.			How the facility will monitor system in place: The Administrator and/or DON will the Quality Improvement Incident/Ac Committee QI Audit Tool five tim week to assure all areas are reviewe appropriate intervention and notificate MD.	review ccident i es per d with	
	11:45 AM that on 3/9. 11PM-7AM shift. The thought that the phys because there was a Nurse stated that she physician on 3/9/13 d	n interview on 4/11/13 at /13 she worked the Nurse stated that she ician had been notified in order for an X-ray. The did not attempt to call the furing her shift. The Nurse and 7PM-7AM on 3/10/13					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:				COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	D'PINES HEALTHCARE	AND REHABILITATION CENTE			IIGHWAY 177 S BOX 1489 IAMLET, NC 28345		
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F 157	(Sunday) and attempt that night when Resid was unable to reach it she sent a fax to the p Monday morning about The Administrator star 4/11/13 at 12:43 PM to expected the nurse to if the physician did no manner to call the onfurther instructions. The twas her expectation when they were unable her know that the DOI what the end result were the physician was not the physician was not 2. Resident #2 was ac 1/21/11 and had diagromentia and Alzhein A Quarterly Minimum Assessment dated 2/6 resident had a Brief In (BIMS) score of 4 indiseverely cognitively in that the resident had a mabulatory. A facility incident repo 3/10/13 (Sunday) at 16 Resident #2 was obseon the nose and under	ted to notify the physician lent #5 hit Resident #2 but him. The Nurse stated that obysician 's office on but the incident. Ited in an interview on that she would have call the physician and that trespond in a timely call nurse or the DON for the Administrator stated that that the staff notify her let to reach the physician; let in had been notified and as. If, Facility Consultant #2 not able to determine when lifted of the incident. Idmitted to the facility on noses including Senile ner's Disease. Data Set (MDS) If 13 revealed that the staffing that the resident was apaired. The MDS revealed no behaviors and was		157	The Regional Director and/or Cor Nurse Consultant will review Invident/Accident Committee QI Atools monthly for six months starting 2013 then quarterly thereafter to assufacility is completing and that notifications are made for all frincidents/accidents. The Quality Improvement Exe Committee which consists of the M Director, Administrator, Director Nursing, Assistant Director of Nursing, Assistant Director of Nursing Data Set Nurse, Social Wo Bookkeeper, Activity Director, D Director, Medical Records Director Maintenance Director will review quality improvement audit tools to in the Incident/Accident Committee Refor monitoring, assessment recommendation of needs to monitor these systems, and to continued compliance in these areas.	the Audits April are the MD acility cutive edical r of arsing, innum akers, ietary , and the telude views and further	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		STRE	EET ADDRESS, CITY, STATE, ZIP CODE GHWAY 177 S BOX 1489 AMLET, NC 28345	1 04/	11/2013	
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F 157	#5 was standing at the that he hit Resident # report revealed that the there was no docume was notified of the income the there was a Physicial an eye consult due to report for Resident #2 had a subconjunctiva with recommendation an antibiotic ointment. There was a Physicial X-ray nasal bones to X-ray report dated 3/2 revealed a non-displanasal bone. Nurse #4 stated in an 12:25 PM that she would 3/10/13 (Sunday). The #5 hit Resident #2 an physician but did not physician. An interview was condadministrator, the Din Facility Consultant #1 The DON stated that she was aware of tha (name of physician). It is to tell all the nurse cell phone and to call trouble reaching him. stated that they had in nurses not documentic	e foot of the bed and said 2 for being in his bed. The he physician was paged but entation that the physician cident. In 's Order dated 3/11/13 for trauma. The Consultation 2 revealed that the resident 1 hemorrhage of the left eye is for cool compresses and twice a day for 7 days. In 's Order dated 3/12/13 to rule out a fracture. The 12/13 for Resident #2 iced fracture of the right Interview on 3/26/13 at orked 7PM to 7AM on the Nurse stated that Resident did that she paged the receive a response from the	LL.	157				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		C C		
		345293	B. WING			04/	11/2013
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345				
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F 157	1:30 PM that he did in him over the weeken could not remember. did not remember whincident between Rebut he thought that h (3/11/13). The Physichome on the weeken phone and his home Nurse #3 stated in an 11:45 AM that she w (Sunday) and attempthat night when Resiwas unable to reach she called the Admirbut did not notify the not reach the physicishe sent a fax to the morning to let him known that high the not reach the physicishe sent a fax to the morning to let him known the physician did not notify the not reach the physician did not notify the morning to let him known the physician did not notify the not reach the not reach the physician did not notify the not reach the notify the not	In an interview on 3/26/13 at not think that the staff called d of 3/9-10/13 but really The Physician stated that he ean he was notified of the sident #5 and Resident #2 e found out on Monday cian stated that he was at d and was available by cell phone. In interview on 4/11/13 at orked 7PM-7AM on 3/10/13 at	F	157			
		not able to determine when					

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F 157	11/17/03 and had dependent and the complete of the modern and the complete of the modern and the complete of t	admitted to the facility on liagnoses that included n, Dementia and Paranoid sident #5 resided on the locked	F	157	DEFIGENCY		
	revealed that on 2/1 dose reduction of the medications.	ary. sident 's medical record 7/13 there had been a gradual he Resident 's psychoactive report dated 3/9/13 revealed					

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F 157	residents were fighting upon entering the room Resident #5 standing clenched fist and state because the resident revealed that Resident redness of the eye. The physician beeped via (times) 2. Have not go The progress notes for documentation that Reresident or that the physician of the physician	iffied at 8:00 PM that two g. The report revealed that m the nurse observed over Resident #4 with a ed that he hit Resident #4 was in his bed. The report at #4 had swelling and ne report read: "(Name of phone @ (at) 8:20 PM x of the ret. (returned) call. or Resident #5 revealed no resident #5 had hit another rysician had been notified of or of Nursing (ADON) stated 6/13 at 10:30 AM that she on the weekend of received a phone call from revening (3/9/13) that resident #4. The ADON re nurse to keep the two and to go ahead and get a reat #4. The ADON stated interview on 3/26/13 at rked on the dementia unit fit on 3/9/13 (Saturday). The paged the physician on his	F	157			

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		345293	B. WING			C 11/2013
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	, , , , ,	1112010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 157	beeped the physician that when she did not the physician the second ADON and told her the reach the physician. The ADON told her to go a Resident 4's eye. An interview was conceaded and a concease of the Administrator, the Direct Facility Consultant #1 and the DON stated that the she was aware of that (name of physician). The tried to tell all the nurse cell phone and to call the trouble reaching him. The Facility Consultant ADON stated that on a with Nurse #3 she heat the background and Northe physician was profused and the physician was Facility Consultant state on Wednesday (3/13/2) and the physician was Facility Consultant state on Wednesday (3/13/2) and the physician was Facility Consultant state a problem with the nur response of calls made inserviced all the staff. The Physician stated in 1:30 PM that he did not him over the weekend could not remember. The incident between Residut he thought that he	again. The Nurse stated receive a response from and time she called the at she had not been able to the Nurse stated that the shead and get an X-ray of ducted with the ector of Nursing (DON) and on 3/26/13 at 12:45 PM. This was the first incident the staff was unable to get the DON stated that she ses to call the physician 's the hospital if they have The ADON was asked by to join the interview. The 3/9/13 while on the phone and the telephone ringing in turse #3 commented that bably calling back. The spoke with the physician 13) when he made rounds a aware of the incident. The ted that they had identified rese not documenting the e to physicians and had regarding this issue. In an interview on 3/26/13 at the think that the staff called of 3/9-10/13 but really the Physician stated that he was notified of the dent #5 and Resident #4	F 15			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345293	B. WING			C 11/2013
	ROVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 157	home on the weekend phone and his home phone and his home properties and phone and his home properties are also as the physician during his that she beeped the pithe only way she knew. The Nurse stated that make sure that he was he was on call for him stated that her shift was she told Nurse #4 in reable to reach the physician to an	I and was available by cell phone. Interview on 4/10/13 at 2:15 turday) she never did get er shift. The Nurse stated hysician and that this was to reach the physician. she called the hospital to so on call and was told that self that night. The Nurse as over at 11:00 PM and eport that she had not been ician. Interview on 4/11/13 at 13 she worked the Nurse stated that she cian had been notified order for an X-ray. The did not attempt to call the uring her shift. The Nurse 17PM-7AM on 3/10/13 ed to notify the physician ent #5 hit Resident #2 but im. The Nurse stated that hysician 's office on the incident. ed in an interview on neat she would have call the physician and that	F 157			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		SURVEY PLETED
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 157	stated that they were the physician was not be. A facility incident reprepared by Nurse #2 The report revealed to Resident #2 because and that Resident #2 nose and under the let that the physician was documentation on the was notified of the incommentation of the physician was notified another resident. Nurse #4 stated in an 12:25 PM that she was 3/10/13 (Sunday). The #5 hit Resident #2 and physician but did not a physician. An interview was cone Administrator, the Direct Facility Consultant #1 The DON stated that she was aware of that (name of physician). Tried to tell all the nurse cell phone and to call trouble reaching him.	M, Facility Consultant #2 not able to determine when iffied of the incident. eport for Resident #2 was in on 3/10/13 at 10:02 PM. nat Resident #5 had hit the resident was in his bed had a laceration on the left eye. The report revealed is paged but there was no report that the physician ident. or Resident #5 revealed no incident or that the left that Resident #5 had hit linterview on 3/26/13 at riked 7PM to 7AM on a Nurse stated that Resident detective a response from the	F.	157			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157	nurses not documen made to physicians a staff regarding this is. The Physician stated 1:30 PM that he did with the him over the weeken could not remember with incident between Result he thought that he (3/11/13). The Physician on the weeken phone and his home. Nurse #4 stated in ar 11:45 AM that on Succalled the Administrative to contact the place of the physician and that is office on Monday of the Administrative physician and that is office on Monday of the Administrator state of the physician did not manner to call the onfurther instructions. To it was her expectation when they were unable her know that the DO what the end result with the contact of the physician did not manner to call the onfurther instructions. To it was her expectation when they were unable her know that the DO what the end result with the contact the physician did not manner to call the onfurther instructions. To it was her expectation when they were unable her know that the DO what the end result with the physician did not provide the physician did not provide the physician did not	ting the response of calls and had inserviced all the sue. It in an interview on 3/26/13 at not think that the staff called d of 3/9-10/13 but really The Physician stated that he seen he was notified of the sident #5 and Resident #2 e found out on Monday cian stated that he was at d and was available by cell phone. In interview on 4/11/13 at nday night (3/10/13) she tor about the incident and nysician but was unable to e stated that she did not or that she could not reach at she sent a fax to the doctor morning. Interview on the doctor morning. Interview on that she would have to call the physician and that the trespond in a timely call nurse or the DON for the Administrator stated that in that the staff notify her le to reach the physician; let N had been notified and as. In the physician and that in that the staff notify her le to reach the physician; let N had been notified and as.	F1	57		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		345293	B. WING_			1	C /11/2013
	OVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE		HIGHW	ADDRESS, CITY, STATE, ZIP CODE JAY 177 S BOX 1489 ET, NC 28345		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X6) COMPLETION DATE
F 157	The Administrator wa	s notified of the Immediate at 2:10 PM. The facility	F1	57			
	04/11/13 at 5:55 PM. compliance indicated:	-					10.000
THE PROPERTY OF THE PROPERTY O	resident affected: On 3-9-2013 resident nurse (LD) and attempt	(JD) was assessed by ot made to notify MD. XRay eleted on 3-9-13 10:30 pm					-
To the state of th	MD gave order for res and resident (JD) was 3-11-13, with addition	ures identified. On 3-11-13 ident to see eye physician seen by eye physician on al eye physician visits on					
	return visit scheduled resident had procedur	start antibiotic therapy and a for 3-13-2013. On 3-14-13 e to remove right eye and from procedure on 3-15-13.		entitive and the second		:	
:	(RG) and attempt mad notified on 3-10-13.	RH) was assessed by nurse te to notify MD. Family on 3-10-13 resident (RH) room. On 3-11-13 MD					
	resident was seen by with orders for cold co ointment to be applied obtained X-Ray of resi	. On 3-12-13 facility dent nasal bones and					
	(RH) showing non-disp	s on 3-12-13 for resident placed fracture of nose.		***************************************			and the state of t
	of resident's behavior notified by nurse of be 3-10-13. On 3-10-13	rs. MD was attempted to be					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION		E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	shift resident was play monitoring. DON constitutioner on 3-11-practitioner arrived some resident with recommon previous dosage of a Social Worker contact center on 3-11-2013 to resident behavior. The outside psychiatr worker and verified the (WM) on the morning staff monitoring contict was discharged from resident (WM) was the psychiatric center for resides at this facility. What measures were having the potential to The Corporate Nurse 100 percent audit of a starting on 3-11-13 and the time period of doct to present 3-11-2013 nursing documentatic episodes that may not identified in incident residentified in incident residentified. On 3-12-13, the Corpe (PG) completed a revaller cations from 9-1-interventions for resident resident residentification from 9-1-interventions for residentified.	aced on one to one staff intacted psychiatric nurse 13 and psychiatric nurse ame day at 3:45 pm to see mendation to resume intipsychotic medications. Interest of potential placement due On 3-11-2013 at 7:00 pm Interest of potential placement due On 3-12-13. One to One Interest of the properties of t	F	157			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE	\$	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	•	
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F 157	Continued From page	17	F 15	57		
	deficient practice from On 3-12-2013 the Adr Improvement Incident starting on 3-12-13 co Administrator, Director Director of Nursing, Q Minimum Data Set Nu Therapy staff that will review all incidents an assessment of situatio MD notified, RP notified for changes and intervidocumented on a Quaranteed	ninistrator initiated a Quality /Accidents Committee nsisting of the r of Nursing, Assistant uality Improvement Nurse, rses, Social Workers, and meet five times per week to d accidents to assure nurse in, intervention put in place, ind, and Care Plan updated rentions. This review will be				
	initiated in-servicing for Notification of Physicia s Condition that empha MD and that if a nurse Attending MD, to notify in-service continues the	the On-Call MD. The at if a nurse is unable to on-call MD to notify the				
	and Staff Developmen additional in-service fo MD Notification that in MD for notification of a not respond, contact to designated to take on-	porate Nurse Consultant t Coordinator initiated an r all Licensed Nurses on cluded when contacting the situation and the MD does ne physician who has been call for this physician. If to who is taking on-call for				

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1		A. BUILDING			С
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND	REHABILITATION CENTE	HIGH	FADDRESS, CITY, STATE, ZIP CODE IWAY 177 S BOX 1489 ILET, NC 28345		
PREFIX (EACH DEFICIENCY MUST	ENT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 157 Continued From page 18 an attending MD, then con request the on-call physicia attempting to contact. Nur Medical Director. Anytime resident needs physician in the physician has not return status of the MD cannot be resident to the Emergency precautionary measure for On 4-10-13, the Staff Dever and DON initiated in-service nursing assistants and nursing assistants and nursing assistants and nursing assistant notices at the change with Resident Care Guide located closet and prompt nursing changes in behaviors or meaning assistant notices at the prompt in the properties of the p	an for the MD you are uses can also notify the a nurse feels that a nedical evaluation and med call or on-call everified, then send Room as a their needs. Plopment Coordinator sing at 6:15 pm for all ses that anytime a ntipsychotic will be noted on the ed in each resident 's staff to observe for any edical condition. If a change in resident are to notify their nurse curse is notified that for or condition they the resident, assure esidents are safe do notify the QI Nurse wing these residents nedication change as Nursing Assistants resident if any tion or behavior. Tystems put in place: ON will review the ent/Accident	F 157			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	ROVIDER OR SUPPLIER			T	REET ADDRESS, CITY, STATE, ZIP CODE	<u> 1 U4</u>	/11/2013
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
4 c c c c c c c c c c c c c c c c c c c	assure all areas are reintervention and notific. The Regional Director Consultant will review Committee QI Audits it starting April 2013 the assure the facility is conotifications are made incidents/accidents. The Quality Improvem which consists of the It Administrator, Director Director of Nursing, Qi Minimum Data Set Nu Bookkeeper, Activity E Medical Records Director will review the tools to include the Incidents for monitoring recommendation of nethese systems, and to compliance in these and On 4/11/13 at 5:00 PM validated by reviewing the dementia unit and of injury or other signs abuse. Interviews were administrative staff and call after business hou assure that intervention place with resident to ron-call Incident Managements.	eviewed with appropriate cations to MD. If and/or Corporate Nurse the Incident/Accident tools monthly for six months in quarterly thereafter to completing and that MD for all facility It is the Executive Committee Medical Director, or of Nursing, Assistant wality Improvement Nurse, rise, Social Workers, Director, Dietary Director, ctor, and Maintenance equality improvement audit cident/Accident Committee gr, assessment and weds to further monitor assure continued reas. If the credible allegation was the audits conducted on the general floors for signs of resident to resident econducted with the different calls regarding the conductation on the general floors for signs of resident to resident to resident the different calls regarding	4.	157			

ľ	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION	(X3) ĐẠTE COME	SURVEY PLETED
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F 157	business hours and o included the notification staff was knowledgear A QI Worksheet had be that rotate nurse on-conterventions for incident after business hours, with the nurses and the locked dementia unit was confirmed that staregarding the new system 483.20(d), 483.20(k)(*COMPREHENSIVE COMPREHENSIVE COMPRE	n weekends. This form on of the physician. The ble of the form and its use. been developed for the staff all duties to document ents/accidents that occur Interviews were conducted the nursing assistants on the and on the general floors. It aff had received inservices stems put in place. I) DEVELOP CARE PLANS Tresults of the assessment of revise the resident's force. It also a comprehensive care that includes measurable bles to meet a resident's mental and psychosocial end in the comprehensive	F 1	F279 What measures the facility put in for the resident affected:	ssed by fy MD. 13-9-13 ractures resident 3-11-13, s on 3-therapy 3-2013. dure to facility ssed by MD. 3-10-13 r room. ident to seen by ders for nt to be ined X-ived X-lent #2	5-20-13

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		345293	B. WING		04/11/2013
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE	н	REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
F 279	Based on record revifacility failed to develop plan to address 1 of 1 protective of his person address behaviors of (Resident #4 and Resident #5 and would lie down in resulting in injury to Richard The Immediate Jeopa PM and was identified. The Immediate Jeopa 04/11/13 at 5:55 PM woredible allegation of remain out of complial level D (with potential that is not immediate in nursing staff can be in then implement monit. The findings include: 1. Resident #5 was ac 11/17/03 and had diag Anxiety, Dementia and and resided on the local facility. The Resident's Annual (MDS) Assessment diagrams with the assessment revealed psychotropic medication the assessment periodical planned.	ew and staff interviews, the op a comprehensive care resident (Resident #5) onal space and failed to 2 of 2 sampled residents sident #2) who wandered other resident 's beds resident #4 and Resident #2. The facility began on 3/9/13 at 8:00 of on 04/10/13 at 2:10 PM. The facility provided a compliance. The facility will nee at a scope and severity for more than minimal harm repoperdy) until all of the reserviced. The facility will oring of its corrective action. Inditted to the facility on gnoses that included do Paranoid Schizophrenia sked dementia unit in the real Minimum Data Set alted 07/18/12 revealed no or mood issues therefore a not was not done. The that the Resident received ons 7 out of 7 days during do and would be care	F 279	attempted to be notified by nu behavior on 3-9-13 and 3-10-13. On 13 at 7:00 am resident #5 was placed minutes checks. On 3-11-13 first resident #5 was placed on one to on monitoring. DON contacted psynurse practitioner on 3-11-13 psychiatric nurse practitioner arrived day at 3:45 pm to see resident recommendation to resume previous of antipsychotic medications. Worker contacted outside psychiatric on 3-11-2013 for potential placements.	and dosame to with dosage Social center ent due 1-2013 center ed they ning of nitoring he was -12-13, outside and no or of Nurse, and ree On go that in place

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SUI COMPLET	
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F 2	physical aggression reimpairment and depresent included the following Resident. Document Note cause and successfrequency and duratic prescribed by physicial Monitor and documer protocol. Remove Rewhen behavior is districted diversional action area; reassure Residestay with Resident duappropriate or if residereason with Resident duappropriate or if residereason with Resident, the ability to think logical include information reaggression when other personal space. The Medications showed the drugs that had the poseffect of the mind. The Resident was taking the anxiety, depression and behaviors. The intervest of the Resident is modocumentation per fact physician of any signification of the Resident of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signification of the Resident is modocumentation per fact physician of any signif	elated to anger, cognitive ession. The interventions: Do not argue or condemn summary of each episode. Essful interventions, include on. Medication/Treatment as an in a timely manner. It behavior per facility sident from public area uptive and unacceptable. I low pitch, calm voice to indesired behavior and stivity. Remove to a quiet ent of personal safety and ring periods of anger if ent wishes. Try not to as Resident no longer has cally. The care plan did not garding the Resident's er resident's got in his care Plan for Psychoactive that the Resident received ential of having an altering er Care Plan showed that the medications due to a decline in mood and entions included monitoring od and behaviors with colity policy and to notify the ficant changes. The Care interventions until 3/13/13. (Quarterly) dated 1/11/13 dent was severely and had behaviors of reaming and cursing at	F 279	include one to one staff monitoring or resident strikes another resident un situation is assessed further and apprinterventions are decided to meresident's individualized needs to it care planning. When unsure also situation, the Administrator and/or D of Nursing should contact the Red Director or Corporate Nurse Consult additional advisement. No Administrator servicing. On 4-11-2013 the Administrator serviced the MDS Nurses Interdisciplinary Care Plan Team on the results of the interdisciplinary care Plan Team on the resident's comprehensive plan of during new assessments, assessed chand routine comprehensive plan of updates. On 4-3-13 the MDS Nurses started percent review and comprehensive of care was completed for each resident's comprehensive of care was completed for each residently of the comprehensive of all Care Plans to individualization of the comprehensive of care was completed for each residents. On 4-10-2013 the MDS nurses completed behaviors of residents On 4-10-2013 the MDS nurses completed for each residently of all residents on antipsymedications to assure that comprehensive plan of care address use of antipsychotic medication and current dose reduction or changes, areas identified were corrected by up of the residents' comprehensive care in the residents' comprehe	til the opriate et the nelude out a irector egional ant for strative his inand using plinary revise of care anges, f care a 100 ensive assure of plan dent to letted a tensive ochotic the ses the ed any Any odating	20-13

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F 279	1 person and received antipsychotic medical A nursing progress not PM revealed that Resident doorway of the dining started to go in and R and started yelling at would hit him. It was retired to go in and R and started yelling at would hit him. It was retired to go in and R and started yelling at would hit him. It was retired to the resident #4 after Resident #4 after Resident #4 after Resident #4 revealed that the other residents. When at them he stated: "I me. " The Resident yellow that at 8:00 PM Resident was in his room. A facility incident report that at 8:00 PM Resident #4 had to have his eye the eye. A facility incident report PM revealed that Resident a fracture of the Resident a fracture of the Resident #5 control of the Resident	tory with the supervision of d antianxiety and ions. Dete dated 12/4/12 at 11:10 ident #5 was standing in the room and Resident #4 esident #5 balled up his fist Resident #4 stating that he noted that this happened x Dete dated 12/20/12 at 11:34 ident #5 knocked down ident #4 pulled his chair njuries were noted. Dete dated 2/20/13 at 9:42 Resident yelled out x 3 at a sked why he was yelling don't want them to touch elled at another resident Dete dated 3/9/13 revealed ent #5 hit Resident #4 was in his bed. Resident eremoved due to trauma to art dated 3/10/13 at 10:02 ident #5 hit Resident #2 was in his bed resulting in	F	279		egimen sidents Any ossible viewed ychotic mittee in(s) to be ere are eview, correct, coperly uency, ations, es in to the riate. The total a sidents sisting irsing, buality its Set y staff eview nurse put in and	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
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	and the staff would was going on. An interview was co #2 on 3/25/13 at 3:1 Resident #4 and Re around the unit and bed. The NA stated staff would get them. The Director of Nursinterview on 3/26/13 the unit know Reside bothers him, he will is going on and redir. The Quality Improve interview on 3/26/13 #5 had always been people on a regular it was a known fact transported in his person did not move, the Reaggressive. On 3/26/13 at 12:45 conducted with the A Nursing and a Facilit Consultant stated the of Correction (POC) weekend of 3/9-10/1. A review of the POC regarding the care please of the MDS Nurse state at 3:30 PM that where	nducted with NA #1 and NA 3 PM. NA #1 stated that sident #2 would wander might get into any resident 's that when this happened the up and show them their bed. ing (DON) stated in an at 9:54 AM that the girls in ent #5 and if someone yell and the staff go see what ects the resident. ment Nurse stated in an at 10:04 AM that Resident aggressive but did not hit basis. The Nurse stated that hat Resident #5 did not like hal space and if the person esident would become PM an interview was administrator, Director of y Consultant. The Facility at they had completed a Plan after the altercations on the 3. revealed no information	F	279	will be documented on a Comprovement Incident/Accident For Committee QI Audit Tool. The facility Quality Improvement Antipsychotic Committee will monthly to review all residents that antipsychotic medications. The Committee will consist of the Administrator, Dof Nursing, Assistant Director of Numinimum Data Set Nurses, Committee Pharmacy Consultant. The Committee review each resident medications include current dosage, whether the documented behaviors since last reverification that MD orders are commented for the need and frequency diagnosis to support present medications and recommendations for changemedications that will be submitted Medical Doctor. Any recommended made during the Committee Meeting be referred to the Attending Physicia acceptance or decline of recommendations of recommendations or decline of recommendations or decl	vement meet are on unittee irector ursing, quality s, and ee will (s) to are are eview, orrect, operly uency, ations, es in to the ation. Care effect with e QI age in sident	

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F 279	and behaviors docum Nurse stated that she Resident #5 was prote until the incidents on to The Nurse stated that residents getting into the Alzheimer's Unit. 2. Resident #4 was ac 6/7/11 and had diagno Depression and Demo Disturbances. A review of the nursin Resident #4 showed a PM that the Resident resident's bed. A nursing progress no AM that the Resident resident's beds. The most recent Minim Assessment (Quarter) that the Resident had memory loss and had and required cues and showed that the Resid symptoms not directed ambulatory with the su The Resident's curre on 2/18/13 showed pro Resident acts characte and repetitive actions impairment, shaking d daily, wandering into o	ented by the staff. The was not aware that ective of his personal space the weekend of 3/9-10/13. Is she was not aware of other resident's beds on Imitted to the facility on oses that included Anxiety, entia with Behavioral If progress notes for a note dated 2/5/13 at 7:32 was lying in another It dated 2/13/13 at 12:05 was in and out of other Inum Data Set (MDS) y) dated 2/17/13 showed short and long term poor decision making skills I supervision. The MDS lent had behavior I toward others and was apervision of one person. Int Care Plan last updated oblematic manner in which erized by ineffective copting	F	279	On 4-10-13, the Staff Develor Coordinator and DON initiated in-set at 6:15 pm for all nursing assistant nurses that anytime a resident has a sin antipsychotic medications, the will be noted on the Resident Care located in each resident's closet and mursing staff to observe for any char behaviors or medical condition. Nursing Assistant notices a char resident behavior or condition they notify their nurse immediately. Any Nurse is notified that there is a chabehavior or condition they a immediately assess the resident, resident is safe and other residents a related to the behavior, and notify Nurse and/or DON and/or the Nurse Call. If situation warrants, notify thand RP. The in-service include reminder that the QI Nurse will a routinely observing these residents whan antipsychotic medication change and will also be asking Nursing Assand Nurses who work with resident observed changes in condition or behaviors on 5-16-2013 by the North Call Elderly Psychiatric Services utilize curriculum approved by Arizona States.	rvieing ats and change change Guide prompt ages in are to time a ange in re to assure re safe the QI se On-ne MD ed the also be hile on as well sistants if any avior.	

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THE CONTRACT OF THE CONTRACT O	was initiated by MDS interventions were as or task in attempt to d cycle. Monitor episode report to MD as indica duration, interventions review of medications Praise/reward residen consistent desired/acc behavior (shaking doo no interventions to pregetting into Resident #A nursing progress no PM showed that the R into roommates bed to The Quality Improveminterview on 3/26/13 at #5 had always been at people on a regular bait was a known fact the anyone in his personal did not move, the Resiaggressive. The MDS Nurse stated 03/28/13 at 3:30 PM the plans and coding the M nurse's notes and bel staff. The Nurse stated residents getting in othe Alzheimer's Unit.	Nurse #1 on 8/22/12. The follows: Give Resident item istract or break repetitive es of repetitive behavior and ated. Note frequency, and results. Pharmacy monthly and/or as needed. It for demonstrating beptable behavior. Redirect ars). The care plan showed event Resident #4 from 15's bed. It dated 2/18/13 at 11:16 esident continued to get rest. The Nurse stated in an at 10:04 AM that Resident ggressive but did not hit sis. The Nurse stated that at Resident #5 did not like space and if the person dent would become In an interview on at when updating care 1DS she looked at the naviors documented by the that she was not aware of ear resident 's beds on the	F	i	How the facility will monitor system in place: The Administrator and/or DON will a the Quality Improvement Incident/Acc Committee QI Audit Tool five time week to assure all areas are reviewed appropriate intervention and notification. Any changes in interventions from review will be updated on Comprehensive Care Plan for the residence of Nurses Notes three times a for eight weeks starting 3-11-2013 the per week ongoing thereafter to assure notes were reviewed and that any with identified concerns were hand meet the individual needs of the reand situation. Any changes in intervention this review will be updated on Comprehensive Care Plan for the residence of the reand situation. Any changes in intervention this review will review the "Incomprehensive Care Plan for the residence of the place of Nurses Consultant will review the "Incomprehensive Care Plan for the residence of the place of Nurses	review cident es per d with ations, n this the dent. The QI week e once are all areas led to sident ntions n the lent. For ate ident to sident the lent of the l	

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F 279	Continued From page	27		F:	279			
	AM revealed that Res wrong rooms and bed female 's room in bed female 's room in bed and the state of the resident's room. The Annual Minimum sheet for the Minimum Assessment dated 12. Behaviors triggered. The most recent MDS revealed that the Residuring the assessment for behaviors the Residuring the assessment for the Residuring the assessment for the Residuring the assessment for Wanderin to check for whereaboth at alarmed exits are Intervention: (wanderg interventions to prever getting into Resident # A nursing progress not PM showed that the Relacerations on his nose reddened sclera. The resident # States and the reddened sclera. The reddened sclera. The reddened sclera.	It dated 1/31/13 at 3:31 Resident was in and out of its and beds. Data Set (MDS) Summery Data Set (MDS) Data S				The Quality Improvement Exe Committee which consists of the M Director, Administrator, Director Nursing, Assistant Director of Nu Quality Improvement Nurse, Min Data Set Nurse, Social Wo Bookkeeper, Activity Director, E Director, Medical Records Director Maintenance Director will review quality improvement audit tools to in the Incident Notification Worksheet Reviews of Nurses Notes for unreincidents, the Incident/Accident Commercian Reviews, and the Antipsychotic Medic Committee Meeting Minutes monitoring, assessment recommendation of needs to imposite these systems, and to continued compliance in these areas.	edical r of ursing, imum orkers, bietary r, and v the nclude is, the ported mittee cation for and further	

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	An Eye Consultation subconjunctival hemore and interview was con #2 on 3/25/13 at 3:13 Resident #4 was con the unit and might ge NA #1 stated that the show them their bed. The Quality Improver interview on 3/26/13 at #5 had always been a people on a regular bit was a known fact the anyone in his personadid not move, the Resaggressive. On 3/26/13 at 12:45 F conducted with the Ad Nursing and Facility Consultant stated that of Correction (POC) aweekend of 3/9-10/13 A review of the POC or regarding the care plant at 3:30 PM that when coding the MDS she is and behaviors docum. Nurse stated that she getting in other reside is Unit.	report dated 3/11/13 showed orrhage left eye. Inducted with NA #1 and NA B PM. NA #1 stated that fused and wandered around it into any resident 's bed. In staff would get them up and when the staff would get them up and t	F 279			

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F 279	assessment period wonot new behavior for Care Area Assessment period wonot new behavior for Care Area Assessment Period word and Alaba Period and Alaba Period Peri	r for the 12/25/12 MDS ras pacing and that this was Resident #2 therefore a ent was not done. Is notified of the Immediate at 2:10 PM. The facility llegation of compliance on The allegation of: acility put in place for the resident to see an ent #4 was assessed by Nurse to notify MD. XRay of eye on 3/9/13 at 10:30 pm with residentified. On 3/11/13 the eler for the resident to see an ent #4 was seen by an eye with additional eye with additional eye resident #4 had a procedure re and returned to the facility end to notify the physician. It is a control on the sician and the resident was an on 3-10-13. On 3-10-13 ed to another room. On gave an order for Resident was an on 3-11-13 with orders for attibiotic ointment to be the facility obtained X-Ray of and received X-Ray results	F 279			THE PROPERTY OF THE PROPERTY O

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	non-displaced fracture The Responsible part on 3-9-13 and 3-10-13 The MD was attempte behavior on 3/9/13 an 7:00 am Resident #5 of checks. On 3-11-13 fi placed on one to one Director of Nursing (Dipsychiatric nurse prace 3:45 pm to see reside resume previous dosa medications. Social Ni psychiatric center on 3 placement due to reside 3-11-2013 at 7:00 pm center contacted social would admit Resident 3-12-13. One to One with Resident #5 until facility. On 3-12-13, R to outside psychiatric of longer resides at this fi What measures were phaving the potential to On 3-11-13 at 5:45 pm in-serviced the Admini Assistant Director of Ni Improvement Nurse, Na and Administrative Nurse	y was notified by the nurse of to be notified by nurse of d 3/10/13. On 3-10-13 at was placed on 15 minutes irst shift Resident #5 was staff monitoring. The ON) contacted the dittioner on 3-11-13 and dittioner arrived same day at number of antipsychotic worker contacted outside 3-11-2013 for potential dent behavior. On the outside psychiatric all worker and verified they #5 on the morning of staff monitoring continued the was discharged from desident #5 was transported denter for admission and no accility. The Regional Director strator, Director of Nursing, ursing, Quality finimum Data Set Nurses rese who take Nurse On assuring that interventions place with resident to clude one to one staff	F	279				

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	appropriate interventesident 's individual planning. When unstadministrator and/or contact the Regional Consultant for additional Administrative Nurse this in-servicing. On 4-3-13 the MDS is review of all Care Plaindividualization of the completed for each of residents. On 4-10-2013 the MI percent audit of all remedications to assurt addresses the use of and any current dose areas identified were residents 'care planton consultant completed residents to include or medications. Any regarding possible are perviewed by the CAntipsychotic Medical Committee will review medication(s) to include the review, verification the PRN Medications usefor the need and frequent contact the review and frequen	lation is assessed further and bions are decided to meet the lized needs to include care ure about a situation, the Director of Nursing should Director or Corporate Nurse and advisement. No is worked until they received Nurses started a 100 percent and to assure the plan of care was resident to include behaviors. OS nurses completed a 100 percent and the plan of care antipsychotic medication or reduction or changes. Any corrected by updating of the commendations made antipsychotic medications will uality Improvement tion Committee. The	F	279			

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F 279	changes in medicatio the Medical Doctor fo	e 32 ns that will be submitted to r review as appropriate. out in place to prevent the	F	279			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	deficient practice from On 3-12-2013 the Adi Improvement Incident starting on 3-12-13 co Administrator, Director Assistant Director of I Improvement Nurse, I Social Workers, and I five times per week to	n reoccurring: ministrator initiated a Quality WAccidents Committee prof Nursing (DON), Nursing, Quality Minimum Data Set Nurses, Therapy staff that will meet preview all incidents and		Pilitary.			
	RP notified, and Care and interventions. The documented on a Qua	put in place, MD notified, Plan updated for changes is review will be					
TO THE REPORT OF THE PARTY OF T	Committee will meet r residents that are on a The Committee will co Director of Nursing, A Minimum Data Set Nu (QI) Nurses, Social V Consultant. The Com resident medication(s)	antipsychotic medications. possist of the Administrator, ssistant Director of Nursing, urses, Quality Improvement Vorkers, and Pharmacy mittee will review each) to include current dosage,					
·	last review, verification correct, PRN Medication documented for the ne diagnosis to support precommendations for	ions used are properly					

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***************************************	Meeting will be referr Physician for accepts recommendation. If recommendation of the resident will be C antipsychotic medical approaches listed an will note the change in the Resident Care watch for any change on the Resident Care watch for any change on the Resident Care watch for any change on the Resident Care watch for any change in change assistants an resident has a chang medications, the change in behaviors or condition immediately. Anytime there is a change in the are to immediately as resident is safe and or related to the behavior and/or DON and/or the situation warrants, no responsible party. The reminder that the QLI observing these residentials obe asking Nursing	ade during the Committee red to the Attending ance or decline of the physician agrees with the change in medication, then are Planned for changes in tions with goal and d the QI Nurse and/or DON in antipsychotic medication a Guide to prompt staff to as in behavior or condition. Development Coordinator servicing at 6:15 pm for all d nurses that anytime a e in antipsychotic nge will be noted on the located in each resident 's rsing staff to observe for any is or medical condition. If a cices a change in resident they are to notify their nurse a a Nurse is notified that behavior or condition they assess the resident, assure of the residents are safe for, and notify the QI Nurse the Nurse On-Call. If tify the physician and the in-service included the course will also be routinely tents while on an tion change as well and will g Assistants and Nurses the financy observed changes	F	279			

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Continued From page 34 How the facility will monitor systems put in place: The Administrator and/or DON will review the Quality Improvement Incident/Accident Committee QI Audit Tool five times per week to assure all areas are reviewed with appropriate intervention and notifications. The Administrator will review the QI Review of Nurses Notes three times a week for eight weeks starting 3-11-2013 the once per week ongoing thereafter to assure all notes were reviewed and that any areas with identified concerns were handled to meet the individual needs of the resident and situation. The Regional Director and/or Corporate Nurse Consultant will review the "Incident Notification Worksheet QI Audit tools, the Incident/Accident Committee QI Audit tools, and the QI Review of Nurses Notes monthly for six months starting April 2013 then quarterly thereafter to assure the facility is completting and interventions are in place and working to meet residents " needs. The Quality Improvement Executive Committee which consists of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Quality Improvement Nurse, Minimum Data Set Nurse, Scola Workers, Bookkeeper, Activity Director, and Maintenance Director will review the quality improvement audit tools to include the Incident Notification Worksheets, the Reviews of Murses Notes for unreported incidents, the Incident/Accident Committee Reviews, and the Antipsychotic Medication Committee Reviews, and the Antipsychotic Medication Committee Medicing Minutes for	

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F 279 F 314 SS=D	monitoring, assessmeeds to further more assure continued co. On 4/11/13 at 5:00 F was validated by reverse some plans and instaff. Interviews were known was and updates to be made updates to president 's psychological of the update updates and updates to prevent for individual's clinical of the updates to promote prevent new sores from the updates to promote prevent new sores from the updates to promote prevent new sores from the updates to prevent preven	nent and recommendation of nitor these systems, and to mpliance in these areas. PM, the credible allegation riewing the audits of resident 'ervices conducted with the econducted with the MDS owledgeable of the changes hade to the resident care es. The Incident/Accident Tool was in place to be used plans address changes in a ctive medications. ENT/SVCS TO RESSURE SORES The ensive assessment of a must ensure that a resident by without pressure sores essure sores unless the condition demonstrates that elle; and a resident having the endition demonstrates that elle; and a resident having the endition demonstrates that elle; and a resident having the endition demonstrates that elle; and a resident having the endition demonstrates that elle; and a resident having the endition demonstrates that elle; and a resident having the endition developing. The is not met as evidenced the end of the end	F	314	F314 On 4-10-13 the treatment nurse completed wound physician to clarify recommendation for Resident #1 relarisk benefits and physician agreed to the resident footboard rather than refootboard. A 100 percent audit of all residents receive wound physician services pronotes were reviewed on 4-12-13 by treatment nurse to assure recommendations had follow through nursing. Any areas identified with handled as appropriate for each reindividual needs. The treatment nurse and the DON inserviced on 4-10-13 by the Corp Nurse Consultant on assuring whe wound physician visits are completed there is a thorough review of their winotes to assure any orders recommendations are identified followed through as appropriate.	his ted to o pad emove who ogress y the any gh by ill be sident was porate en all d, that written	5-20-13

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SUMMARY S	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 PROVIDER'S PLAN OF CORRECTION (X5) FIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE				
6/30/09, re-admitted had diagnoses that Cerebrovascular Ac Mellitus, End Stage Anemia, Protein/Cal Artery Disease and the Right Heel. The Annual Minimur Assessment dated 2 Resident had short a and was severely corevealed that the Re assistance with bed on staff for transfers Resident was at risk a Stage IV pressure admission. The MDS reducing device was and that the Resider care. The Care Area Asse dated 2/23/13 reveal Stage IV pressure ulat risk for further skir. The Resident 's curron 2/6/13 revealed the for skin breakdown a pressure ulcers. The follows: Staff to turn a routinely. Bunny boot	mitted to the facility on I to the facility on 3/20/13 and included Multiple cidents (CVAs), Diabetes Renal Disease on Dialysis, forie Malnutrition, Peripheral Stage IV Pressure Ulcer of In Data Set (MDS) 1/23/13 revealed that the and long term memory loss regnitively impaired. The MDS sident required extensive mobility and was dependent In The MDS revealed that the for pressure ulcers and had ulcer that was present upon In revealed that a pressure used for the bed and chair at received pressure ulcer sesment for Pressure Ulcers ed that the Resident had a cer on the right heel and was	L.	314	"Wound Physician Order Recommendation" QI audit Tool of for four weeks then monthly for 3 nd to assure all wound physician ord recommendations have follow through appropriate. The Director of Nursing will review Wound Physician Order Recommendation QI Audit Tool week four weeks then monthly for three nd to assure completion and that are addressed as appropriate. The Quality Improvement Execommittee which consists of the Molirector, Administrator, Director Nursing, Assistant Director of Na Quality Improvement Nurse, Min	or weekly nonths ers or agh as we the or kly for nonths as are cutive ledical r of ursing, imum orkers, bietary r, and v the and oring, needs and to		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
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F 314	A Nursing Admission revealed that the Res pressure ulcer to the pressure ulcer to the A pressure ulcer asservealed that the Res pressure ulcers. A Wound Consult data Resident had diagnost Disease, Insulin Deperor Glycemic Control Acquired Hemolytic A Chronic Obstructive FCVA's (strokes) and specialist's exam revon the left and right and pulses on the left and < 3 seconds. The ass debridement of the prindicated secondary to disease. On 3/28/13 at 12:50 Fwound specialist mad Thursdays. The Nurse nurse was on medical treatments on the wee PM the wound special examine and measure asserved.	Assessment dated 3/21/13 ident had a Stage III right foot and a Stage IV heel of the right foot. Assessment dated 3/21/13 ident was at high risk for ed 3/21/13 revealed that the less of End Stage Renal endent Diabetes with Brittle oi, Diabetic Neuropathy, nemia, Iron Deficiency, Pulmonary Disease, Multiple Aphasia. The wound realed absent pedal pulses and absent posterior tibial right with a capillary refill of essment revealed that essure ulcer was not o severe peripheral arterial en one stated that the treatment leave and that she did the eskends. On 3/28/13 at 1:00 list was observed to the wounds on the	F	314	DEFICIENCY		
	leg up off of the bed. I Nurse #6 was observe purple area on the end great toe and stated the	olding the resident's right During the examination,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		н	EET ADDRESS, CITY, STATE, ZIP CODE IGHWAY 177 S BOX 1489 AMLET, NC 28345		
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	against the foot board Doctor instructed the board of the bed remote the resident's toes. A Wound Care Specia 3/28/13 under Assess wound of the left, distaread: "Recommendareduce pressure on di On 3/28/13 at 2:42 PM board was observed to A Wound Care Speciarevealed in the Assess arterial wound of the leimproved evidenced board was observed to have a foot On 4/10/13 at 10:58 A stated that she was not doctor had told the stafform Resident 1's bed stated that she was on wound doctor saw the Treatment Nurse states anything about the foo Nurse stated that she is with the interdisciplinaremoval of the foot board on 4/10/13 at 11:30 Al conducted with the Adaconducted with the Ada	of the bed. The Wound nurses to have the foot wed to keep pressure off of white the foot wed to keep pressure off of white the pressure off of the foot and the first toe - initial evaluation tion: Remove foot board to stal foot. " If and 4:00 PM the foot to be on the resident's bed. It ist Evaluation dated 4/4/13 sment & Plan that the eff distal first toe had by decreased surface area. If the Resident's bed was not board in place. If the Treatment Nurse is aware that the wound ff to remove the foot board in the the the foot board in the Resident on 3/28/13. The digital first toe when the Resident on 3/28/13. The digital first the wound doctor thursday and did not say the board. The Treatment had not had a discussion by team regarding the ard of Resident 1's bed. If an different in the foot board is the foot board in the foo	F	314			
	the Quality Improveme	nt Nurse. The DON stated					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
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,	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		нісн	FADDRESS, CITY, STATE, ZIP CODE IWAY 177 S BOX 1489 ILET, NC 28345	<u> U4</u>	/11/2013
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	removing the foot boa not write an order for removed. The DON's follow-up on it. The Doshould have taken the order but she did not. was not a discussion team about the reside On 4/10/13 at 12:48 F conducted with the Tr DON. The Treatment the wound doctor toda regarding the foot boa stated that the wound recommendation to rekeep the Resident's The DON stated that sverbal orders from the rolled up the foot of the from sliding down and The DON stated that it could be benefit to remove the decided to pad the foot it. On 4/10/13 at 1:05 PN conducted with Facility DON. The Facility Cor she stressed to the tree wound consult sheets review and follow-up of	r made a statement about and but the wound doctor did the foot board to be tated that she did not ON stated that maybe she is statement as a verbal. The DON stated that there with the interdisciplinary ent's foot board. PM an interview was eatment Nurse and the Nurse stated that she called any to clarify what he wanted and. The Treatment Nurse doctor told her that it was a smove the foot board to foot off of the foot board. She was not used to taking a wound doctor and she had be bed to keep the Resident that is the way she left it. The Resident had recently and that the wound doctor more of a risk than a foot board so they had be board instead of removing. If an interview was a consultant #1 and the insultant stated that today eatment nurse to pull the on Fridays or Mondays to an the recommendations. It stated that since it was not today, they were	LE.	314			

AND DIAM OF CORRECTION IDENTIFICATION MINABED.			1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	04	<u>I/11/2013</u>	
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ĺ	currently being padded On 4/10/13 at 2:30 Pl interview that she rent saying that the foot be but she did not follow that she was not used doctor when he made 483.25(h) FREE OF A HAZARDS/SUPERVI The facility must ensure environment remains as is possible; and ear adequate supervision prevent accidents. This REQUIREMENT by: Based on record reviet facility failed to supervision residents (Resident #4 dementia unit who was rooms resulting in pl sampled Residents (# to implement intervent resident (Resident #5) personal space result toward two other resid The Immediate Jeopa	M, Nurse #6 stated in an nembered the wound doctor pard needed to be removed up on it. The Nurse stated it to working with the wound is his rounds. ACCIDENT SION/DEVICES are that the resident as free of accident hazards ch resident receives and assistance devices to is not met as evidenced ew and staff interviews, the vise 2 of 2 sampled if and #2) in the locked indered into other resident.	F3	What measures the facility purfor the resident affected: On 3-9-2013 resident #4 was nurse and attempt made to XRay of eye area was complet 10:30 pm with results of identified. On 3-11-13 MD garesident to see eye physician #4 was seen by eye physician with additional eye physician with additional eye physician 12-13 with order to start antib and a return visit scheduled for On 3-14-13 resident had premove right eye and returned the from procedure on 3-15-13. On 3-10-13 resident #2 was nurse and attempt made to Family notified on 3-10-13. resident #2 was moved to an On 3-11-13 MD gave order for see eye physician and resident eye physician on 3-11-13 with cold compress and antibiotic oi	assessed by notify MD. sed on 3-9-13 no fractures ave order for and resident on 3-11-13, visits on 3-10-13 orocedure to to the facility assessed by notify MD. On 3-10-13 nother room, or resident to was seen by th orders for intment to be	5'-20-13	
	The Immediate Jeopal 04/11/13 at 5:55 PM w credible allegation of c			applied. On 3-12-13 facility Ray of resident nasal bones and Ray results on 3-12-13 for showing non-displaced fracture	l received X- resident #2		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345293	B. WING_	B. WING		C 04/11/2013	
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		• • • • • • • • • • • • • • • • • • • •	ID	STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 ID PROVIDER'S PLAN OF CORRECTION		047	(×6)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	'	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
2.	that is not immediate nursing staff can be in then implement monification and included anxiety and Paranoid. The Annual Minimum Assessment dated 7/Resident had no moo symptoms during the The MDS revealed the antipsychotic medication and would plan. A nursing progress not PM revealed that Reseanother resident got to the Analysis of the dining started to go in and Resident and started yelling at hit him. The note revewere redirected. A progress note by the Nurse dated 12/27/12 was aggressive at time and included the second of th	I for more than minimal harm jeopardy) until all of the inserviced. The facility will toring of its corrective action. I: I dmitted to the facility on gnoses of Dementia, I Schizophrenia. Data Set (MDS) 18/13 revealed that the dissues or behavioral 7 day assessment period. at the resident was on an ion and an antidepressant I be addressed in the care of the dated 11/14/12 at 6:47 ident #5 yelled out when so close or was in his way. I deted 12/4/12 at 11:10 ident #5 was standing in the room and Resident #4 esident #5 balled up his fist the Resident that he would haled that both Residents I e Quality Improvement (QI) revealed that Resident #5 es with multiple behavioral ontinued to redirect the pehaviors and being	F3		RP was notified by nurse on 3-9-13 10-13 of resident #5's behaviors. Mattempted to be notified by nur behavior on 3-9-13 and 3-10-13. On 13 at 7:00 am resident #5 was placed minutes checks. On 3-11-13 first resident #5 was placed on one to on monitoring. DON contacted psychatric nurse practitioner arrived day at 3:45 pm to see resident recommendation to resume previous of antipsychotic medications. Worker contacted outside psychiatric on 3-11-2013 for potential placement or resident #5's behavior. On 3-11 at 7:00 pm the outside psychiatric contacted social worker and verified would admit resident #5 on the morn 3-12-13. One to One staff mon continued with resident #5 until he discharged from facility. On 3-resident #5 was transported to opsychiatric center for admission a longer resides at this facility. What measures were put in place for residents having the potential to be affected: On 3-11-13 at 7:00 pm a 100 percent was completed by the ADON of residents residing in the locked den unit to check for any signs of injust suspicious signs of resident to residents residing in the locked den unit to check for any signs of injustification in this audit.	D was see of 3-10-on 15 t shift e staff hiatric and I same with dosage Social center nt due I-2013 center d they ing of itoring e was 12-13, butside nd no	

		THE DIGITIES OF LANGES				OWR M	<u>J. 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345293	B. WING			C 04/11/2013	
NAME OF P	ROVIDER OR SUPPLIER			Τ		<u> </u>	11/2013
					REET ADDRESS, CITY, STATE, ZIP CODE		
RICHMON	ID PINES HEALTHCARE	AND REHABILITATION CENTE		1	HIGHWAY 177 S BOX 1489		
	· ·			ŀ	AMLET, NC 28345		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X6)
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TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	i	CROSS-REFERENCED TO THE APPROPRIA	\TE	DATE
					DEFICIENCY)		
					On 3-12-13 the audit was expanded	lees also	
F 323	Continued From page	42	F	323	floor managed to the	by the	
					I more unises to the remaining tes	sidents	
	A physician 's progre	ss note dated 1/4/12			residing in the nursing facility	as an	
		t #5 had a problem with			additional precautionary interventi	on to	
		nd that the Resident had			check for any signs of injury or resid	ient to	
	savere demantia The	note revealed that the			resident abuse. No negative outcome	s were	
		bative as long as he was			identified from this audit.		
	left alone.	balive as long as He was					
	tert alone,				The Corporate Nurse Const	ultants	
	The Posident La Cara	Dian initiated an 74040			completed a 100 percent audit of re		
		Plan initiated on 7/18/13			nurses notes starting on 3-11-13	ond	
	and updated on 1/4/13	revealed that the Resident			completed on 3-12-13 for the time per	and of	
•	nad verbal and physic	al aggression related to		ĺ	documentation from 12.1.2012 As a	100 01	
		ment and depression. The		ļ	documentation from 12-1-2012 to p	resent	
		the following: Do not argue		- 1	3-11-2013, to assure there were no n	ursing	
		Document summary of		- [documentation of resident to re		
1	each episode. Note ca				episodes that may not have been prev		
		requency and duration.			identified in incident reporting wi	th no	
İ	Medication/Treatment	as prescribed by physician			negative outcomes identified.		1
ļ	in a timely manner. Mo	nitor and document		j			ľ
j	behavior per facility pro	otocol. Remove Resident		1	On 3-12-13, the Corporate	Nurse	- 1
		behavior is disruptive and		Ì	Consultant (PG) completed a review		l
ĺ	unacceptable. Talk with	h Resident in a low pitch,			resident to resident altercations from 9	1 12]
	calm voice to decrease				to 3-11-12 to assure intervention		1
		iversional activity. Remove			resident to resident incidents were in		
	to a quiet area: reassur	re Resident of personal					
		esident during periods of			and/or still appropriate with no	new	
		if Resident wishes. Try not			concerns identified.		ĺ
	to reason with Residen	t, as Resident no longer			0 0 1 1 1 1		
		ogically. The Care Plan			On 3-11-13 at 5:45 pm the Reg	gional	1
		ent received drugs that			Director in-serviced the Administ		
		e an altering effect on the			Director of Nursing, Assistant Direct		
	mind and had problems				Nursing, Quality Improvement N	Jurse.	
					Minimum Data Set Nurses	and	1
		in mood and behaviors.			Administrative Nurses who take Nurs		ŀ
	Among the intervention			İ	Call responsibilities on assuring		ļ
	Resident 's mood and l		• Wit		interventions are immediately put in		
		ity policy and to notify the					
		cant changes. The Care	• •		with resident to resident incident		
	Plan revealed no new in	nterventions since 7/18/12.			include one to one staff monitoring w		
					resident strikes another resident unti	I the	ļ

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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that Resident #5 was impaired with a Brief I (BIMS) score of 3. The Resident had behavior that included threaten others and cursing at days during the 7 day. A review of the Physic revealed a gradual dor's psychoactive medical Buspar from 300mg (reduce Ativan from 1 morning, Reduce Remat bedtime and reduce 2.5mg at bedtime. A nursing progress no PM revealed that Resisink in the dining room the dining room in a wat Resident #5 about letter this was her house. The note revealed that no it both Residents were retained that the province of the famote revealed that the hit Resident #7 and the hit Resident #7 and the dining room in a wat the hit Resident #7 and the hit Resident #7 and the hit Resident #7 and the administrator was and the administrator was a nursing progress not PM revealed that Resident #8 and the Resi	mum Data Set (MDS) (y) dated 01/11/13 revealed severely cognitively interview for Mental Status of MDS revealed that the residence of the second of the sec	F3		situation is assessed further and apprinterventions are decided to mearesident's individualized needs to it care planning. When unsure at situation, the Administrator and/or D of Nursing should contact the Red Director or Corporate Nurse Consultate additional advisement. No Administ Nurses worked until they received the servicing. On 3-12-13, the Regional Director serviced the Administrator and Administrative Nurses who take Nurseaution include the Director of Nursing, Q Improvement Nurse, and Minimum Set Nurses on "On-Call Incompanies on "On-Call Inc	et the nelude pout a irector gional unt for trative nis in- or in- is all se On unity Data cident called ta to ers to HOW, place. et the ervice ekend g the cords Office ector, Staff in- clude pport staff,	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	345293	B. WING	B. WING		C 04/11/2013	
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND	D REHABILITATION CENTE] h	REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 323 Continued From page 44 he was resting in bed and residents did not belong it. A nursing progress note of that Resident #5 yelled or residents and when asked stated: "I don't want the note revealed that he yell for entering into his room removed from the room a not her room. A facility Incident Report of at 8:00 PM Nurse #3 was room due to two residents showed that Resident #5 Resident #4 with a clench told him to leave me alone of the report revealed that was swollen and blood should that the Responsible Party notified. A review of the clinical recrevealed a nursing progres at 11:03 AM that Resident #4 doctor's office for a right progress note dated 3/12/revealed that Resident #4 specialist. An eye consultation report the following: Trauma to riperception. Ruptured glob painful eye. Plan of treatm	d stated that these in his room. dated 2/20/13 revealed at three times at other d why he was yelling em to touch me. "The ed at another resident and the resident was not reminded that it was revealed that on 3/9/13 called to Resident #5 's a fighting. The report was standing over was standing over was standing over the dist and stated: "I all and get out of my bed. It Resident #4 's eye of. The report revealed by for Resident #4 was cord for Resident #4 was the distribution of the right eye. A led 3/11/13 at 3:10 PM was transported to the eye consult. A nursing 13 at 12:22 PM was taken to an eye at dated 3/14/13 revealed ght eye. No light eye. No light eye. Impression: Blind	F 323	are observed that safety is immediately, charge nurses are immediately for appropriate intervolves to staff was allowed to work unreceived this in-service. On 4-10-2013 the MDS nurses com 100 percent audit of all resid antipsychotic medications to assure plan of care addresses the antipsychotic medication and any	episodes provided notified ventions. ntil they upleted a ents on that the use of current y areas ag of the narmacy regimen esidents Any possible eviewed sychotic mmittee on(s) to nere are review, correct, properly quency, ications, ages in i to the		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ID PINES HEALTHCARE	AND REHABILITATION CENTE		REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	041112010	
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	Resident #4 had surge on 3/14/13. Record review reveals admitted to the facility of Dementia with Beha Quarterly MDS Asses revealed that Residenterm memory loss and cognitively impaired with sand required curreview of Resident #4 2/18/13 revealed that other resident 's room resident 's beds. The revealed that Resident resident 's bed on 2/5 resident 's beds on 2/5 into roommate 's bed On 3/25/13 at 2:52 PM conducted with Nurse #2 (3PM-11PM). The Nurse mot working on that recation between Revenue Warse #1 stated that diffs would keep to hims touched. The Nurse states would poll they would go down to	y dated 3/15/13 showed that ery to remove the right eye and that Resident #4 was on 6/7/11 with a diagnosis avioral Disturbance. The sment dated 2/17/13 t #4 had short and long was moderately with poor decision making as and supervision. A 's Care Plan updated on the resident wandered into as and would get into other nursing progress notes t #4 was lying in another /13, was in and out of other 13/13 and continued to get to rest on 2/18/13. I an interview was #1 (7AM-3PM) and Nurse Nurses stated that they be weekend of the esident #5 and Resident #4. Find that if anyone was in er out for the nurse and see what was going on. Here were altercations with the same weekend and we taken out.	F 323	What systems were put in play prevent the deficient practice reoccurring: On 3-12-2013 a QI worksheet guidimplemented to be used by Administrator, Director of Nursing, a Administrative Nurses that rotate On-Call duties for non-business weekends, and nights to assist in gatinformation to make decisions interventions for incidents to in resident to resident incidents utiliz "On-Call Incident Manage Worksheet QI Audit Tool. This aud will be utilized when calls are receive forwarded to the Administrator for reviously Improvement Incident/Acc Committee starting on 3-12-13 const of the Administrator, Director of Nursing, Q Improvement Nurse, Minimum Dat Nurses, Social Workers, and Therapy that will meet five times per week to reall incidents and accidents to assure assessment of situation, intervention place, MD notified, RP notified, and Plan updated for changes and interventing review will be documented Quality Improvement Incident/Acc Review Committee QI Audit Tool. Administrative Nurses will review resident nurses notes three times per for eight weeks starting week of 3-11 and then once per week on going ther to assure there are no resident to resident to resident.	e was the and all Nurse hours, hering about aclude ding a ment" it tool ed and riew. ated a idents sisting arsing, ruality a Set r staff eview nurse put in Care ations. on a cident v all week -2013 eafter	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ı		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345293	B. WING	B. WING			C	
	ROVIDER OR SUPPLIER	AND REHABILITATION CENTE		н	REET ADDRESS, CITY, STATE, ZIP CODE IIGHWAY 177 S BOX 1489 IAMLET, NC 28345	041	11/2013	
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
F 323	working on 3/9/13 whe between Resident #5 NA #1 stated that on were doing patient cat that they were fighting the room and observed Resident #5 's bed bit she asked Resident # he said that he did. The Resident #4 to the bear Resident #5 stayed in on Sunday when start Resident #5 was on 1 meant that they had to document his location stated that Resident # unit and might get in a would get him up and An interview was concept Administrator and the 3/25/13 at 4:50 PM. The Assistant Director on duty manager on Sincident with Resident occurred and had alrest the nurse on-call for the Administrator stated the Manager was the man (3/10/13). The Administrator stated the Administrator stated the Administrator stated the Administrator stated the Administrator stated the Administrator stated the Administrator stated the Into place every 15 min meaning the staff was	en the altercation occurred and Resident #4. Saturday night (3/9/13) they re and heard a resident yell is. NA #1 stated she went to id Resident #4 lying in eeding. The NA stated that 5 if he hit Resident #4 and he NA stated that she took inch in the hallway and his room. NA #1 stated that ing her shift at 3:00 PM, 5 minute checks which ocheck on the resident and every 15 minutes. The NAs 4 would wander around the any resident 's bed and staff show him his bed. Sucted with the Director of Nursing on he Administrator stated that of Nursing (ADON) was the aturday (3/9/13) when the #5 and Resident #4 ady left for the day but was she weekend. The hat the Medical Records ager on duty on Sunday strator stated that on red a call from the Medical of told her of the incident	F		On 4-10-2013 the Staff Develor Coordinator initiated in-servicing at pm for nurses and nursing assis regarding monitoring of residents the daily monitoring of our residents should routinely monitor their whereal If a dementia resident is identified as in another resident's space or be redirect the resident to the common areas of the unit and that if the resid resistive to the redirection to stay wit resident to assure no resident to resconflicts occur until the resident is albe redirected. The facility Quality Improve Antipsychotic Committee will monthly to review all residents that a antipsychotic medications. The Committee will consist of the Administrator, Director of Nursing, Assistant Director of N	stants at in staff couts. being ed to care ent is the sident cole to ement meet re on nittee rector rsing, and e will to e are view, rrect, perly ency, ions, is in to the tions		

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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	2771122010	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
F 323 Continued From page 47 after a second altercation between Resident #5 and another resident on Sunday night, Resident #5 was put on 1 to 1 observation until he was transferred out of the facility on 3/12/13. The Medical Records Manager stated in an interview on 3/25/13 at 5:02 PM that she was the in-house manager on 3/9/13 but was not in the facility at the time of the altercation between Resident #5 and Resident #4. The Manager stated that when she came in on Sunday morning (3/10/13) she was making her rounds and a nursing assistant told her that Resident #5 had hit Resident #4 and that she needed to go and look at his eye. The Manager stated that the nurse had already called the physician and the Responsible Party, an X-ray had been done and the nurse was doing neurochecks on Resident #4. The Manager stated that the instructed the nurse on the Alzheimer's Unit to start 15 minute checks on Resident #5 and she called the Administrator to let her know what had been done. On 3/26/13 The DON stated in an interview that the girls in the back know Resident #6 and usually know where he is and that if someone bothers the Resident, he will yell and the staff go to see what is going on and re-directs the Resident. The Quality Improvement Nurse stated in an interview on 3/26/13 at 10:04 AM that Resident #5 had always been aggressive but did not hit people on a regular basis. The Nurse stated that it was a known fact that Resident #5 did not like anyone in his personal space and if the person did not move Resident #5 worth the resident to the Attending Precommendation of changes in medications on the Resident then the resident will be Care Planned for changes in antipsychotic medications with goal and approaches listed and the QI Nurse and/or DON will note the change in mitipsychotic medications on the Resident Care Guide to prompt staff to watch for any changes in behavior or condition. On 4-10-13, the Staff Development Coordinator and DON initiated in-servicing at 6:15 pm for all nursing assistants and uurses i	t gdd e e e e e t n a n n e e e e t n a n n e e e e e t n a n n e e e e e e e e e e e e e e e e	

OLIVILIN	31 OK MEDIOTIKE C.				ADMOTOMOTOM	(X3) DATE	SHRAMA
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		LETED
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F 323	10:30 AM that she wa 3/9/13 and that she rothe nurse on the Alzh evening (3/9/13) saying Resident #4. The AD nurse to keep them is any further changes, that point she was no hitting another reside. On 3/26/13 at 10:55 / conducted with Nurse Alzheimer's Unit on shift. The Nurse stated is station and the NAst The Nurse stated than nurse's station and fighting. The Nurse is Resident #5's room the same time. The Nurse is standing over Resident #5 standing over Resides she noticed that Resi bloodshot and swolle Resident #4 was put the nurse's station. X-ray was done of Resident there was no fraction of 3/26/13 at 12:25 conducted with Nurse on Saturday night 3/8	an interview on 3/26/13 at as the nurse on-call on seceived a phone call from eimer's Unit on Saturdaying that Resident #5 had hit ON stated that she told the eparated and to call back if The ADON stated that up to at aware of Resident #5 ever int. AM an interview was a #3 who was working on the 3/9/13 on the 3PM-11PM and that she was at the nurse as were making their rounds, at a resident came to the said that two residents were tated that she went to and the 2 NAs arrived about furse stated that Resident and the 2 NAs arrived about furse stated that Resident and the 1 seed and Resident #5 was in the Nurse stated that an esident #4's eye was in. The Nurse stated that an esident #4's eye and the king to the count of the Nurse stated that an esident #4's eye and the king to the count of the Nurse stated that an esident #4's eye and the king the first production.	F.	323	Starting the week of 4-8-13, the QI will two times a week observe rewito are currently under a antips medication change and question stawork with the resident to assess if the any changes in behaviors or correlated to the change in the medication have not already been reported by staff observations utilizing a QI Aud Any changes in behavior or condition be assessed and referred to the MD further changes needed in medication the resident. Any changes identifications taken by nursing and/or MD reported to the Antipsychotic Med QI Committee on their next review. Directed In-Service Training antipsychotic medication and bel management will be conducted nurses on 5-16-2013 by the North CEIderly Psychiatric Services utilicurriculum approved by Arizona Starting and the property of the provided in the conducted nurses on 5-16-2013 by the North CEIderly Psychiatric Services utilicurriculum approved by Arizona Starting and the provided in the provided i	sidents yehotic ff who ere are ndition on that y other it Tool, on will for any ons for ed and will be lication on avioral for all carolina zing a	

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F 323	On 3/26/13 at 12:45 F conducted with the Ar Nursing and Facility C Consultant stated that of Correction (POC) a weekend of 3/9-10/13 A review of the POC administrative staff with the interventions were with resident to reside on one when a reside until the appropriate indetermined. The POC interventions to preve in other resident 's between the transfer of the AM that Resident #5 with supervise. The NA stated fining room until a the bathroom. The NA #5 would start getting what was going on. The ADON stated in a 10:43 AM that Reside facility and Resident #ADON stated that on coccurred between Resishe told the staff to keep a control of the ADON the staff to keep a control of the ADON the staff to keep a control of the staff to keep a	PM an interview was diministrator, Director of Consultant #1. The Facility It they had completed a Plan after the altercations on the interview on assuring the immediately put in place and incidents to include one and strikes another resident and intervention can be add not address and personal space. Berview on 4/10/13 at 10:34 was the one you had to attend the incident #5 would sit in the incident when Resident when Resident when Resident when Resident when Resident when Resident when It is the incident	: 323	How the facility will monitor system in place: The Administrator will review the "In Notification Worksheet QI Audit daily as they are completed to nights and weekends as incidents occurred. The Administrator and/or DON will the Quality Improvement Incident/A. Committee QI Audit Tool five time week to assure all areas are reviewed appropriate intervention and notificat. The Administrator will review the Review of Nurses Notes three times for eight weeks starting 3-11-2013 the per week ongoing thereafter to assunctes were reviewed and that any with identified concerns were hand meet the individual needs of the read situation. The Regional Director and/or Connurse Consultant will review the "In Notification Worksheet QI Audit tool Incident/Accident Committee QI tools, and the QI Review of Nurses monthly for six months starting April then quarterly thereafter to assunfacility is completing and intervention in place and working to meet resenteds.	review coident les per d with ions. he QI a week le once ure all areas led to esident les the Audits Notes I 2013 e the ms are		

2 -11 (-1	OT ON MEDIONICE	MEDICAID SEIVICES				OMPIAC	<i>J.</i> 0938-0391
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F 323	Continued From page	, FO		222	The Administration of	i,	
. 00	a chimina a train page		1 1	323		and/or	ļ [
	Intervention in place to	o protect Resident #4 from			Corporate Nurse Consultant will ran	domiy '	
		e time was concerned about			administer written quiz forms wit		
	the situation with thes	e z residents.	1		employees to verify knowledge from		i . I
	Musee #2 eleted in on	interview on 4/10/13 at 2:15			service given on resident to resident	abuse	j
	PM that she worked 3				and On-Call Incident Management.		{
		stated that they kept an			quizzes will be completed with staff]
		s much as possible. The			shifts and at varying times of the		
	Nurse stated that the	resident 's tend to gather in	2.0-		verify continued knowledge of		f
	the hall near the nurse	s 's station and one NA sits	3		information. Quizzes on Resider	nt to	I
		s with the residents and can			Resident abuse were started on 3-13		
		Nurse stated that there			and will continue for six months, and		
		the TV room and the dining			quarterly ongoing. New employees		,
1	room and that the resi	dents in those areas could		:	will receive this in-servicing and qui	z as a 📗	
İ		hall. The Nurse stated that			part of their general orientation t	o the	
		tine and after eating supper			facility.		•
	would go outside to sn	noke and then go to his				·	<u> </u>
		ed that she was getting			The Quality Improvement Exe		
		on pass when Resident #5			Committee which consists of the M	edical	1
ľ		lurse stated that Resident			Director, Administrator, Director		Ì
1		irse 's station where he			Nursing, Assistant Director of Nu		
	stayed the rest of the r	night. The Nurse stated that		- 1	Quality Improvement Nurse, Min	imum	İ
		tent #5 and Resident #2		- 1	Data Set Nurse, Social Wo	rkers,	
	who were roommates	periodically during the			Bookkeeper, Activity Director, D		-
}	evening and they both	stayed in their beds the		;	Director, Medical Records Director		1
·	rest of her shift. The N	urse stated that most of		1	Maintenance Director will review	the	
		stay out of Resident #5 's		ĺ	quality improvement audit tools to in	clude	
	way.				the Incident Notification Worksheet	i i	
ļ				[Reviews of Nurses Notes for unre		
	2. Resident #5 was add			- 1	incidents, the Incident/Accident Com-		.
	11/17/03 and had diag						1
	Anxiety and Paranoid S	Schizophrenia.		l	Reviews, and the Antipsychotic Medi- Committee Meeting Minutes	. 1	.
1						for	
	The Annual Minimum I		1	{	monitoring, assessment	and	
1	Assessment dated 7/18	* * *		- 1		urther	. 1
I	Resident had no mood		1	1	monitor these systems, and to	assure	
		day assessment period.		-	continued compliance in these areas.		İ
	The MDS revealed that	t the Resident was on		- 1		1	

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	antipsychotic and a and would be addres. A Progress note by Nurse dated 12/27/was aggressive at the issues and that staff Resident when having aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive with other aggressive and aggression in the physical aggression aggression impairment and depinctuded the following Resident. Document Note cause and such frequency and durat prescribed by physical Monitor and docume protocol. Remove Rewhen behavior is dis Talk with Resident in decrease/eliminate uprovide diversional agrea; reassure Residents.	ntidepressant medications seed in the care plan. the QI (Quality Improvement) I2 revealed that the Resident mes with multiple behavioral foontinued to redirect the ng behaviors and being er residents. ress note dated 1/4/12 ent #5 had a problem with and that the resident had ne note revealed that the mbative as long as he was left entered to yell out at residents.	F	323				

PRINTED: 04/24/2013 FORM APPROVED OMB NO. 0938-0391

	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRU		COMPLETED				
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F 323	appropriate or if Resi reason with Resident the ability to think log revealed that the Reshad the potential to him and and had probled depression and declination and the intervention of the sesident's mood and documentation per far physician of any signician of	dent wishes. Try not to , as Resident no longer has ically. The Care Plan sident received drugs that ave an altering effect on the ms that included anxiety, ne in mood and behaviors. ons were to monitor the d behaviors with cility policy and to notify the ificant changes. The Care v interventions since the ote dated 1/9/13 at 10:06 sident #5 yelled out at other if they were getting too close in. ote dated 1/10/13 at 3:26 sident #5 was yelling at im being in his space and mum Data Set (MDS) hy) dated 01/11/13 revealed severely cognitively Interview for Mental Status he MDS revealed that the ors directed towards others hing others, screaming at others that occurred 1-3	F	323			

Facility ID: 923021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED					
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	that this was her house. The note revealed that on the side of the face both residents were read that he hit Resident #7 he me to get out of her he house. "The note revealed that he administrator. A nursing progress not PM revealed that Residents did not below the was resting in bed residents did not below. A nursing progress not PM revealed that Residents did not below. A nursing progress not PM revealed that Residents being there had been not phy him with other resident. A nursing progress not that Resident #5 yelled residents and when as stated: "I don't want note revealed that he got of the resident was the recommendation. A nursing progress not that the Resident had it cussing at other resident had it cussing at other resident Reports.	leaving her stove alone and see and he needed to leave. It Resident #5 it Resident #7 after yelling at her and edirected and separated. It Resident #5 was asked if said "Yes, that she told ouse and this is not her realed that the physician were made aware. It deted 2/18/13 at 11:35 ident #5 yelled out several ey came into his room while and stated that these ing in his room. It deted 2/19/13 at 9:46 ident #5 yelled a few times in his room its. It deted 2/20/13 revealed dout three times at other sked why he was yelling them to touch me. "The yelled at another resident was in and reminded that it was its dated 3/5/13 revealed been very vocal and	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
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F 323	have a laceration on to eye with redness in the revealed that Resider foot of the bed who sto because he was in his that Resident #2 was. There was a physician an eye consultation Report of subconjunctival hemo recommendations well left eye and an antibic twice a day for 7 days nasal bones for Resident of the revealed that Resident fracture of the nose are eye. The note revealed by another resident in okay in his left eye ever some conjunctivitis from Record review revealed admitted to the facility of Senile Dementia and Quarterly MDS dated Resident's Care Planshowed a potential for but did not address the getting in other resider progress notes for Resident was found in fast asleep on 1/22/13	the nose and under the left be left eye. The report of the standing at the ated that he hit Resident #2 is bed. The report revealed moved to another room. In 's order dated 3/11/13 for or Resident #2. A lated 3/11/13 showed rrhage of the left eye. The re cool compresses to the officio intment to the left eye. An X-ray report of the ent #2 revealed a of the right nasal bone and ere intact. Is note dated 3/13/13 the management of the left did that the Resident was hit the unit and his vision was en though he did have on 1/21/11 with a diagnosis and Alzheimer's disease. A 02/08/13 revealed that the in updated on 12/26/12 trauma due to wandering a issue of the resident int's beds. The nursing sident #2 revealed that the in a female's room in bed in was in and out of other's	F	323			
	rooms and beds on 1/3	31/13 and in and out of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	resident's rooms and beds on 2/15/13. On 3/25/13 at 2:52 PM conducted with Nurse #2 (3PM-11PM). The were not working on the altercation between R Nurse #1 stated that of #5 would keep to hims touched. The Nurse shis room he would hold they would go to see with stated that there will different residents on Resident #4 had his e #2 had a broken nose Resident #2 was likely bed. The Nurse stated Resident #2 were room On 3/25/13 at 3:13 PM conducted with the 2 r working on 3/9/13 whe between Resident #5 stated that when she could comeaning that they had minutes where he was had just checked on his to go to the main nurse for the residents. NA # leaving to go get the say going but he did not	A an interview was #1 (7AM-3PM) and Nurse Nurses stated that they he weekend of the esident #5 and Resident #2. furing the evening, Resident self and did not like to be lated that if anyone was in ler out for the nurse and what was going on. Nurse ere altercations with 2 the same weekend and ye taken out and Resident The Nurse stated that to get into any resident's I that Resident #5 and mates. I an interview was hursing assistants (NAs) on the altercation occurred and Resident #2. NA #1 came to work on Sunday Resident #5 was on q umentation checks to write down every 15 I NA #1 stated that NA #2 Im and was leaving the unit of 's station to get snacks 2 stated that as she was macks she heard the alarm room and Resident #2 was		323			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE		1			REET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	1 04/	11/2013
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F 323	behind her and she led #1 stated that she her room and saw Resided bleeding. NA #1 state to the bench near the put him in the room we stated that Resident # wandered around the resident 's bed. The I would get him up and An interview was come. Administrator and the 3/25/13 at 4:50 PM. To no Sunday 3/10/13 the when she went into the #2 in Resident #5 's bestated that Resident # Administrator stated that no 1 observation and psychiatric nurse on 3 stated that the psychiatric nurse on 3 stated that Resident # observation until disched that Resident # observation until disched that Resident # observation until disched that Resident # observation until disched that Resident # observation until disched that Resident # observation until disched that Resident #2 on 3/1 nondisplaced fracture. The Director of Nursin interview on 3/26/13 at the unit know Resident where he is and that if Resident he would yellow.	off to go get the snacks. NA ard yelling and ran to the ent #2 in Resident #5 's bed d that she took Resident #2 nurse 's station and then lith Resident #4. NA #1 #2 was confused and unit and might get in any NA stated that the staff show him his bed. Iducted with the Director of Nursing on he Administrator stated that e NA heard yelling and e room she found Resident bed. The Administrator 15 had hit Resident #2. The nat Resident #2 was moved assessed by the nurse. The nat Resident #5 was put on 15 was seen by the 1/11/13. The Administrator artic hospital could not take 13 but was moved to the 1/11/13. The Administrator 15 remained on 1 on 1 harged from the facility. The nat they got the X-ray report 12/13 showing a of the nose. 19 (DON) stated in an 1 t 9:54 AM that the girls in 1 t #5 and usually know	F	323	3		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 323	Continued From page	57	F 323		
	10:04 AM that Reside aggressive but did not basis. The Nurse state that Resident #5 did not personal space and if Resident #5 would be On 3/26/13 at 12:25 P conducted with Nurse 7AM on 03/10/13 whe between Resident #5 Nurse stated that Resident eresident is the re-directed the resident is the re-directed the resident in the NA called her stated that she observ #5 is bed and Resident #2 was in his bed so he hat Resident #2 was in his bed so he hat Resident #2 was the near the nurse is statif room. On 3/26/13 at 12:45 Pleonducted with the Ad Nursing and Facility of Consultant stated that of Correction (POC) af weekend of 3/9-10/13. A review of the POC stadministrative staff was that interventions were	the person did not move, come aggressive. M an interview was #4 that worked 7PM to not the altercation occurred and Resident #2. The ident #5 was on q15 minute ated that Resident #5 yelled that were at his door and sident 's so Resident #5 and went back to the nurse 'stated that she heard yelling to the room. The Nurse and Resident #2 in Resident to the room. The Nurse and Resident #2 in Resident to the hit him. The Nurse stated asken down to the bench on and put him in another. M an interview was ministrator, Director of insultant #1. The Facility they had completed a Plan ter the altercations on the			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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11.000	until the appropriate in determined. The POC interventions to preve in other resident 's be NA #3 stated in an into AM that Resident #5 v supervise. The NA stated dining room until s the bathroom. The NA #5 would start getting what was going on. The ADON stated in a 10:43 AM that Resident #5 stated that on 3/9/13 v between Resident #5 the staff to keep the 2 ADON stated that this a constant eye on Resident #4 intended to protect the stated that she put an protect Resident #4 frottime was concerned all these 2 Residents. Nurse #4 stated in an intended to protect the stated that she put an protect Resident #4 frottime was concerned all these 2 Residents. Nurse #4 stated in an intended to protect the stated that she wor (Sunday night). The North of the altercation between Resident #2 she was a Nurse stated that one incharting and the other	nt strikes another resident ntervention can be did not address at Resident #2 from getting ads and personal space. Perview on 4/10/13 at 10:34 was the one you had to sted Resident #5 would sit in taff would tell him to go to a stated that when Resident floud, staff would go to see In interview on 4/10/13 at the the was up and about the 5 stayed in one spot. When the incident occurred and Resident #4 she told residents separated. The meant for the staff to keep ident #5 and keep him 4. When asked how she other residents the ADON intervention in place to the stuation with the stuation with the stated that at the time seen Resident #5 and the time teen Resident #5 and the nurse 's station. The	F	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	E AND REHABILITATION CENTE		нк	EET ADDRESS, CITY, STATE, ZIP CODE GHWAY 177 S BOX 1489 AMLET, NC 28345	<u> U4</u>	//11/2013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
TOTOLOGICAL STATE OF THE STATE	PM that she had to be main nurse 's station NA stated that on the and went into the roogetting out of his bed of the room. The NA bed was next to the volled and she could The NA stated that so Resident #5 was at the she turned off the alawas out of bed and he room. The Administrator was Jeopardy on 4/10/13 provided a credible a 04/11/13 at 5:55 PM. compliance indicated What measures the faresident affected: On 3-9-13 Resident #3 and attempt made area was completed of the resident of the state of the resident affected:	nterview on 4/10/13 at 1:45 eave the unit to go to the n to pick up the snacks. The e way she heard an alarm om and Resident #2 was If that was closest to the door stated that Resident #5's window and the curtain was not see Resident #5's bed. he did not know where hat time. The NA stated that arm because Resident #2 he followed her out of the has notified of the Immediate at 2:10 PM. The facility llegation of compliance on The allegation of: acility put in place for the has assessed by Nurse to notify MD. XRay of eye on 3/9/13 at 10:30 pm with	F	323	OLI MILIONY.		
	physician gave an ord eye physician. Reside physician on 3/11/13, physician visits on 3/1 antibiotic therapy and 3/13/13. On 3/14/13 F	der for the resident to see an ent #4 was seen by an eye with additional eye [2/13 with order to start a return visit scheduled for Resident #4 had a procedure re and returned to the facility	The state of the s				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION		E SURVEY PLETED
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The design of the second of th	On 3-10-13 Resident #4 and an attempt ma The family was notifie Resident #2 was mov 3-11-13 the physician #2 to see the eye phy seen by eye physician cold compress and ar applied. On 3-12-13 to resident nasal bones on 3-12-13 for Residen non-displaced fracture. The Responsible parts on 3-9-13 and 3-10-13 The MD was attempted behavior on 3/9/13 and 7:00 am Resident #5 to checks. On 3-11-13 fiplaced on one to one in Director of Nursing (Dipsychiatric nurse prace psychiatric nurse prace psychiatric nurse prace psychiatric center on 3 placement due to reside resume previous dosa medications. Social to psychiatric center on 3 placement due to reside a 11-2013 at 7:00 pm center contacted social would admit Resident 3-12-13. One to One is with Resident #5 until facility. On 3-12-13, Resident resides at this facility in the sides at this facility in the sides at this facility in the sides at this facility.	#2 was assessed by Nurse ade to notify the physician. Id on 3-10-13. On 3-10-13 ared to another room. On a gave an order for Resident sician and the resident was a on 3-11-13 with orders for attibiotic ointment to be the facility obtained X-Ray of and received X-Ray results and #2 showing a of nose. If was notified by the nurse of doing to be notified by nurse	F	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 323	having the potential to On 3-11-13 at 7:00 pr completed by the ADG in the locked dementi of injury or suspicious resident abuse. No n identified in this audit. On 3-12-13 the audit nurses to the remaininursing facility as an a intervention to check the resident to resident aboutcomes were identified. The Corporate Nurse 100 percent audit of restarting on 3-11-13 and the time period of doct to present 3-11-2013, nursing documentation episodes that may not identified in incident repoutcomes identified. On 3-12-13 Corporate completed a review of altercations from 9-1-1 interventions for residents.	o be affected: m a 100 percent audit was DN on all residents residing a unit to check for any signs a signs of resident to egative outcomes were was expanded by the floor ng residents residing in the additional precautionary for any signs of injury or ouse. No negative fied from this audit. Consultants completed a esident nurses notes d completed on 3-12-13 for umentation from 12-1-2012 to assure there were no n of resident to resident have been previously porting with no negative	F	323				
	Assistant Director of No Improvement Nurse, M and Administrative Nur	strator, Director of Nursing,	8 .	٨				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		SURVEY PLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From Page 62		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 323	are immediately put in resident incidents to in monitoring when a resident until the situal appropriate intervention resident 's individuality planning. When unsue Administrator and/or Contact the Regional Consultant for addition Administrative Nurses this in-servicing. On 3-12-13, the Regional Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrator and all Administrative Call to look at when called outlined data to collect answers to WHO, WHHOW, and INTERVEN On 3-15-13 the Adminion-Call Incident Manastaff members who rot Administrative Call Rohousekeeping Director Director, Social Worked Dietary Manager, Active Maintenance Director. On 3-11-13 at 7:10 pm Coordinator initiated in staff to include nurses, support staff, dietary significant and contact a	n place with resident to include one to one staff sident strikes another ation is assessed further and one are decided to meet the zed needs to include care are about a situation, the Director of Nursing should Director or Corporate Nurse and advisement. No aworked until they received conal Director in-serviced the Administrative Nurses who include the Director of ector of Nursing, Quality and Minimum Data Set incident Management; steps about an incident that it about situation including AT, WHEN, WHERE, ITION to be put in place, instrator expanded the "ingement" in-service to all late weekend unds including the r, Medical Records are, Business Office staff,	F	323		•	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
1. Appropriate	include when episode provided immediately immediately for approstaff was allowed to win-service. On 4-10-2013 the MD percent audit of all resemedications to assure addresses the use of and any current dose areas identified were residents ' care plan. On 3-13-2013 to 3-15-consultant completed residents to include remedications. Any recording possible and be reviewed by the Quantipsychotic Medication (s) to include the reare documented review, verification that PRN Medications used for the need and frequipresent medications, a changes in medication	is are observed that safety is charge nurses are notified priate interventions. No work until they received this is a nurses completed a 100 sidents on antipsychotic that the plan of care antipsychotic medication reduction or changes. Any corrected by updating of the corrected by updating of the intervention or psychoactive or psychoactive or psychoactive or psychoactive or psychotic medications will usually Improvement ion Committee. The each resident de current dosage, whether	F	3323			
	deficient practice from On 3-12-2013 a Qualit worksheet guide was in the Administrator, Dire						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	q	X3) DATE SURVEY COMPLETED
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	nights to assist in gati decisions about intervinclude resident to resident to resident for the on-Call Incident Man Audit Tool. This audit calls are received and Administrator for revision of the original original orig	ss hours, weekends, and hering information to make ventions for incidents to sident incidents utilizing a "agement " Worksheet QI tool will be utilized when d forwarded to the ew. In the state of	F 323			

NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE Orall Description (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE TAGE CONTINUED FROM THE AUTHOR OF LOCATION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 65 as being in another resident 's space or bed to redirect the resident to the common care areas of the unit and that if the resident to assure no resident to resident conflicts occur until the resident to resident conflicts occur until the resident is able to be redirected. The facility Quality Improvement Antipsychotic Committee will meet monthly to review all residents that are on antipsychotic medications. The Committee will consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurses, Quality Improvement Nurses, Social Workers, and Pharmacy Consultant. The Committee will review each		(X3) DATE SURVEY COMPLETED	CONSTRUCTION	(X2) MULTIPLE (A. BUILDING	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF DEFICIENCIES F CORRECTION	
NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE (X4) ID PREFIX TAGS CONTINUED FROM PINES HEALTHCARE AND REHABILITATION CENTE (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) FRAME OF PROVIDERS, CITY, STATE, ZIP CODE HIGHWAY 177 S BOX 1489 HAMLET, NC 28345 ID PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OMPLETY CROSS-REFERENCED TO THE APPROPRIATE DATE F 323 Continued From page 65 as being in another resident 's space or bed to redirect the resident to the common care areas of the unit and that if the resident to assure no resident to resident conflicts occur until the resident to assure no resident to resident conflicts occur until the resident is able to be redirected. The facility Quality Improvement Antipsychotic Committee will meet monthly to review all residents that are on antipsychotic medications. The Committee will consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurses, Quality Improvement Nurses, Social Workers, and Pharmacy		С	7,00		A 4 = A D		
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F 323 Continued From page 65 as being in another resident to the common care areas of the unit and that if the resident to assure no resident to resident conflicts occur until the resident is able to be redirected. The facility Quality Improvement Antipsychotic Committee will consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurses, Quality Improvement Nurses, Social Workers, and Pharmacy			GHWAY 177 S BOX 1489	HIG		ID PINES HEALTHCARE	
as being in another resident's space or bed to redirect the resident to the common care areas of the unit and that if the resident is resistive to the redirection to stay with the resident to assure no resident to resident conflicts occur until the resident is able to be redirected. The facility Quality Improvement Antipsychotic Committee will meet monthly to review all residents that are on antipsychotic medications. The Committee will consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurses, Quality Improvement Nurses, Social Workers, and Pharmacy	ETION	COMPLE	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	PREFIX	/ MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PREFIX
resident medication(s) to include current dosage, whether there are documented behaviors since last review, verification that MD orders are correct, PRN Medications used are properly documented for the need and frequency, diagnosis to support present medications, and recommendations for changes in medications that will be submitted to the Medical Doctor. Any recommendations made during the Committee Meeting will be referred to the Attending Physician for acceptance or decline of recommendation. If the physician agrees with the recommendation of change in medication, then the resident will be Care Planned for changes in antipsychotic medications with goal and approaches listed and the QI Nurse and/or the Director of Nursing (DON) will note the change in antipsychotic medication on the Resident Care Guide to prompt staff to watch for any changes in behavior or condition. On 4-10-13, the Staff Development Coordinator and DON inititated in-servicing at 6:15 pm for all				F 323	sident's space or bed to the common care areas of resident is resistive to the a the resident to assure no inflicts occur until the redirected. Provement Antipsychotic monthly to review all antipsychotic medications. Insist of the Administrator, asistant Director of Nursing, and Pharmacy mittee will review each to include current dosage, umented behaviors since a that MD orders are one used are properly and frequency, resent medications, and changes in medications to the Medical Doctor. Any de during the Committee do to the Attending oce or decline of the physician agrees with the ange in medication, then are Planned for changes in ons with goal and the QI Nurse and/or the DN) will note the change in on on the Resident Care to watch for any changes in development Coordinator	as being in another recredirect the resident to the unit and that if the redirection to stay with resident to resident to resident to resident to resident to resident is able to be resident is able to be resident is able to be resident that are on a The Committee will meet mesidents that are on a The Committee will confirmed that the Committee will confirmed that the Committee will confirmed that the Commendation (s) whether there are documented for the neal diagnosis to support procommendations for contact will be submitted to recommendations mad the medical will be referred that will be submitted to recommendation. If the recommendation of charter that will be Carantipsychotic medication approaches listed and diapproaches listed and diapp	

į		F 323 Continued From page nursing assistants and resident has a change medications, the chan Resident Care Guide I closet and prompt nursing Assistant notic behavior or condition to immediately. Anytime there is a change in behavior and/or DON and/or the situation warrants, notic in-service included the will also be routinely of while on an antipsychological and will also be as and Nurses who work to observed changes in condition related to the behavior or question staff who world assess if there are any condition related to the that have not already be observations utilizing a changes in behavior or and referred to the MD needed in medications changes identified and and/or MD will be report	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CO	(X3) DATE SURVEY COMPLETED		
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			AND REHABILITATION CENTE		нівн	ADDRESS, CITY, STATE, ZIP CODE WAY 177 S BOX 1489 ILET, NC 28345	<u>j 04</u>	/11/2013
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		nursing assistants and resident has a change medications, the chan Resident Care Guide I closet and prompt nurshanges in behaviors Nursing Assistant notion behavior or condition to immediately. Anytime there is a change in beare to immediately assistent is safe and ot related to the behavior and/or DON and/or the situation warrants, not in-service included the will also be routinely of while on an antipsychological and will also be as and Nurses who work observed changes in condition related to the times a week observe under a antipsychotic requestion staff who work assess if there are any condition related to the that have not already be observations utilizing a changes in behavior or and referred to the MD needed in medications changes identified and and/or MD will be reported.	In nurses that anytime a in antipsychotic ge will be noted on the located in each resident 's sing staff to observe for any or medical condition. If a ces a change in resident they are to notify their nurse a Nurse is notified that chavior or condition they sess the resident, assure ther residents are safe and notify the QI Nurse on Nurse On-Call. If if if the MD and RP. The reminder that the QI Nurse observing these residents of the medication change as sking Nursing Assistants with resident if any condition or behavior. 8-13, the QI Nurse will two residents who are currently medication change and k with the resident to changes in behaviors or change in the medication eigen reported by other staff QI Audit Tool. Any condition will be assessed for any further changes	F	323			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI			(X3) DATE SURVEY COMPLETED	
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	The Administrator of Notification Worksh they are completed weekends as incided. The Administrator of Quality Improveme Committee QI Audit assure all areas are intervention and not The Administrator of Nurses Notes three starting 3-11-2013 thereafter to assure that any areas with handled to meet the resident and situation. The Regional Direct Consultant will review Worksheet QI Audit Nurses Notes mont April 2013 then qualification in Committee QI Audit Nurses Notes mont April 2013 then qualification in Committee QI Audit Nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse Consultant will review nurse consultant will review nurse nur	monitor systems put in place: will review the "Incident neet QI Audit Tools" daily as to include nights and ents occur. and/or DON will review the nt Incident/Accident to Tool five times per week to e reviewed with appropriate tifications. will review the QI Review of times a week for eight weeks the once per week ongoing all notes were reviewed and identified concerns were individual needs of the on. tor and/or Corporate Nurse we the "Incident Notification tools, the Incident/Accident is tools, and the QI Review of the pand interventions are in or meet residents" needs. Nurses and/or Corporate ill randomly administer written employees to verify in-service given on resident	F	323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	PLE CONSTRUCTION		E SURVEY IPLETED
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F 323	started on 3-13-20 months, and then of employees hired with quiz as a part of the facility. The Quality Improving Which consists of the Administrator, Director of Nursing Minimum Data Set Bookkeeper, Activit Medical Records Director will review tools to include the Worksheets, the Reunreported incident Committee Review Medication Commitmonitoring, assessing needs to further measure continued completed for the forest of the facility apharmacy consultation psychoactive medical.	nt to Resident abuse were 13 and will continue for six uarterly ongoing. New Il receive this in-servicing and eir general orientation to the ement Executive Committee the Medical Director, ctor of Nursing, Assistant Quality Improvement Nurse, Nurse, Social Workers, ty Director, Dietary Director, tirector, and Maintenance the quality improvement audit Incident Notification the quality improvement audit Incident Notification the Herident/Accident s, and the Antipsychotic tee Meeting Minutes for ment and recommendation of continuous in these areas. PM, the credible allegation reviewing the audits cocked dementia unit and the and the audits completed by the int for residents on cations. The "On-call Incident	F 32	23		
	look at when called the data to collect a and interviews with management staff burs and on week knowledge of the fo	n that included the steps to about an incident that outlined about the incident was in place the administrative staff and that take call after business ends revealed that they had form and how to respond to at to resident altercations. A QI				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 323 F 329 SS=J	tool to audit incidents to document each incomurse assessment of put in place, MD and of the resident 's carnurses and nursing a dementia unit and the staff had been inserv to resident altercation of how to respond to altercations. The staff that would be made to when psychoactive madjusted and aware to behaviors should be changes in behaviors immediately. 483.25(I) DRUG RECUNNECESSARY DR	s and accidents was in place cident and accident to ensure if the situation, interventions RP notification and updating re plan. Interviews with assistants on the locked e general floors revealed that riced on response to resident and were knowledgeable resident to resident fif was aware of the changes to the resident care guides medications were being that these resident 's closely monitored and is should be reported		323	F329			
	unnecessary drugs. drug when used in exit duplicate therapy); or without adequate more indications for its use adverse consequence should be reduced or combinations of the resident, the facility ratherapy is necessary as diagnosed and do record; and residents	An unnecessary drug is any excessive dose (including or for excessive duration; or onitoring; or without adequate experience of easy which indicate the dose or discontinued; or any		Water to the second sec	What measures the facility put in for the resident affected: On 3-9-2013 resident #4 was asse nurse and attempt made to noti: XRay of eye area was completed or 10:30 pm with results of no fidentified. On 3-11-13 MD gave or resident to see eye physician and #4 was seen by eye physician on with additional eye physician visit 12-13 with order to start antibiotic and a return visit scheduled for 3-1 On 3-14-13 resident had proce remove right eye and returned to the from procedure on 3-15-13.	ssed by fy MD. 13-9-13 fractures order for resident 3-11-13, ts on 3- therapy 13-2013. dure to	5-20-13	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION 4G		E SURVEY PLETED
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				HAMLET, NC 28345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 70 Dehavioral interventions, unless clinically contraindicated, in an effort to discontinue these larges. This REQUIREMENT is not met as evidenced	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 329	behavioral intervention contraindicated, in an drugs.	ns, unless clinically effort to discontinue these	F 32	nurse and attempt made to Family notified on 3-10-13. resident #2 was moved to a On 3-11-13 MD gave order see eye physician and resident eye physician on 3-11-13 w cold compress and antibiotic capplied. On 3-12-13 facility	o notify MD. On 3-10-13 another room. for resident to it was seen by ith orders for ointment to be y obtained X-	
	by: Based on record reviet facility failed to identify for 1 of 1 sampled resi reduction of the reside medications resulting i residents (Resident #4 were known to get into The Immediate Jeopar PM and was identified The Immediate Jeopar 04/11/13 at 5:55 PM w credible allegation of cremain out of complian level D (with potential fithat is not immediate je nursing staff can be in-	ew and staff interviews the an increase in behaviors dent (Resident #5) after a nt's psychoactive in injury to 2 of 2 sampled and Resident #2) that other resident 's beds. dy began on 3/9/13 at 8:00 on 04/10/13 at 2:10 PM. dy was removed on then the facility provided a compliance. The facility will ce at a scope and severity or more than minimal harm		Ray of resident nasal bones and Ray results on 3-12-13 for showing non-displaced fracture. RP was notified by nurse on 10-13 of resident #5's behavior attempted to be notified behavior on 3-9-13 and 3-10-13 at 7:00 am resident #5 was minutes checks. On 3-11-resident #5 was placed on one monitoring. DON contacted nurse practitioner on 3-psychiatric nurse practitioner day at 3:45 pm to see recommendation to resume pree of antipsychotic medications. Worker contacted outside psycon 3-11-2013 for potential pl	and received X-r resident #2 re of nose. 3-9-13 and 3-iors. MD was by nurse of 13. On 3-10-splaced on 15 13 first shift e to one staff d psychiatric -11-13 and arrived same resident with evious dosage s. Social chiatric center	
	Resident #5 was admitt 11/17/03 and had diagr Dementia, Anxiety, Dep Schizophrenia. The Annual Minimum Dassessment dated 7/18 Resident had no mood	noses that included pression and Paranoid ata Set (MDS) /13 revealed that the		at 7:00 pm the outside psych contacted social worker and would admit resident #5 on the 3-12-13. One to One staff continued with resident #5 u	niatric center verified they e morning of f monitoring until he was On 3-12-13, to outside	

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PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	symptoms during the The MDS revealed that antipsychotic and antipand would be address. A progress note by the Nurse dated 12/27/12 was aggressive at time issues and that staff cresident when having aggressive with other. The resident 's Care Frevealed that the resid aggression related to a and depression. The ir following: Do not argu Document summary of and successful intervel and duration. Medication prescribed by physicial Monitor and document protocol. Remove Resimprovide diversional action actions area; reassure Resider stay with Resident duriappropriate or if Resider reason with Resident, at the ability to think logical actions and successon with Resident, at the ability to think logical that the summary of the	7 day assessment period. at the Resident was on depressant medications ed in the care plan. 9 Quality Improvement (QI) revealed that Resident #5 es with multiple behavioral continued to redirect the behaviors and was residents. Plan updated on 1/4/13 ent had verbal and physical anger, cognitive impairment aterventions included the e or condemn Resident. I each episode. Note cause intions, include frequency con/Treatment as in in a timely manner. behavior per facility dent from public area potive and unacceptable. Ilow pitch, calm voice to desired behavior and vity. Remove to a quiet at of personal safety and ang periods of anger if ent wishes. Try not to as Resident no longer has ally. The Resident's Care esident had feelings of	F	329	What measures were put in place for residents having the potential to be affected: On 3-11-13 at 7:00 pm a 100 percent was completed by the ADON or residents residing in the locked detunit to check for any signs of injusticious signs of resident to reabuse. No negative outcomes identified in this audit. On 3-12-13 the audit was expanded floor nurses to the remaining residing in the nursing facility additional precautionary intervention check for any signs of injury or resident abuse. No negative outcome identified from this audit. The Corporate Nurse Constructed a 100 percent audit of renurses notes starting on 3-11-13 completed on 3-12-13 for the time per documentation from 12-1-2012 to pas-11-2013, to assure there were no adocumentation of resident to reepisodes that may not have been previdentified in incident reporting winegative outcomes identified. On 3-12-13, the Corporate Consultant (PG) completed a revieresident to resident altercations from 5 to 3-11-12 to assure intervention	t audit on all mentia ury or esident were by the sidents as an on to lent to s were ultants esident ariod of oresent ursing esident iously the no Nurse ew of 9-1-12 s for	<i>5</i> :,20-(3	
	low self esteem, tearful withdrawal from care/ad	ed by ineffective copying, ness, motor agitation, ctivities related to brain e interventions were as			resident to resident incidents were in and/or still appropriate with no concerns identified.			

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	follows: Monitor ments changes when new motify physician of any Observe and report at status, mood or behaviors are vealed that the Resided an altering effect potential for side effect mood and behaviors. To monitor the Resided with documentation per the physician of any side of the physician of any side	al status/mood state ledication is added and ly significant changes. In changes in mental ly ors and notify physician of la necessary. The Care Plan lident was using drugs that lof the mind with the lets including a decline in lithe interventions included let 's mood and behaviors let facility policy and to notify lignificant changes. Is note dated 1/2/13 let #5 was okay as long as let. The note revealed that let protective of his space and let dated 1/9/13 at 10:06 let dated 1/9/13 at 10:06 let dated 1/10/13 at 3:26 let dated 1/10/13 at 3:26 let dated 1/10/13 at 11:39	F	329	Director in-serviced the Admini Director of Nursing, Assistant Dire Nursing, Quality Improvement Minimum Data Set Nurses Administrative Nurses who take Nu Call responsibilities on assuring interventions are immediately put in with resident to resident incide include one to one staff monitoring resident strikes another resident ur situation is assessed further and apprinterventions are decided to me resident's individualized needs to icare planning. When unsure all situation, the Administrator and/or Dof Nursing should contact the Red Director or Corporate Nurse Consult additional advisement. No Adminis Nurses worked until they received the servicing. On 3-12-13, the Regional Director serviced the Administrator and Administrative Nurses who take Nur Call to include the Director of Nursing, Comprovement Nurse, and Minimum	strator, ctor of Nurse, and rse On g that in place in place in place in the copriate et the include cout a Director regional ant for strative this indicated at a to wers to HOW, place, ed the ervice rekend	

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	(BIMS) score of 3. The Resident had behavior that included threaten others and cursing at days during the 7 day. A review of the Medica (MAR) for February 20 Resident received Bust daily, Ativan 1mg every every night at bedtime night at bedtime. Busp medication used to tree Ativan is a benzodiaze treat anxiety. Remeror treat depression and 2 medication used in the Schizophrenia. A review of the physici order dated 2/7/13 for Buspar to 200mg every 0.5mg every day. Decrevery day and decreas night at bedtime. A revitat Buspar 300mg was 2/7/13 and the dose remedications were give beginning 2/7/13. An incident report date revealed that Resident in the dining room. The Nurse #2 responded we Resident #7 stated tha on the left side of her fathat no visible injuries with the dining round in the dining room in the that no visible injuries with the dining round in the dining round in the left side of her fathat no visible injuries with the dining round in the dining round in the dining room.	e MDS revealed that the rs directed towards others ing others, screaming at others that occurred 1-3 assessment period. ation Administration Record D13 revealed that the spar 300 milligrams (mg) y morning, Remeron 15mg and Zyprexa 5mg every par in a non-benzodiazepine at generalized anxiety. Expine medication used to a medication used to the spar and an antipsychotic extreatment of the following: Decrease y day. Decrease Ativan to rease Remeron to 7.5mg are Zyprexa to 2.5mg every liew of the MAR showed as given on the morning of duced on 2/8/13. The other on at the reduced dosage d 2/17/13 at 4:20 PM at 5 and Resident #7 were a report revealed that then she heard yelling and at Resident #5 had hit her ace. The report revealed	F	329	Housekeeping Director, Medical Red Director, Social Workers, Business of staff, Dietary Manager, Activity Dirand Maintenance Director. On 3-11-13 at 7:10 pm the Development Coordinator initiated servicing for all facility staff to in nurses, nursing assistant, nursing sustaff, dietary staff, housekeeping maintenance staff, activities staff, staff, and therapy staff on Reside Resident Abuse to include when epi are observed that safety is proimmediately, charge nurses are no immediately for appropriate interven No staff was allowed to work until received this in-service. On 4-3-13 the MDS Nurses started a percent review of all Care Plans to a individualization of the plan of care completed for each resident to in behaviors of residents. On 4-10-2013 the MDS nurses completed for each resident to in behaviors of residents. On 4-10-2013 the MDS nurses completed antipsychotic medications to assure the plan of care addresses the use antipsychotic medication and any consultant completed a drug regresidents' care plan. On 3-13-2013 to 3-15-2013 the phar consultant completed a drug regreview of all residents to include resion psychoactive medications. recommendations made regarding posantipsychotic medications will be review of antipsychotic medications will be review of medications will be review of medications will be review of medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsychotic medications will be review of antipsych	Staff I in- liclude apport staff, office int to sodes wided obtified ations. They a 100 assure e was clude eted a son at the e of arrent areas of the macy gimen dents Any ssible	

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F 329	the sink in the dining in the dining room in a revealed that Resider right side of the face. Resident #5 was asked Resident #5 was asked Resident #5 stated the #7 was fussing at him and that it belonged to "Other info" revealed history of yelling at oth anyone around him anyone aro	esident #5 was standing at room and Resident #7 was a wheelchair. The note at #5 hit Resident #7 on the The note revealed that ad if he hit Resident #7 and at he did because Resident about standing at the sink of her and he hit her. Under a did that Resident #5 had a ner residents, did not want and did not want to be told resident. A nursing ident #7 revealed that a revealed no visible injuries ator was made aware and a responsible parties for both the dated 2/18/13 at 11:35 ident #5 yelled out several ing at residents if they came was resting in bed. The en asked why he was ided that they did not belong the dated 2/19/13 at 9:46 ident #5 yelled a few times along to close to him.		329	by the Quality Improvement Antipsy Medication Committee. The Comwill review each resident medication include current dosage, whether the documented behaviors since last refication that MD orders are commended for the need and frequiagnosis to support present medicand recommendations for chang medications that will be submitted Medical Doctor for review as approprime whether the deficient practice reoccurring: On 3-12-2013 a QI worksheet guid implemented to be used by Administrator, Director of Nursing, Administrative Nurses that rotate On-Call duties for non-business weekends, and nights to assist in gate information to make decisions interventions for incidents to it resident to resident incidents utility. "On-Call Incident Manage Worksheet QI Audit Tool. This audit will be utilized when calls are received forwarded to the Administrator for recommittee starting on 3-12-13 confort the Administrator, Director of Nursing, Committee starting on 3-12-13 confort the Administrator, Director of Nursing, Committee starting on 3-12-13 confort the Administrator, Director of Nursing, Committee starting on 3-12-13 confort the Administrator, Director of Nursing, Committee starting on 3-12-13 confort the Administrator, Director of Nursing, Committees, Social Workers, and Therap	mittee m(s) to be are eview, orrect, operly uency, ations, es in to the riate. Ice to from le was the and all Nurse hours, hering about nelude zing a ement" lit tool ed and view. iated a cidents esisting ursing, Quality ta Set	

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	revealed that Resid to hit at the nursing the room to provide A nursing progress revealed that Resid and cursing at other A review of the behadocumentation for F 1/1/13 to 2/8/13 (psyreduced on 2/7/13), yelling/screaming who other behaviors of monitoring sheets of monitoring sheets of monitoring sheets of without harm to self violence towards off (the incident on 2/27 Resident #7 was not monitoring sheet), an others. An incident report for on 3/9/13 Nurse #3 wroom at 8:00 PM due The report revealed standing over Resident #4 pad sweet with the resident	note dated 3/3/13 at 7:59 AM ent #5 was yelling and trying assistants when they went in care for his roommate. note dated 3/5/13 at 9:34 PM ent #5 had been very vocal residents and staff. avior monitoring desident #5 revealed that from ychoactive medications 20 episodes of ere documented. There were documented on the behavior uring that time. The evealed that from 2/9/13 to	F	329	that will meet five times per week to all incidents and accidents to assure assessment of situation, intervention place, MD notified, RP notified, and Plan updated for changes and interved This review will be documented Quality Improvement Incident/Ac Review Committee QI Audit Tool. Administrative Nurses will revie resident nurses notes three times per for eight weeks starting week of 3-1 and then once per week ongoing the to assure there are no resident to repisodes that may have occurred that not identified by incident reporting. On 4-10-2013 the Staff Develor Coordinator initiated in-servicing a property of participation of the daily monitoring of residents the daily monitoring of our residents should routinely monitor their whereas if a dementia resident is identified as in another resident to the common areas of the unit and that if the residents of the redirection to stay wiresident to assure no resident to reconflicts occur until the resident is a be redirected.	e nurse put in d Care entions. on a ccident ew all r week 1-2013 reafter esident t were epment t 1:17 istants hat in s staff abouts. being ed to n care dent is ith the esident		

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	A review of the nursin Resident #4 revealed by an eye doctor on 3 report dated 3/14/13 related a ruptured globe, the right eye was removed. An incident report for at 11:02 PM revealed Resident #2 to have a under the left eye with The report revealed the Resident #2 for being dated 3/11/13 revealed subconjunctival hemorelated to trauma and the eye was ordered. There was a physician dated 3/12/13 for X-ray rule out a fracture. The #2 dated 3/12/13 revealed fracture of the right nate A physician 's progress dated 3/12/13 revealed nondisplaced fracture ecchymosis of the left. Resident #2 was hit by unit and had some control was easier to redire this medications and the #5 was easier to redire this medications and the	g progress notes for that the resident was seen /11/13 and a consultation evealed that Resident #4 had a blind, painful eye and oved on 3/14/13. Resident #2 dated 3/10/13 that Nurse #4 observed faceration on his nose and redness of the left eye. The said he hit in his bed. An eye consult did that Resident #2 had rhage of the left eye an antibiotic ointment for example a X-ray report for Resident #2 by soft the nasal bones to example X-ray report for Resident #2 had sal bone.	F 329	Antipsychotic Committee will monthly to review all residents that antipsychotic medications. The Con will consist of the Administrator, E of Nursing, Assistant Director of N	nmittee birector ursing, Quality rs, and ee will (s) to ere are eview, correct, coperly uency, ations, es in to the lations ig will an for dation. the cation, ed for s with he QI nge in esident for any pment vicing ts and

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	nurse if someone was like him to just hit som Nurse #1 stated in an AM that the nurses do progress notes and the address behaviors in computer. The Nurse also document behavior document behavior documentation was reviewed by admitted behavior documentation was reviewed by admitted behaviors by talking with the system will flag behaviors by talking with Quality Improvem interview on 3/26/13 and document any resident had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that nothing unto the system will flag had occurred in the pastated that he system will flag had occurred in the pastated that he nothing unto the flag had occurred in the pastated that he had delusions and the hit Resident #7. The was a known fact that	interview on 3/26/13 at 9:40 perment behaviors in the enursing assistants their documentation in the stated that the nurses can fors in the computer. The did not monitor the on because the information inistration. Interview on 3/26/13 at 9:40 perment behaviors in the enurses can fors in the computer. The did not monitor the on because the information inistration. Interview on 3/26/13 at 9:40 perment on the stated that the nurses can fors in the computer. The did not monitor the information inistration. Interview on 3/26/13 at 9:40 perment on the stated in an	F	329	in antipsychotic medications, the will be noted on the Resident Care located in each resident's closet and nursing staff to observe for any cha behaviors or medical condition. Nursing Assistant notices a charresident behavior or condition they notify their nurse immediately. Any Nurse is notified that there is a charmediately assess the resident, resident is safe and other residents a related to the behavior, and notify Nurse and/or DON and/or the Nurse and/or DON and/or the Nurse and RP. The in-service include reminder that the QI Nurse will a routinely observing these residents wan antipsychotic medication change and will also be asking Nursing Assand Nurses who work with resident observed changes in condition or behavior changes in condition or behavior changes in behaviors or correlated to the change in the medication have not already been reported by staff observations utilizing a QI Audit Any changes in behavior or condition the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident. Any changes identifications taken by nursing and/or MD veported to the Antipsychotic Medication the resident to the review.	e Guide prompt nges in If a nge in are to ytime a ange in are to assure the QI see On-the MD as well sistants if any avior. Nurse sidents ychotic off who are are ndition on that other to Tool, on will for any ns for the d and will be	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED		
	·	345293	B. WING	04/11/2013	
	ROVIDER OR SUPPLIER ID PINES HEALTHGA	RE AND REHABILITATION CENTE	! н	EET ADDRESS, CITY, STATE, ZIP CODE IGHWAY 177 S BOX 1489 IAMLET, NC 28345	
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F 329	aggressive. The Q 's behaviors did no reduction. The QI I being educated repubehaviors during the with behaviors sho documentation of the DON stated in 1:03 PM that in the through Friday the any changes in a restated that the administrator is notes for QI Nurse and the Areviewed the documentation of the through Friday they any changes in a restated that the administrator is notes for QI Nurse and the Areviewed the documenter system review the behavior January 1, 2013 the stated that there with 5 's behaviors after medications were in the through The Noreduction in his psy Resident #5 would of his bed and staff Resident #2 out of Nurse stated Resident #2 out of Nurse stated Resident #2 out of Nurse stated Resident #3 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #5 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #4 out of Nurse stated Resident #5 out of Nurse stated Resident #4 out of N	I Nurse stated that Resident #5 of change after his dose Nurse stated that the staff was garding the documentation of his time and that all residents wed an increase in behaviors. an interview on 3/26/13 at morning meetings on Monday y review the 24 hour reports for esident's behaviors. The DON hinistrative staff reviewed the changes in behaviors and the assistant Director of Nursing mentation by the nursing evior monitoring in the The DON was observed to remoitoring sheets for rough March 8, 2013 and as a slight change in Resident #2 were urse stated that prior to the rechoactive medications, yell for Resident #2 to get out would go down and get Resident #5 's bed. The lent #5 never hit anyone for til after his medications were	F 329	Directed In-Service Train antipsychotic medication and a management will be conducted nurses on 5-16-2013 by the North Elderly Psychiatric Services use curriculum approved by Arizona Services in place: The Administrator will review the Notification Worksheet QI Audit daily as they are completed to nights and weekends as incidents on the Administrator and/or DON with Equality Improvement Incident/Committee QI Audit Tool five the Week to assure all areas are review appropriate intervention and notification of Nurses Notes three times for eight weeks starting 3-11-2013 per week ongoing thereafter to a notes were reviewed and that a with identified concerns were hameet the individual needs of the and situation.	cehavioral d for all n Carolina tilizing a state. "Incident t Tools" include ccur. Il review Accident imes per wed with cations. the QI s a week the once issure all my areas indled to
	•	Nurse stated that he did not			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 329	behaviors. The Nurse system flags if there is hour period. Stated the extreme behaviors the something that would condition that he would condition that he would condition that he would nurse stated that he behaviors. The Nurse print out of the behaviors. The Nurse print out of the behaviors of the behaviors of the stated that there was resident 's behaviors difference in his behaviors difference in his behaviors difference in his behaviors difference in his behaviors difference in his behaviors difference in his behaviors that would indicate the what he did on March Resident #4 and Resident #5 's behaviors the sthem and told them a addressed. The Administrator was Jeopardy on 4/10/13 provided a credible at 04/11/13 at 5:55 PM. compliance indicated. What measures the foresident affected: On 3-9-13 Resident # #3 and attempt made area was completed or results of no fractures physician gave an order.	changes in Resident #5 's a stated that the computer is a behavior change in a 24 that he would be looking for at had not occurred before; indicate a change in ald need to follow up on. The did not usually print out the sheets to look at the was observed to review a lors for Resident #5 from arch 8, 2013. The Nurse a slight increase in the but did not see any viors that were alarming or at the resident would do 19 and 10, 2013 (hit ident #2). The Nurse stated at to be done about Resident taff would have come to not it would have been so notified of the Immediate at 2:10 PM. The facility legation of compliance on The allegation of	F	329	The Regional Director and/or Cor Nurse Consultant will review the "In Notification Worksheet QI Audit too Incident/Accident Committee QI tools, and the QI Review of Nurses monthly for six months starting Aprithen quarterly thereafter to assurfacility is completing and intervention place and working to meet resinceds. The Administrative Nurses Corporate Nurse Consultant will randminister written quiz forms with employees to verify knowledge from service given on resident to resident and On-Call Incident Management, quizzes will be completed with staff shifts and at varying times of the verify continued knowledge of information. Quizzes on Reside Resident abuse were started on 3-13 and will continue for six months, an quarterly ongoing. New employees will receive this in-servicing and quipart of their general orientation facility.	eident ls, the Audits Notes 1 2013 e the ns are dents' and/or idomly th the the in- abuse On all day to this nt to 3-2013 d then hired z as a	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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-	antibiotic therapy and 3/13/13. On 3/14/13 R to remove the right ey on 3/15/13. On 3-10-13 Resident and the standard and attempt mathematic the family was notified. Resident #2 was moved 3-11-13 the physician was earlied to see the eye physician cold compress and an applied. On 3-12-13 the resident masal bones at on 3-12-13 for Resident nasal bones at on 3-12-13 for Resident nasal bones at on 3-12-13 for Resident nasal bones at on 3-9-13 and 3-10-13. The MD was attempted behavior on 3/9/13 and 7:00 am Resident #5 with checks. On 3-11-13 for placed on one to one so Director of Nursing (DC psychiatric nurse practic psychiatric nurse practic psychiatric nurse practic psychiatric nurse practic psychiatric center on 3-11-13 for placed on one to one so Director of Nursing (DC psychiatric nurse practic psychiatric center on 3-11-13 for placement due to resid 3-11-2013 at 7:00 pm to see resident resume previous dosagemedications. Social Wipsychiatric center on 3-11-2013 at 7:00 pm to see resident due to resid 3-11-2013 at 7:00 pm to see	with additional eye 2/13 with order to start a return visit scheduled for tesident #4 had a procedure e and returned to the facility #2 was assessed by Nurse de to notify the physician. d on 3-10-13. On 3-10-13 ed to another room. On gave an order for Resident sician and the resident was on 3-11-13 with orders for libiotic ointment to be ne facility obtained X-Ray of and received X-Ray results int #2 showing a of nose. was notified by the nurse or resident 's behaviors. d to be notified by nurse of d 3/10/13. On 3-10-13 at was placed on 15 minutes st shift Resident #5 was taff monitoring. The DN) contacted the ditioner on 3-11-13 and ditioner arrived same day at t with recommendation to ge of antipsychotic /orker contacted outside -11-2013 for potential ent behavior. On the outside psychiatric worker and verified they	F	329	The Quality Improvement Exc Committee which consists of the M Director, Administrator, Director Nursing, Assistant Director of N Quality Improvement Nurse, Min Data Set Nurse, Social We Bookkeeper, Activity Director, I Director, Medical Records Director Maintenance Director will review quality improvement audit tools to in the Incident Notification Worksheet Reviews of Nurses Notes for unre incidents, the Incident/Accident Com Reviews, and the Antipsychotic Medic Committee Meeting Minutes monitoring, assessment	fedical or of ursing, nimum orkers, Dietary r, and w the nclude is, the ported mittee cation for and urther	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	COMPLETED
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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE STREET ADDRESS, CITY, STATE, HIGHWAY 177 S BOX 1489 HAMLET, NC 28345	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTI TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCI	PLAN OF CORRECTION (X6) IVE ACTION SHOULD BE COMPLETION ED TO THE APPROPRIATE DATE FFICIENCY)
F 329 3-12-13. One to One staff monitoring continued with Resident #5 until he was discharged from facility. On 3-12-13, Resident #5 was transported to outside psychiatric center for admission and no longer resides at this facility. What measures were put in place for residents having the potential to be affected: On 3-11-13 at 7:00 pm a 100 percent audit was completed by the ADON on all residents residing in the locked dementia unit to check for any signs of injury or suspicious signs of resident to resident abuse. No negative outcomes were identified in this audit. On 3-12-13 the audit was expanded by the floor nurses to the remaining residents residing in the nursing facility as an additional precautionary intervention to check for any signs of injury or resident to resident abuse. No negative outcomes were identified from this audit. The Corporate Nurse Consultants completed a 100 percent audit of resident nurses notes starting on 3-11-13 and completed on 3-12-13 for the time period of documentation from 12-1-2012 to present 3-11-2013, to assure there were no nursing documentation of resident to resident episodes that may not have been previously identified in incident reporting with no negative outcomes identified. On 3-12-13, the Corporate Nurse Consultant (PG) completed a review of resident to resident altercations from 9-1-12 to 3-11-12 to assure interventions for resident to resident incidents were in place and/or still appropriate with no new concerns identified.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
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	On 3-11-13 at 5:45 pn in-serviced the Admin Assistant Director of Naprovement Nurse, Mand Administrative Nu Call responsibilities or are immediately put in resident incidents to in monitoring when a resident until the situal appropriate intervention resident 's individualization planning. When unsured Administrator and/or Econtact the Regional Econsultant for addition Administrative Nurses this in-servicing. On 3-12-13, the Region Administrator and all Atake Nurse On Call to Nursing, Assistant Director Individualization on "On-Call Into look at when called outlined data to collect answers to WHO, WH. HOW, and INTERVEN On 3-15-13 the Adminion-Call Incident Mana staff members who rot Administrative Call Rot Housekeeping Director	in the Regional Director istrator, Director of Nursing, dursing, Quality Minimum Data Set Nurses irses who take Nurse On in assuring that interventions in place with resident to include one to one staff sident strikes another ition is assessed further and ions are decided to meet the ized needs to include care ire about a situation, the Director of Nursing should Director or Corporate Nurse inal advisement. No worked until they received and Director in-serviced the include the Director of fector of Nursing, Quality ind Minimum Data Set incident Management; steps about an incident that is about situation including AT, WHEN, WHERE, ITION to be put in place, istrator expanded the " gement " in-service to all ate weekend unds including the ir, Medical Records is, Business Office staff,	F 329				
	Maintenance Director.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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F 329	Coordinator initiated in staff to include nurses support staff, dietary support staff, dietary support staff on Residence include when episode provided immediately, immediately for approstaff was allowed to win-service. On 4-3-13 the MDS Noveriew of all Care Plan individualization of the completed for each residents. On 4-10-2013 the MDD percent audit of all resumedications to assure addresses the use of and any current dose areas identified were consultant completed residents to include remedications. Any reconsultant completed regarding possible and be reviewed by the Quantipsychotic Medication (s) to include there are documented.	in the Staff Development in-servicing for all facility in nursing assistant, nursing staff, housekeeping staff, and lent to Resident Abuse to see observed that safety is charge nurses are notified priate interventions. No rork until they received this urses started a 100 percent inside to assure a plan of care was sident to include behaviors. Some nurses completed a 100 percent insidents on antipsychotic that the plan of care antipsychotic medication reduction or changes. Any corrected by updating of the corrected by updating of the commendations made in the plan of care in the plan of care in the plan of care antipsychotic medication in the corrected by updating of the corrected by updating of the corrected by updations will sidents on psychoactive in the plan of care in th	F.	329			

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F 329	for the need and frequences of medications, changes in medication	e 84 ed are properly documented juency, diagnosis to support and recommendations for ons that will be submitted to or review as appropriate.	F 329			
Type distance	deficient practice from On 3-12-2013 a QI we implemented to be us Director of Nursing, a that rotate Nurse On-hours, weekends, and gathering information interventions for incideresident incidents utili Management " Works audit tool will be utilized.	rorksheet guide was sed by the Administrator, and all Administrative Nurses Call duties for non-business				
	Improvement Incident starting on 3-12-13 co Administrator, Directo Director of Nursing, Q Minimum Data Set Nu Therapy staff that will review all incidents an assessment of situation MD notified, RP notified for changes and interviducumented on a Qua	or of Nursing, Assistant Quality Improvement Nurse, urses, Social Workers, and I meet five times per week to accidents to assure nurse on, intervention put in place, ed, and Care Plan updated ventions. This review will be			4 Professional Control of the Contro	
1		s will review all resident nes per week for eight				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING		(X3) DATE SURVEY COMPLETED				
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F 329	weeks starting week oper week ongoing the no resident to resider occurred that were no reporting. On 4-10-2013 the Stainitiated in-servicing anursing assistants regresidents that in the dresidents staff should whereabouts. If a deas being in another redirect the resident to the unit and that if the redirection to stay wit resident to resident coresident is able to be The facility Quality Important to the unit and that if the redirection to stay wit resident to resident coresident is able to be The facility Quality Important to the total that are on the Committee will meet the residents that are on the Committee will consultant. The Committee will consultant. The Committee are documented for the noting of the progression of the commendations for that will be submitted.	of 3-11-2013 and then once breafter to assure there are at episodes that may have on identified by incident. Iff Development Coordinator at 1:17 pm for nurses and garding monitoring of lally monitoring of our routinely monitor their mentia resident is identified esident 's space or bed to the common care areas of the resident to assure no conflicts occur until the redirected. Inprovement Antipsychotic monthly to review all antipsychotic medications. Consist of the Administrator, assistant Director of Nursing, curses, Quality Improvement ers, and Pharmacy mittee will review each to include current dosage, cumented behaviors since and that MD orders are cions used are properly eed and frequency, oresent medications, and changes in medications to the Medical Doctor. Any ade during the Committee ed to the Attending	F	329			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 329	recommendation of clithe resident will be Ca antipsychotic medicat approaches listed and will note the change it on the Resident Care watch for any change On 4-10-13, the Staff and DON initiated insursing assistants and resident has a change medications, the chark Resident Care Guide closet and prompt nurchanges in behaviors Nursing Assistant notibehavior or condition immediately. Anytime there is a change in bare to immediately as resident is safe and or related to the behavior and/or DON and/or the situation warrants, not in-service included the will also be routinely of while on an antipsych well and will also be a and Nurses who work observed changes in Starting the week of 4 times a week observed under a antipsychotic question staff who wo	the physician agrees with the parage in medication, then are Planned for changes in ions with goal and at the QI Nurse and/or DON in antipsychotic medication. Development Coordinator servicing at 6:15 pm for all dinurses that anytime a in antipsychotic ge will be noted on the located in each resident 's ring staff to observe for any or medical condition. If a ces a change in resident they are to notify their nurse is a Nurse is notified that ehavior or condition they sess the resident, assure ther residents are safe in, and notify the QI Nurse is Nurse On-Call. If they are to not the QI Nurse is enuited that the QI Nurse is not medication change as sking Nursing Assistants with resident if any condition or behavior.	F	329			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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,	that have not already observations utilizing changes in behavior of and referred to the MI needed in medication changes identified and and/or MD will be reported to the MI needed in medication QI Committee QI Committee QI Audit The Administrator will notification Worksheet they are completed to weekends as incident. The Administrator and Quality Improvement in Committee QI Audit The Administrator and Quality Improvement in Committee QI Audit The Administrator will nurses Notes three tirestarting 3-11-2013 the thereafter to assure all that any areas with identification in the Regional Director Consultant will review Worksheet QI Audit to worksheet QI Audit to the MI and the MI review Worksheet QI Audit to the MI and the MI review Worksheet QI Audit to the MI review Worksheet QI review Worksheet QI Audit to the MI review Worksheet QI review Worksheet QI review Worksheet QI review Worksheet QI review Worksheet QI review	the change in the medication been reported by other staff a QI Audit Tool. Any or condition will be assessed D for any further changes is for the resident. Any discrete actions taken by nursing orted to the Antipsychotic littee on their next review. The conditions are the conditions of the actions of the actions of the land of the actions of the land	F 329	DETICION)	
	Nurses Notes monthly	r for six months starting orly thereafter to assure the			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
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F 329	facility is completing a place and working to the Administrative Not Nurse Consultant will quiz forms with the enknowledge from the into resident abuse and Management. The quitaff on all shifts and a to verify continued knowledge on Resident started on 3-13-2013 months, and then quaemployees hired will riguiz as a part of their facility. The Quality Improvem which consists of the Administrator, Directo Director of Nursing, Q Minimum Data Set Nursing to the consists of the Residual of the consists of the Residual of the consists of the Residual of the	and interventions are in meet residents ' needs. arses and/or Corporate randomly administer written inployees to verify inservice given on resident include	F 329			
***************************************	Medical Records Director will review the tools to include the Inc. Worksheets, the Revieunreported incidents, Committee Reviews, a Medication Committee monitoring, assessmeneeds to further monit assure continued common to 1/11/13 at 5:00 PM validated by reviewing	e quality improvement audit bident Notification ews of Nurses Notes for the Incident/Accident and the Antipsychotic				The state of the s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329 F 520 SS=J	of injury or other sign abuse. Interviews we administrative staff ar call after business ho assure that interventing place with resident to On-call Incident Manadeveloped for the adrito take home to docur incidents and accident business hours and oknowledgeable of the Worksheet had been rotate nurse on-call dinterventions for incident after business hours. With the nurses and the locked dementia unit was confirmed that ston monitoring behavior of the interventions peresidents with behavior medications had been 483.75(o)(1) QAA COMMITTEE-MEMBI QUARTERLY/PLANS A facility must maintain assurance committee nursing services; a phracility; and at least 3 facility's staff. The quality assessment committee meets at lessues with respect to	s of resident to resident re conducted with the and the managers that are on ours and on weekends to cons are immediately put in resident incidents. An "agement" form had been ministrative and on-call staff ment calls regarding atts in the facility after in weekends. The staff was form and its use. A QI developed for the staff that outles to document ents/accidents that occur and the general floors. It aff had received inservices ors and were knowledgeable at into place for monitoring ors and residents whose in changed. ERS/MEET In a quality assessment and consisting of the director of sysician designated by the other members of the	F 520	F520 What measures the facility put in p for the resident affected: On 3-9-2013 resident #4 was assess nurse and attempt made to notify XRay of eye area was completed on 10:30 pm with results of no fra identified. On 3-11-13 MD gave or resident to see eye physician and re #4 was seen by eye physician on 3- with additional eye physician visits 12-13 with order to start antibiotic ti and a return visit scheduled for 3-13 On 3-14-13 resident had procedure move right eye and returned to the from procedure on 3-15-13.	sed by MD. 3-9-13 actures der for sesident 11-13, on 3-herapy 1-2013.	· \$20-13

PRINTED: 04/24/2013 FORM APPROVED

STATEMENT	FOF DEFICIENCIES					OWR M	<u>), 0938-0391</u>	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			Τ.		04/	/11/2013	
					REET ADDRESS, CITY, STATE, ZIP CODE			
RICHMO	ND PINES HEALTHCARE	AND REHABILITATION CENTE		l	HIGHWAY 177 S BOX 1489			
					HAMLET, NC 28345			
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F 520	develops and implement action to correct identication. A State or the Secretar disclosure of the recorrect insofar as such compliance of such correquirements of this second faith attempts by	ents appropriate plans of ified quality deficiencies. ary may not require ds of such committee and is related to the immittee with the	F	520	On 3-10-13 resident #2 was assess nurse and attempt made to notify Family notified on 3-10-13. On 3 resident #2 was moved to another On 3-11-13 MD gave order for resident was see eye physician and resident was see eye physician on 3-11-13 with order cold compress and antibiotic ointmen applied. On 3-12-13 facility obtain Ray of resident nasal bones and received a results on 3-12-13 for resident showing non-displaced fracture of nos RP was notified by nurse on 3-9-13.	y MD10-13 room. dent to een by ers for it to be ned X- ved X- ent #2 se.		
	by: Based on record revie facility 's Quality Improto develop and implem monitor 1 of 1 sampled behaviors after a reduct psychoactive medication injury to 2 of 2 sampled and Resident #2) know 's beds. The facility als implement a plan of act behaviors of other resident were injured 2 residents were injured 2 residents were injured 2 popardy began on 3/9, identified on 04/10/13 a Jeopardy was removed when the facility provide compliance. The facility compliance at a scope apotential for more than a	resident 's (Resident #5) tion of the Resident 's ons. This failure resulted in if residents (Resident #4 on to get into other resident tion failed to develop and tion to monitor the dents whose psychoactive ontially be reduced after the off. The Immediate off. The Immediate on 04/11/13 at 5:55 PM and a credible allegation of will remain out of and severity level D (with minimal harm that is not til all of the nursing staff			10-13 of resident #5's behaviors. MI attempted to be notified by nur behavior on 3-9-13 and 3-10-13. On 13 at 7:00 am resident #5 was placed minutes checks. On 3-11-13 first resident #5 was placed on one to one monitoring. DON contacted psychnurse practitioner on 3-11-13 psychiatric nurse practitioner arrived day at 3:45 pm to see resident recommendation to resume previous d	D was see of 3-10-on 15 shift e staff hiatric and same with losage Social center at due -2013 center they ing of toring e was 2-13, atside		

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		X3) DATE SURVEY COMPLETED			
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F 520	The findings included The facility 's Quality 1/11 read as follows: Executive Committee Quality Improvement committee meets qua the administrator to re concerning resident of Improvement Program Action Team meeting facility staff. The com determine if changes required to improve of Improvement Executi if an Action Team nee modified, if further sta if increased monitorin care. The Executive of direct the Quality Impresponsible department changes or retraining Resident #5 was adm 11/17/03 and had dia Depression, Anxiety, Schizophrenia. The re locked dementia unit The most recent Minit Assessment (Quarter that Resident #5 was impaired with a Brief I (BIMS) score of 3. The	Improvement Policy dated "The Quality Improvement edirects and supervises the Program in the facility. This arterly or as designated by eview information eare. The Quality merviews trends noted from and rounds made by mittee should then in plans of action are utcomes. The Quality ve Committee should decide eds to be formed or aff education is required and g is required in resident Committee should then rovement Coordinator or each head to initiate any of staff as required." Littled to the facility on gnoses that included Dementia and Paranoid esident resided on the in the facility. The province of the several ed that the each of the several ed the education in the several ed the education ed the education end end education end end education end end education end education end end education end education end education	F 520	residents having the potential to be affected: On 3-11-13 at 7:00 pm a 100 percer was completed by the ADON residents residing in the locked de unit to check for any signs of inj suspicious signs of resident to reabuse. No negative outcomes identified in this audit. On 3-12-13 the audit was expanded floor nurses to the remaining reresiding in the nursing facility additional precautionary interventicheck for any signs of injury or resident abuse. No negative outcome identified from this audit. The Corporate Nurse Conscompleted a 100 percent audit of renurses notes starting on 3-11-12 completed on 3-12-13 for the time per documentation from 12-1-2012 to part of the starting of the starting of resident to reception of the starting of the sta	at audit on all mentia fury or esident were by the sidents as an on to dent to swere ultants esident 3 and riod of oresent fursing esident viously ith no Nurse ew of 9-1-12 is for place

Facility ID: 923021

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER D PINES HEALTHCARE	AND REHABILITATION CENTE	H	EET ADDRESS, CITY, STATE, ZIP CODE IGHWAY 177 S BOX 1489 IAMLET, NC 28345		
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F 520	assessment period. Resident was ambul 1 person and was or antipsychotic medica assessment period. A Physician 's Orde orders to reduce the medications. An entr notes by the QI Nurs Quality Improvemen Data: Resident recei 1 MG, Remeron 15 I diagnosis of paranoi mental disorder and include yelling, cursi (gradual dose reduce Action: Recommend daily, decreasing Ati Remeron 7.5mg, dechanges recommend (medical doctor) and aware, MD agrees was There were no QI pr s clinical record after A facility Incident Re that Resident #5 hit in the dining room. To to Resident #7. A facility Incident Re that Resident #7.	1-3 days during the 7 day The MDS showed that the atory with the supervision of anti-anxiety and ations for 7 of 7 days of the r dated 2/7/13 revealed Resident's psychoactive y in the Resident's progress de dated 2/12/13 read: t - Antipsychotic Medication. ved Buspar 300 MG, Ativan MG and Zoloft 50 MG with d schizophrenia, anxiety, depression. Behaviors ing and screaming. No GDR tion) noted for any meds. decreasing Buspar 200 mg van 0.5 mg, decreasing creasing Zyprexa 2.5mg. No ded to Zoloft at this time, for behaviors. Response: MD IRP (responsible party) with recommendations. " ogress notes on the resident'	F 520	Director in-serviced the Admin Director of Nursing, Assistant Din Nursing, Quality Improvement Minimum Data Set Nurse Administrative Nurses who take Norse Administrative Nurses who take Norse Administrative Nurses who take Norse Administrative Nurses who take Norse Interventions are immediately put with resident to resident incide one to one staff monitoring resident strikes another resident situation is assessed further and apprinterventions are decided to an resident's individualized needs to care planning. When unsure situation, the Administrator and/or of Nursing should contact the Director or Corporate Nurse Consum additional advisement. No Admin Nurses worked until they received servicing. On 3-12-13, the Regional Director of Administrative Nurses who take Norse Call to include the Director of Assistant Director of Nursing, Improvement Nurse, and Minimum.	nistrator, rector of Nurse, s and furse On ng that in place lents to g when a antil the propriate neet the include about a Director Regional Iltant for nistrative this in- ctor in- and all furse On Nursing, Quality am Data Incident on called data to swers to g HOW, on place onded the a-service	

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F 520	A facility Incident Repthat Resident #5 hit Fresulting in Resident fracture of the nose a eye. Resident #5 was disc 3/12/13. The QI Nurse stated 1:15 PM that the facil committee to look at medications with the medications. The QI the psychiatric nurse reviewed the recommonittee regarding reduction) of the psychiatric nurse agreed and the physician signerommendations to On 3/25/13 at 2:52 Pinterview that she not #5 after his medications to the Nurse stated that prior to the medications, Resident #5 were worse and Resi in the dining room. The Resident #5 would us someone was in his sto just hit someone. Nurse #1 stated in an	cort dated 3/10/13 revealed desident #2 in the face #2 having a non-displaced and conjunctivitis of the left charged from the facility on in an interview on 3/25/13 at ity had established a new residents on antipsychotic goal of reducing these Nurse stated that on 2/6/13 saw Resident #5 and rendations of the QI the GDR (gradual dose choactive medications for Nurse stated that the eed to the recommendations ned for the be initiated. M, Nurse #1 stated in an itied a difference in Resident for had been cut. The Nurse is reduction in his at #5 was easier to re-direct. It after his medications were is aggressive behaviors dent #5 hit a female resident		520	Administrative Call Rounds includ Housekeeping Director, Medical I Director, Social Workers, Business staff, Dietary Manager, Activity Dand Maintenance Director. On 3-11-13 at 7:10 pm the Development Coordinator initiate servicing for all facility staff to nurses, nursing assistant, nursing staff, dietary staff, housekeeping maintenance staff, activities staff, staff, and therapy staff on Resident Abuse to include when e are observed that safety is p immediately, charge nurses are immediately for appropriate intervence No staff was allowed to work un received this in-service. On 4-3-13 the MDS Nurses started percent review of all Care Plans to individualization of the plan of care completed for each resident to behaviors of residents. On 4-10-2013 the MDS nurses complain of care addresses the antipsychotic medications to assure plan of care addresses the antipsychotic medication and any dose reduction or changes. An identified were corrected by updating residents of the plan of care plans. On 3-13-2013 to 3-15-2013 the physical states of the plans of care of the plans of care of the plans of care addresses the antipsychotic medication and any dose reduction or changes. An identified were corrected by updating residents of the plans of care of the plans of care plans. On 3-13-2013 to 3-15-2013 the physical states of the plans of care addresses and	Staff ed ininclude support staff, office dent to pisodes rovided notified entions. til they assure was include oleted a nts on that the use of current y areas g of the	

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F 520	behaviors in the nurs assistants address be documentation in the computer program. The not monitor the documentation. The Director of Nursi interview on 3/26/13 document resident's notes. The DON state Committee monitors medication dose redunites. On 4/10/13 at 11:15 conducted with the A Nursing (DON) and the Administrator stated on February 13, 2013 medication dose redupsychoactive medical stated that resident' monitored on every sany medication chan stated that during the 2013 there was no direductions for specific general discussion reresidents on psychoactory.	e's notes and the nursing ehaviors in their Point of Care (POC) he Nurse stated that she did mentation of resident's e information went to ng (DON) stated in an at 9:54 AM that the nurses behaviors in the nurse's ed that the Antipsychotic the resident after a action by talking with the AM an interview was dministrator, the Director of the QI Nurse. The that during the QI meeting a they discussed the need for actions for all residents on tions. The Administrator is behaviors were to be whift like they normally do for ges. The Administrator equi meeting on March 13, iscussion regarding dose c residents but there was a egarding dose reductions for active medications.	F	520	review of all residents to include re on psychoactive medications. recommendations made regarding pantipsychotic medications will be re by the Quality Improvement Antips Medication Committee. The Conwill review each resident medication include current dosage, whether the documented behaviors since last verification that MD orders are PRN Medications used are produced for the need and free diagnosis to support present medications that will be submitted medications that will be submitted Medical Doctor for review as appropriately made and recommendations for chan medications that will be submitted Medical Doctor for review as appropriately made and recommendation for chan medications that will be submitted Medical Doctor for review as appropriately made and recommendation for review as appropriately made and recommendation for review as appropriately made and recommendation for non-business weekends, and nights to assist in ginformation to make decisions interventions for incidents to resident to resident incidents utility.	Any possible eviewed ychotic mittee on(s) to here are review, correct, properly quency, cations, ges in I to the oriate. Hace to from hours, athering about include lizing a gement"	
	4/11/13 at 10:30 AM action teams and tha and would bring their QI meeting. The Adn	ated in an interview on that there were various at the teams met separately information to the monthly hinistrator stated that the Qlebruary 13, 2013 and there			will be utilized when calls are rece forwarded to the Administrator for	ived and	•

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F 520	was no specific informminutes about the do for Resident #5 but the reducing psychoactiv The QI Nurse stated 10:49 AM that during meeting they had a benew regulations and general meeting they had a benew regulations. The QI no discussion on the psychoactive medical plan for monitoring reflection of psychoactive medical psychoactive medical plan for monitoring reflection of psychoactive medical plan for monitoring reflection of psychoactive medical	nation in the meeting se reduction of medications are reduction of medications are reduction of medications are reductions in the facility. In an interview on 4/11/13 at the February 13, 2013 QI rief discussion about the guidelines on psychoactive Nurse stated that there was reduction of Resident #5 's clions and no change in the sident 's behaviors after a ctive medications. Is notified of the Immediate at 2:10 PM. The facility legation of compliance on The allegation of A was assessed by Nurse to notify MD. XRay of eye on 3/9/13 at 10:30 pm with identified. On 3/11/13 the ler for the resident to see an ent #4 was seen by an eye	F 520	On 3-12-2013 the Administrator initive Quality Improvement Incident/Ac Committee starting on 3-12-13 cort of the Administrator, Director of Nassistant Director of Nursing, Improvement Nurse, Minimum Da Nurses, Social Workers, and Therapthat will meet five times per week to all incidents and accidents to assure assessment of situation, intervention place, MD notified, RP notified, and Plan updated for changes and interve This review will be documented Quality Improvement Incident/Ac Review Committee QI Audit Tool. Administrative Nurses will revier resident nurses notes three times per for eight weeks starting week of 3-11 and then once per week ongoing the to assure there are no resident to reepisodes that may have occurred that not identified by incident reporting. On 4-10-2013 the Staff Develor Coordinator initiated in-servicing a proposed proposed proposed for the daily monitoring of residents to the daily monitoring of our resident should routinely monitor their whereas in another resident is identified as in another resident to the common areas of the unit and that if the residence of the unit and that if the resident to assure no resident to reconflicts occur until the resident is a be redirected.	ccidents nesisting fursing, Quality at Set by staff review enurse put in d Care ntions. on a ccident we all reactions at were staff abouts. Set being ped to n care dent is ith the esident	

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NAME OF PROVIDER OR SUPPLIER RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE			STR H	EET ADDRESS, CITY, STATE, ZIP CODE IGHWAY 177 S BOX 1489 IAMLET, NC 28345	<u> </u>	11/2013	
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F 520	The family was notified Resident #2 was movous 3-11-13 the physician #2 to see the eye physician cold compress and arrapplied. On 3-12-13 the resident nasal bones on 3-12-13 for Resident nasal bones on 3-12-13 for Resident non-displaced fracture. The Responsible part on 3-9-13 and 3-10-13. The MD was attempted behavior on 3/9/13 and 7:00 am Resident #5 checks. On 3-11-13 for placed on one to one Director of Nursing (Dipsychiatric nurse praced psychiatric nurse praced 3:45 pm to see reside resume previous dose medications. Social psychiatric center on placement due to reside resume to the toron placement due to reside resume to the toron placement due to reside resume to one with Resident #5 until facility. On 3-12-13, for outside psychiatric longer resides at this	de to notify the physician. d on 3-10-13. On 3-10-13 ed to another room. On gave an order for Resident sician and the resident was n on 3-11-13 with orders for ntibiotic ointment to be the facility obtained X-Ray of and received X-Ray results ent #2 showing a e of nose. y was notified by the nurse 3 or resident 's behaviors. ed to be notified by nurse of d 3/10/13. On 3-10-13 at was placed on 15 minutes irst shift Resident #5 was staff monitoring. The ON) contacted the editioner on 3-11-13 and ditioner arrived same day at not with recommendation to age of antipsychotic Worker contacted outside 3-11-2013 for potential dent behavior. On the outside psychiatric all worker and verified they #5 on the morning of staff monitoring continued he was discharged from Resident #5 was transported center for admission and no facility. put in place for residents	F	520	Antipsychotic Committee will monthly to review all residents that antipsychotic medications. The Con will consist of the Administrator, E of Nursing, Assistant Director of N	are on imittee director dursing, Quality rs, and ee will (s) to ere are review, correct, roperly quency, cations, ages in to the dations in the dation. In the dication, and for any companies in esident for any companies and change change change	

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	On 3-11-13 at 7:00 pn completed by the ADC in the locked dementia of injury or suspicious resident abuse. No neidentified in this audit. On 3-12-13 the audit values to the remaining facility as an a intervention to check for resident to resident aboutcomes were identified. The Corporate Nurse of 100 percent audit of restarting on 3-11-13 and the time period of docute to present 3-11-2013, nursing documentation episodes that may not identified in incident resoutcomes identified. On 3-12-13, the Corpo (PG) completed a revie altercations from 9-1-1 interventions for reside were in place and/or st concerns identified. On 3-11-13 at 5:45 pm in-serviced the Administ Assistant Director of Nulmprovement Nurse, Mand Administrative Nurse.	n a 100 percent audit was DN on all residents residing a unit to check for any signs signs of resident to egative outcomes were was expanded by the floor and residents residing in the additional precautionary or any signs of injury or use. No negative field from this audit. Consultants completed a resident nurses notes and completed on 3-12-13 for amentation from 12-1-2012 to assure there were no an of resident to resident have been previously porting with no negative are the Nurse Consultant for the resident to resident to resident to resident to resident to resident to resident to resident to resident to resident to resident and the resident to resident	F	520	located in each resident's closet and p nursing staff to observe for any chan behaviors or medical condition. Nursing Assistant notices a chan resident behavior or condition they notify their nurse immediately. Any Nurse is notified that there is a chan behavior or condition they arimmediately assess the resident, resident is safe and other residents ar related to the behavior, and notify the Nurse and/or DON and/or the Nurse Call. If situation warrants, notify the and RP. The in-service include reminder that the QI Nurse will all routinely observing these residents when an antipsychotic medication change a and will also be asking Nursing Assi and Nurses who work with resident observed changes in condition or behaviors or condition change and question staff work with the resident to assess if the any changes in behaviors or con related to the change in the medication have not already been reported by staff observations utilizing a QI Audit Any changes in behavior or condition be assessed and referred to the MD for further changes needed in medication the resident. Any changes identifications taken by nursing and/or MD verported to the Antipsychotic Medical QI Committee on their next review.	ges in If a ge in are to time a nge in re to assure re safe the QI e On- e MD d the so be aile on s well istants if any vior. Nurse idents chotic f who ere are dition n that other Tool. n will or any ns for d and vill be	

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	monitoring when a resident until the situal appropriate intervention resident 's individuality planning. When unsure Administrator and/or It contact the Regional It Consultant for addition Administrative Nurses this in-servicing. On 3-12-13, the Regional It also have a servicing. On 3-12-13, the Regional It also have a servicing. On 3-12-13, the Regional It also have a servicing. On 3-12-13, the Regional It also have a servicing. On 3-12-13, the Regional It also have a servicing. Nurse on Call to Nursing, Assistant Din Improvement Nurse, a Nurses on "On-Call It to look at when called outlined data to collect answers to WHO, WHHOW, and INTERVEN On 3-15-13 the Admin On-Call Incident Mana staff members who rot Administrative Call Rohousekeeping Directo Director, Social Worke Dietary Manager, Action Maintenance Director. On 3-11-13 at 7:10 pm Coordinator initiated in staff to include nurses,	include one to one staff sident strikes another ation is assessed further and ons are decided to meet the zed needs to include care are about a situation, the Director of Nursing should Director or Corporate Nurse and advisement. No a worked until they received and Director in-serviced the Administrative Nurses who include the Director of actor of Nursing, Quality and Minimum Data Set about an incident that about situation including AT, WHEN, WHERE, ATION to be put in place, istrator expanded the " agement in-service to all ate weekend unds including the r, Medical Records rs, Business Office staff,	F 52	antipsychotic medication and behi management will be conducted finurses on 5-16-2013 by the North Carlier Psychiatric Services utilize curriculum approved by Arizona State How the facility will monitor system in place: The Administrator will review the "In Notification Worksheet QI Audit adily as they are completed to in nights and weekends as incidents occurring to the Quality Improvement Incident/Ac Committee QI Audit Tool five time week to assure all areas are reviewed appropriate intervention and notification. The Administrator will review the Review of Nurses Notes three times a for eight weeks starting 3-11-2013 the per week ongoing thereafter to assure the individual needs of the resum and situation. The Regional Director and/or Compuse Consultant will review the "Inconsident/Accident Committee QI Audit tool Incident/Accident Committee QI Audit tool Incident/Accident Committee QI Audit for six monthly for six months starting April	cident cident cools cool
[therapy staff on Reside	vities staff, office staff, and ent to Resident Abuse to are observed that safety is	delineres - La contentadora de l	then quarterly thereafter to assure facility is completing and intervention in place and working to meet residued.	is are

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 520	provided immediately immediately for approstaff was allowed to win-service. On 4-3-13 the MDS N review of all Care Plaindividualization of the completed for each reof residents. On 4-10-2013 the MD percent audit of all resmedications to assure addresses the use of and any current dose areas identified were residents ' care plan. On 3-13-2013 to 3-15 consultant completed residents to include remedications. Any recregarding possible and be reviewed by the Quantipsychotic Medicate Committee will review medication(s) to include review, verification that PRN Medications use for the need and frequipresent medications, a changes in medication for the Medical Doctor for the medical Doc	charge nurses are notified opriate interventions. No work until they received this durses started a 100 percent instead to assure a plan of care was sident to include behaviors. So nurses completed a 100 sidents on antipsychotic at that the plan of care antipsychotic medication reduction or changes. Any corrected by updating of the commendations made tipsychotic medications will uality Improvement ion Committee. The each resident de current dosage, whether	F 52	Corporate Nurse Consultant will ran administer written quiz forms wi employees to verify knowledge from service given on resident to resident and On-Call Incident Management quizzes will be completed with staff shifts and at varying times of the verify continued knowledge of information. Quizzes on Reside Resident abuse were started on 3-1 and will continue for six months, ar quarterly ongoing. New employees will receive this in-servicing and quipart of their general orientation facility. The Quality Improvement Exe Committee which consists of the Moreotor, Administrator, Director Nursing, Assistant Director of Nickley Committee, Ministrator, Min	th the the interpolate the interpolate to a lid day to for this ent to 3-2013 and then is hired iz as a to the ecutive fedical for of the interpolate to the ecutive fedical for of the interpolate to the ecutive fedical for of the interpolate to the ecutive fedical for of the interpolate to the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical fedical for the ecutive fedical for the ecutive fedical for the ecutive fedical	

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F 520	Director of Nursing, a that rotate Nurse Onhours, weekends, and gathering information interventions for incideresident incidents util Management " Work audit tool will be utilized and forwarded to the On 3-12-2013 the Adamprovement Incidents tarting on 3-12-13 conformation of Nursing, of Minimum Data Set Notherapy staff that will review all incidents at assessment of situation MD notified, RP notification of the documented on a Qualicident/Accident Revious.	n reoccurring: orksheet guide was sed by the Administrator, and all Administrative Nurses Call duties for non-business d nights to assist in to make decisions about lents to include resident to izing a " On-Call Incident sheet QI Audit Tool. This ed when calls are received Administrator for review. ministrator initiated a Quality t/Accidents Committee onsisting of the or of Nursing, Assistant Quality Improvement Nurse, urses, Social Workers, and I meet five times per week to and accidents to assure nurse on, intervention put in place, ied, and Care Plan updated ventions. This review will be ality Improvement view Committee QI Audit	F	520			
A.•	nurses notes three tir weeks starting week per week ongoing the no resident to resider	s will review all resident mes per week for eight of 3-11-2013 and then once creafter to assure there are nt episodes that may have ot identified by incident					
	On 4-10-2013 the Sta initiated in-servicing a	aff Development Coordinator at 1:17 pm for nurses and					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 520	nursing assistants regresidents that in the dresidents staff should whereabouts. If a deas being in another regredirect the resident to the unit and that if the redirection to stay with resident to resident to resident to resident to resident is able to be. The facility Quality Im. Committee will meet residents that are on a The Committee will confirm the Committee will confirm the Committee will consultant. The Commendation of the resident medication (somether there are documented for the normal diagnosis to support precommendations for that will be submitted recommendations made the submitted recommendation. If the resident will be Cantipsychotic medicated approaches listed and will note the change in on the Resident Care	garding monitoring of laily monitoring of our routinely monitor their mentia resident is identified esident 's space or bed to the common care areas of resident is resistive to the final the resident to assure no conflicts occur until the redirected. In provement Antipsychotic monthly to review all entipsychotic medications, consist of the Administrator, assistant Director of Nursing, area, and Pharmacy mittee will review each to include current dosage, cumented behaviors since in that MD orders are ions used are properly eed and frequency, oresent medications, and changes in medications to the Medical Doctor. Any de during the Committee ed to the Attending ince or decline of the physician agrees with the mange in medication, then are Planned for changes in	F	520			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED			
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	OVIDER OR SUPPLIER	E AND REHABILITATION CENTE	•	HiGi	T ADDRESS, CITY, STATE, ZIP CODE HWAY 177 S BOX 1489 MLET, NC 28345	V-12	11120.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ž	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 520	Continued From page On 4-10-13, the Staff and DON initiated in nursing assistants at resident has a change medications, the charce Resident Care Guide closet and prompt nursing Assistant no behavior or condition immediately. Anytime there is a change in the are to immediately as resident is safe and or related to the behavior and/or DON and/or the situation warrants, no in-service included the will also be routinely while on an antipsychwell and will also be and Nurses who work observed changes in Starting the week of times a week observed under a antipsychotic	f Development Coordinator servicing at 6:15 pm for all and nurses that anytime a ge in antipsychotic ange will be noted on the clocated in each resident 's arsing staff to observe for any so or medical condition. If a tices a change in resident they are to notify their nurse e a Nurse is notified that behavior or condition they assess the resident, assure other residents are safe or, and notify the QI Nurse and Nurse On-Call. If of tify the MD and RP. The pereminder that the QI Nurse observing these residents and assessing Nursing Assistants		520			
	assess if there are ar condition related to the that have not already observations utilizing changes in behavior and referred to the Mineeded in medication changes identified an	by changes in behaviors or the change in the medication been reported by other staff a QI Audit Tool. Any or condition will be assessed D for any further changes as for the resident. Any d actions taken by nursing orted to the Antipsychotic					

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED				
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F 520	' •	103 ttee on their next review.	F	520)			
	How the facility will me	onitor systems put in place:						
	The Administrator will Notification Workshee they are completed to weekends as incidents	t QI Audit Tools " daily as include nights and						
	Quality Improvement I Committee QI Audit To	ool five times per week to viewed with appropriate						
Transfer and the second and the seco	Nurses Notes three tin starting 3-11-2013 the							
a metalor	Consultant will review Worksheet QI Audit to Committee QI Audits to Nurses Notes monthly	rly thereafter to assure the nd interventions are in						
	quiz forms with the em	andomly administer written ployees to verify service given on resident						

	ATEMENT OF DEFICIENCIES OPLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 520	staff on all shifts and to verify continued. Quizzes on Reside started on 3-13-201 months, and then quizzes a part of the facility. The Quality Improve which consists of the	quizzes will be completed with d at varying times of the day knowledge of this information. In to Resident abuse were 3 and will continue for six uarterly ongoing. New 11 receive this in-servicing and bir general orientation to the ement Executive Committee e Medical Director,	F 520			
	Director of Nursing, Minimum Data Set & Bookkeeper, Activity Medical Records Di Director will review tools to include the Worksheets, the Re unreported incidents Committee Reviews Medication Committed	ctor of Nursing, Assistant Quality Improvement Nurse, Nurse, Social Workers, by Director, Dietary Director, rector, and Maintenance the quality improvement audit Incident Notification views of Nurses Notes for s, the Incident/Accident s, and the Antipsychotic time Meeting Minutes for ment and recommendation of				THE TOTAL CONTROL OF THE TOTAL
	On 4/11/13 at 5:00 I validated by reviewing the dementia unit are of injury or other signabuse. Interviews what was a call after business hassure that intervential place with resident to On-call Incident Mar	nitor these systems, and to ampliance in these areas. PM the credible allegation was any the audits conducted on and the general floors for signs are on the conducted with the and the managers that are on ours and on weekends to tions are immediately put in the president incidents. An "any magement of the conducted with the conducted				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT	TE SURVEY	
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F 520	to take home to docur incidents and accident business hours and or knowledgeable of the Worksheet had been crotate nurse on-call duinterventions for incide after business hours. I with the nurses and the locked dementia unit a was confirmed that state on monitoring behavior of the interventions puriodents and accidents.	nent calls regarding ts in the facility after n weekends. The staff was form and its use. A QI developed for the staff that ties to document ents/accidents that occur nterviews were conducted e nursing assistants on the end on the general floors. It off had received inservices rs and were knowledgeable t into place for monitoring rs and residents whose	F	520			

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