| NAY 2 3 2013

PRINTED: 05/17/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l i	JLTIPLE CONSTRUCTION DING			(X3) DATE SURVEY COMPLETED	
		345000	B. WING			i	C /08/2013	
	CARE OF BISCOE		•	4	REET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209		00/2010	
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F 157 SS=G	were not substantiate practice at tags F 157 while investigating the ID#CVKT11. 483.10(b)(11) NOTIF' (INJURY/DECLINE/R) A facility must immed consult with the reside known, notify the resion an interested family accident involving the injury and has the pot intervention; a signific physical, mental, or put deterioration in health status in either life the clinical complications) significantly (i.e., a ne existing form of treatm consequences, or to consequence from the figure of the facility must also and, if known, the resion interested family must also and, if known, the resion interested family must also and, if known, the resion interested family must also and, if known are regulations as specified this section. The facility must recort the address and phonormal and the section in the facility must recort the address and phonormal facility must record the facility must record t	e complaint investigation d. However, deficient and F 309 was identified e complaint. Event Y OF CHANGES OOM, ETC) ately inform the resident; ent's physician; and if dent's legal representative y member when there is an resident which results in ential for requiring physician ant change in the resident's expchosocial status (i.e., a , mental, or psychosocial eatening conditions or ; a need to alter treatment ed to discontinue an ment due to adverse commence a new form of on to transfer or discharge acility as specified in promptly notify the resident dent's legal representative ember when there is a mmate assignment as	F.	157	Preparation and submission of the of correction is in response to DI-2567 for the survey and does not constitute an agreement or admis by Autumn Care of Biscoe of the of the facts alleged or the correction of the conclusions stated on the statement of deficiencies. This procorrection is prepared and submit because of the requirements under and federal laws. Autumn Care of Biscoe contends that it was in substantial compliance with the requirements 42 CFR, Part 483, Subpart B throughout the time pestated in the statement of deficient In accordance with state and fede law, Autumn Care of Biscoe submit plan of correction to address statement of deficiencies and to sa its allegation of compliance with pertinent requirements as of the distated in the plan of correction and fully complete in all areas as of 5/20/13.	sion truth ness lan of ted er state of riod acies. ral mits the erve th the ates d as	5/20/13 x6) DATE	

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.

AND PLAN OF CORRECTION IDENTIFICATION	MIMBED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF BISCOE (X4) ID SUMMARY STATEMENT OF DEFICIEN	NCIES III	4	REET ADDRESS, CITY, STATE, ZIP CODE 101 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209 PROVIDER'S PLAN OF CORRECTION	, 00	
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F 157 Continued From page 1 legal representative or interested family This REQUIREMENT is not met as evi by: Based on record review and physician interview, the facility failed to inform the of the difference in the length, the swell the continued and increased intensity o the right leg for 1 (Resident #188) of 1 s resident. The findings included: Resident #188 was admitted to the facil 4/7/13 with multiple diagnoses including fracture from a fall and status post hem arthroplasty (surgical procedure in which the hip joint was replaced) of the right h admission Minimum Data Set (MDS) as dated 4/12/13 indicated that Resident # intact cognition, had a fall prior to admis had received a PRN (as needed) medic pain. The assessment also indicated th Resident #188 had pain present which i hard for her to sleep at night, limited he day activities and the pain intensity was analog pain scale of 0-10 indicated "0" a no pain and "10" as agonizing pain. The admission nursing assessment date did not indicate that Resident #188's rig shorter than the left leg. The assessme indicated that the resident had edema b indicate the location. Review of the physician's orders reveale admission (4/7/13), Resident #188 had for Percocet (pain medication) 5/325 mg (milligram) 1 tablet every 4 hours as need	idenced and staff e physician ling and if pain on sampled lity on g right hip i th half of ip. The esessment 188 had esion and estion for eat made it r day to e "9". The as having ed 4/7/13 th leg was ent also out did not ed that on an order gs	F 157	F 157: This facility has and will continue to inform the resident; consult the resident's physician an notify the resident's legal representative or an interested farmember when there is an accident involving the resident which result injury and has the potential for requiring physician intervention; significant change in the resident physical, mental or psychosocial (i.e., a deterioration in health, me or psychosocial status in either lift threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need discontinue an existing form of treatment due to adverse consequences, or to commence a form or treatment); or a decision transfer or discharge the resident the facility as specified in § 483.1 Steps taken in regards to Reside 188 found to have been cited duthe survey findings: Resident # transferred to hospital on 4/24/13	nd mily t dissin a 's status ntal, fe d to new to from 2(a). ent # uring 188	5/20/13

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F 157	pain. The PT (physical ther were reviewed. The resident #188 was erright leg was shorter to resident had some path walking. On 5/8/13 at (PT) was interviewed, she was the one who admission. She indicated that she did because the family instated that it was expalso stated that pain vibeginning of therapy and on. The nurse's notes and administration record that the resident had a AM for pain rated at 'The occupational there 4/9/13 indicated that is she was in a lot of pain 4/9/13 indicated that thurt pretty bad last nig do? "The notes furt #188 was in a lot of pain administered prior to the MAR for 4/9/13 resident prior to the mark of the MAR for 4/9/13 resident prior to the mark of the MAR for 4/9/13 resident prior to the mark of the mark of the MAR for 4/9/13 resident prior to the MAR for 4/9/13 resident prior to the mark of the	apy) notes dated 4/8/13 notes indicated that valuated and noted that the han the left leg and the in on the right hip with ta:12 PM, therapy staff #4 She acknowledged that evaluated Resident #188 on cated that the right leg was les than the left leg and mal after surgery. She not inform nursing about it dicated that the surgeon exted after surgery. She vas expected in the and would decrease later If the medication (MAR) for 4/8/13 indicated received Percocet at 11:54 4 " . apy (OT) notes dated Resident #188 stated that n. The PT notes dated he resident stated " my hip ght what we are going to her indicated that Resident ain and it was reported to medication was	F		Steps taken in regards to reside having the potential to be affect by the survey findings: A discussion was held with each therapist on a regarding residents currently received therapy for changes in condition decline, progress, concerns) by the D.O.N. and Administrator with corrective action taken immediate for any concern identified by D.C. and Administrator. An in-service conducted by the Administrator of D.O.N. on 5/10/13 with therapy regarding Coordinating Resident with other disciplines. All nurse re-instructed by the D.O.N. and son 5/10/13 regarding Coordinating Resident Care and physician/famnotification. A Pain Assessment Reporting in-service was done on 5-16-13 by the SDC with nursing Each licensed nurse and therapis completed an online class throug AHEC on Pain and Aging beginn on 5/17/13 and completed on 5/2	ted ussion 5/9/13 eiving (pain, he ely D.N. e was and staff Care s were SDC ng nily & n g staff. t	5/20/13

	of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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F 157	Continued From page The OT notes dated indicated that Reside was very sore. The Frevealed that Reside pain in the right hip w. The MAR for 4/10/13 had received Percood resident was experie with movement and geemed to hold her be reported to the nurse progressing well. The by the therapist was a the MAR for 4/15/13 had received Percood PM. The OT notes dated Percood PM. The OT notes dated PT notes dated 4/16/13 had received Percood PM. The MAR for 4/16/13 had received Percood PM.	at 3 4/10/13 and 4/12/13 nt #188 stated that her leg by Tontes dated 4/12/13 nt #188 was experiencing with movement and gait. revealed that the resident et for pain rated at "4". 4/15/13 indicated that the incing pain in the right hip gait, and the resident ereath due to pain. This was that hip did not seem to be enurse who was informed inot available for interview. indicated that the resident et at 10:44 AM and at 9:33 4/16/13 revealed that I "I am still hurting." The 13 indicated that the iny leg is hurting especially in further indicated that the		157		es will and ne nually es will the nerapy ntation erapy ident clude and nges eeting nes in the the rence:	5/20/13	
	Resident #188 stated Resident had increas which did not appear PT notes dated 4/17/	#7/7/13 revealed that " I am hurting so bad. " ed pain during movement to be getting better. The 13 indicated that Resident ting bad. " The notes			form daily for 4 weeks then once weekly for 3 months for appropricare interventions and timely notification of physician/family a	iate		

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F 157	revealed that the residemuch pain. The MAR for 4/17/13 had received the Perceived the Perceived Perceived the Perceived Perce	indicated that the resident cocet at 12:45 PM and at 1/18/13 revealed that the uent breaks due to PT notes indicated that the nip is hurting but I will be intinued to express concernain. The ealed that Resident #188 ician on 4/18/13. The ealed that Resident #188 ician on 4/18/13. The ead of the pain during therapy a Percocet 2 tablets prior to did not indicate that the ead of the swelling on the ength difference, right leg g. The resident that "my leg hurts so bad, I can tes further indicated that ased pain during movement to be getting better. The PT eresident stated "I'm so badly." The resident m hip to knee. On 5/8/13	F1	57	indicated. During weekly Medic meeting each resident on therapy load will be discussed regarding progress, decline, pain and other concerns with documentation plin the residents chart. Therapy documentation will be reviewed D.O.N. or MDS Nurse daily for changes in resident condition performance with the physician/f notified for any decline noted. A residents will be audited for acute changes 5 x weekly for timely notification of physician and fam the QA Nurse and D.O.N Residents will be audited to a underly for timely notification of physician and family by the D.O. and QA Nurse. Residents that he incident will be audited 5 x week timely notification of family and physician by the QA Nurse and D.O.N Residents with wounds be audited weekly for timely notification of physician and fam the D.O.N. and QA Nurse. Any of identified concern will be addin Quality Assurance meeting for further action plans as indicated according to situation (i.e. disciplin-servicing, return demonstration etc.).	case laced by the lamily ll e ily by lents ted N. eve an ly for will ily by area ressed c linary,	5/20/13	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 **CENTERS FOR MEDICARE & MEDICAID SERVICES** (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING C B. WING 345000 05/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 **AUTUMN CARE OF BISCOE** BISCOE, NC 27209 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY F 157 | Continued From page 5 F 157 on pain medication which was effective. She further stated that the physician had ordered to give Percocet 2 tablets to be given prior to therapy and that seemed to be working. She was not informed that the resident was having a lot of pain during therapy with movement and gait. She indicated that if she had known, she would inform the physician about it. The PT notes dated 4/21/13 indicated that Resident #188 stated "I would like my pain pill before we start. " The nurse was notified and pain medication was administered. The notes further indicated that resident was in a lot of pain from hip to knee with gait. On 5/7/13 at 5:55 PM, Nurse #2 was interviewed. She stated that she was aware that Resident #188 was in pain and she was on pain medication which was effective. She stated that she was not informed that the resident was in much pain during therapy. She also stated that if the resident had complained of continued pain with movement and gait, she would assess the site for swelling and for any increased in pain and would inform the physician. The nurse's notes revealed that the resident's pain was rated at "8" on 4/21/13 at 11:12 AM. The PT notes dated 4/22/13 revealed that the resident had worked hard, still having much pain. She pointed the pain across the groin and she was unable to flex her hip and knee. The MAR for 4/22/13 revealed that the resident had received 2 tablets of Percocet at 8:46 AM. The notes further indicated that the resident

stated that her pain was never completely relieved. At 10:25 PM, 1 tablet of pain medication

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345000 05/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 **AUTUMN CARE OF BISCOE** BISCOE, NC 27209 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 157 | Continued From page 6 F 157 was given due to complain of pain on the right hip rated at "8". There was no indication in the records that the physician was informed of the pain not completely relieved after the pain medication was administered and the increased intensity of pain the resident was experiencing with movement and gait. The PT notes dated 4/23/13 revealed that the resident was assisted on right hip mobility but she could not tolerate it. She complained of pain in groin with movement. She continued to work hard but continued to have difficulty with movement of hip flex and with extreme pain. The MAR revealed that 2 tablets of Percocet were administered at 8:47 AM prior to therapy. The OT notes date 4/24/13 revealed that Resident #188 stated " my leg hurts so bad, I can not move it. " The records from 4/18/13 to 4/24/13 did not indicate that the physician was informed of the increased intensity of pain during movement and gait, that the resident could not move her leg anymore and that the pain medication did not completely relieve the pain.. On 4/24/13, Resident #188 went to the orthopedic surgeon for her follow up appointment. The progress notes from the orthopedic surgeon dated 4/24/13 was reviewed. The notes indicated that an x-ray of the hip was taken and demonstrated an oblique fracture of the proximal femur. Resident #188 was transported to the hospital from the clinic on 4/24/13 for surgery. The hospital notes with the admission date of

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FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			SURVEY LETED
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F 157	4/24/13 indicated that sustained a peri pros around joint replacen the right hip. The not had sustained the fratherapy. She was adhospital for surgical right fracture. She underwinternal fixation and in hip hemi arthroplasty. On 5/8/13 at 9:10 AM interviewed. She ack assigned to work with stay at the facility. She was having pain so be revealed that the resisince she was admitted right leg was shorter indicated that she has her pain and a pain in She also stated that it unusual for a resident and swelling and she was wrong because the incidents that happen. On 5/8/13 at 9:15 AM interviewed. She stated that #188 during resident was having her leg due to pain. She aware of the resident was administered and stated that pain was a with a fractured leg.	t Resident #188 had thetic fracture (fracture nent prosthetics/implants) of tes revealed that the resident cture while doing physical imitted from the office to the epair of her peri prosthetic vent open reduction and implant revision of her right I, therapy staff #1 (PTA) was knowledged that she was in Resident #188 during her the admitted that the resident ad during therapy. She dent's right leg was swollen ed. She also stated that her than the left leg. She d informed the nurse about inedication was administered. In 2 weeks, it was not t to be experiencing pain did not think that something he resident did not have any	F	157			

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING_ 345000 B. WING 05/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 AUTUMN CARE OF BISCOE BISCOE, NC 27209 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 157 Continued From page 8 F 157 interviewed. She stated that pain was expected in about 2 weeks and the orthopedic appointment should be made with in 2 weeks after surgery. She stated that she was aware that the resident was having pain but the pain was relieved with the pain medications. On 5/8/13 at 10:35 AM, administrative staff #1 was interviewed. She stated that she was aware that the resident was having pain and the pain medication was effective. She was not aware that the pain was on going and was increasing during therapy. She also was not aware that the right leg was shorter than the left leg and was swollen. She expected that the therapy staff should communicate with nursing when the resident continuously experiencing pain during therapy and any abnormality so nursing could inform the physician. On 5/8/13 at 2:10 PM, the physician was interviewed. He stated that he had seen the resident once and that was on 4/18/13. The notes for that visit had been dictated and the dictated notes were not available for filing yet. He was informed of pain during therapy and he had ordered additional pain medication (Percocet 2 tablets) to be given prior to therapy. He stated that he was not informed of the swelling on the right leg, the difference of the leg length and the continued and increased pain especially during therapy. He added that if he had known it, he would reassess the resident, get an x-ray or get an orthopedic consult. F 309 483.25 PROVIDE CARE/SERVICES FOR F 309 SS=G HIGHEST WELL BEING

Each resident must receive and the facility must

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F 309	or maintain the higher mental, and psychosor accordance with the control and plan of care. This REQUIREMENT by: Based on record review, the facility of underlying cause of contensity of pain for 1 sampled resident. The Resident #188 was at 4/7/13 with multiple of fracture from a fall an arthroplasty (surgical the hip joint was replayed and the hip joint was replayed and the cognition, had a had received a PRN of pain. The assessment Resident #188 had pain. The assessment pain scale having no pain and " The CAA (care area at 4/19/13 indicated "p during assessment produced and possessment produced and psychological pain scale having no pain and "	y care and services to attain st practicable physical, potal well-being, in comprehensive assessment is not met as evidenced few and physician and staff failed to assess the ontinued and increased (Resident #188) of 1 the findings included: dmitted to the facility on lagnoses including right hip distatus post hemi procedure in which half of aced) of the right hip. The Data Set (MDS) assessment ed that Resident #188 had a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission and (as needed) medication for a fall prior to admission	F	309	F 309: This facility has and will continue to ensure that each residence receives the necessary care and services to attain or maintain the highest practicable physical, mend and psychosocial well-being, in accordance with the comprehens assessment and plan of care. Steps taken in regards to Residence assessment and plan of care. Steps taken in regards to Residence as transferred to hospital on 4/24/11. Steps taken in regards to residence having the potential to be affect by the survey findings: A discount was held with each therapist on regarding residents receiving the for changes in condition (pain, decline, progress, concerns) by the D.O.N. and Administrator with corrective action taken immediate for any concern identified by D. and Administrator. An in-service conducted by the Administrator D.O.N. on 5/10/13 with therapy	dent intal, sive lent # uring # 188 3. ents eted ussion 5/9/13 erapy he tely O.N.	5/20/13

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	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209			
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F 309	treatment/touch, verb moaning, groaning, e relieve pain with PRN medications per doct She will have pain re Will proceed to care pure will proceed of pain medications. The controlled daily will review 7/19/13 " and assess pain PRN, en and medications as controlled daily will review of the physical admission (4/7/13), Percocet (pain medications as controlled to the physical that were reviewed. The Resident #188 was eright leg was shorter resident had some pure walking. The nurse's administration record resident had received AM for pain rated at effective. On 5/8/13 (PT) was interviewed was the one who evalumission. She indishorter about 2-3 incompared to the process of the pr	rimacing, flinching with al complaint of pain, to (etcetera). Measures to a medications and scheduled for, orders will be adhered to lieved during next review. In the pain and referral as needed. 4/24/13 for pain was em was "pain/comfort by complaint of pain and use "The goal was pain will the medications through next the approaches included "courage to verbalize feelings ordered." ian's orders revealed that on the sident #188 was on the sale of the sale o	F3	regarding Coordinating Reswith other disciplines. All were re-instructed by the D SDC on 5/10/13 regarding Coordinating Resident Care Assessment & Reporting in was done on 5-16-13 by the nursing staff. Each license therapist completed an onlithrough AHEC on Pain and beginning on 5/17/13 and con 5/20/13. Systemic Chanew hires will be instructed orientation regarding Coord Resident Care by the Rehal and SDC and annually there newly hired nurses will be instructed regarding pain as during orientation by the Sannually thereafter. Therap department will provide documentation daily to the nurse regarding resident peduring therapy to include p decline, participation, and (Therapy Communication During morning meeting (I therapy manager will communications and declines in retherapy performance to the and Administrator. QA M to prevent reoccurrence:	nurses .O.N. and e. A Pain n-service e SDC with d nurse and ne class d Aging completed nges: All d during dinating b Manager reafter. All re- ssessment DC and py charge erformance orogress, pain form). Mon-Fri), nunicate esident's e D.O.N. conitoring	5/20/13	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345000	B. WNG		05/0) 08/2013
	CARE OF BISCOE		4	EET ADDRESS, CITY, STATE, ZIP CODE 01 LAMBERT ROAD P O BOX 708 IISCOE, NC 27209		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 309	indicated that she did because the family in stated that it was exp also stated that pain beginning of therapy on. The occupational the 4/9/13 indicated that she was in a lot of pa 4/9/13 indicated that hurt pretty bad last ni do? " The notes fur #188 was in a lot of pt the nurse and pain mprior to therapy. The resident had received 7:52 PM. The OT notes dated indicated that Reside was very sore. The Frevealed that Reside pain in the right hip w MAR revealed that the Percocet on 4/10/13 " 4", on 4/11/13 at 4:1 9:34 AM and was eff. The PT notes dated resident was experie with movement and ghold her breath due to the nurse that hip did well. The MAR indic received Percocet at	Inot inform nursing about it dicated that the surgeon ected after surgery. She was expected in the and would decrease later rapy (OT) notes dated Resident #188 stated that in. The PT notes dated the resident stated "my hip ght what are we going to their indicated that Resident vain and it was reported to redication was administered MAR revealed that the difference at 1:32 PM and and #12/13 and #188 stated that her leg PT notes dated 4/12/13 and #188 was experiencing with movement and gait. The resident had received at 9: 39 AM for pain rated at 9: 39 AM for pain rated at 9: 2 PM and on 4/12/13 at ective and in the right hip gait, the resident seemed to opain. This was reported to a not seem to be progressing ated that the resident had 10:44 AM and at 9:33 PM. Informed by the therapist was	F 309	The D.O.N. and MDS Nurse will review the Therapy Communication daily for 4 weeks then once weekly for 3 months for appropricare interventions. During week Medicare meeting each resident therapy case load will be discuss regarding progress, decline, pain other concerns with documentation placed in the residents chart. A residents will be audited for acceptanges 5 x weekly for timely notification of physician and fanthe QA Nurse and D.O.N Any of identified concern will be add in Quality Assurance meeting for further action plans as indicated according to situation (i.e. disciplinary, in-servicing, return demonstration, etc.).	tion tion tion lide and tion lide area lressed	5/20/13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 BISCOE, NC 27209			
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F 309	PT notes dated 4/16/resident stated that me the knee. The notes pain was with movem indicated that the resident stated that the resident stated that the resident #188 stated Resident had increase which did not appear discussed with PTA (processed with PTA (processed with PTA (processed with PTA) and processed with eappointment with the appointment with the appointment. The indicated that Resident had resident stated that the Percocet at 12:45 PM. The OT notes dated a resident required frequired frequired frequired stated and the resident stated may alright. The PTA con about the resident had received in pain rated at "5", that the resident was he was informed of the	I/16/13 revealed that "I am still hurting." The ital indicated that the ty leg is hurting especially in further indicated that the ent and gait. The MAR dent had received Percocet ited at "5" and at 9:46 PM I/17/13 revealed that "I am hurting so bad." the pain during movement to be getting better, ohysical therapy assistant). Isident as to when her follow the surgeon would be. The that the plan was to make the PT notes dated 4/17/13 the #188 stated "I'm hurting the paled that resident continued scussed with PT about to stimulation) for pain. The the resident had received and at 9:24 PM.	F 30	09			
	hip pain rated at " 5". that the resident was he was informed of th	The notes further indicated seen by the physician and e pain during therapy. The					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE !	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER			40	EET ADDRESS, CITY, STATE, ZIP CODE 1 LAMBERT ROAD P O BOX 708 SCOE, NC 27209		
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F 309	was not informed of the and the leg length disshorter that the left. The OT notes dated and Resident #188 stated not move it." The notes revealed that the trying but it just hurts in a lot of pain from his supine there ex (there mobility but resident even experienced diswas lowered. Reside pain in hip and kneed complete due to excribing her movemer 3:05 PM, Nurse #1 with the she was aware the pain due to her surge pain medication which stated that the physic Percocet 2 tablets to that seemed to be we informed that the residuring therapy espectigait. She indicated the would inform the phyrevealed that the residual th	ior to therapy. The physician he swelling on the right leg screpancy, the resident that the death screpancy that and gait leg screpancy the right leg screpancy the right leg screpancy that are screpancy to the right leg screpancy the right leg screpancy the screpancy that are screpancy to the right leg screpancy that are screpancy to the right leg screpancy that are screpancy to the right leg screpancy, the right leg screpancy that screpancy the screpancy t	H.	309			

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE (IDENTIFICATION NUMBER: A BUILDING			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	CARE OF BISCOE		1	401	ET ADDRESS, CITY, STATE, ZIP CODE 1 LAMBERT ROAD P O BOX 708 SCOE, NC 27209	<u>, , , , , , , , , , , , , , , , , , , </u>	00/2010
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F 309	further indicated that from hip to knee with (therapeutic exercise attempted but resident resident had worked when returned to room had made a commen medication would state that she was in a lot of PM, Nurse #2 was into she was aware that F and she was on pain effective. She stated that the resident was especially with mover stated that if she show assess the site for swabnormalities that con and would inform the indicated that the resident had worked to the pointed that the resident had worked to he pointed the pain was unable to flex he revealed that the resident had worked to he pointed that he resident was never completely tablet of Percocet was pain on the right hip resident was assisted could not tolerate it. See the pointed that the resident was assisted to he pointed that the resident was assisted to had not tolerate it.	administered. The notes resident was in a lot of pain gait. Supine there ex of for the right hip was not could not tolerate. The hard, still having much pain m and bed. The resident of that "maybe the pain of pain." On 5/7/13 at 5:55 terviewed. She stated that the sesident #188 was in pain medication which was that she was not informed in much pain during therapy ment and gait. She also add have known it, she would relling and for any all possibly cause the pain physician. The MAR dent had received Percocet rated at "8". 1/22/13 revealed that the nard, still having much pain. across the groin and she of hip and knee. The MAR dent had received 2 tablets of the notes further dent stated that her pain of relieved. At 10:25 PM, 1 is given due to complain of		309			

PRINTED: 05/17/2013 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING C 345000 05/08/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 401 LAMBERT ROAD P O BOX 708 AUTUMN CARE OF BISCOE BISCOE, NC 27209 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 15 F 309 hard but continued to have difficulty with movement of hip flex on about 25/30 degrees hip flex and with extreme pain. The MAR revealed that 2 tablets of Percocet were administered at 8:47 AM and 1 tablet at 7:52 PM. The OT notes date 4/24/13 revealed that Resident #188 stated " my leg hurts so bad, I can not move it. " The MAR revealed that the resident was given 1 tablet of Percocet at 9:07 AM for pain rated at "8". The records from 4/18/13 -4/24/13 did not indicate that the physician was informed of the continued and increased intensity of pain especially during movement and gait, the resident's complaint that she could not move her leg and that the pain medication was not completely relieving the resident's pain. On 4/24/13, Resident #188 went to the orthopedic surgeon for her follow up appointment. The progress notes from the orthopedic surgeon dated 4/24/13 was reviewed. The notes revealed that on examination, the resident had pain on palpation of the thigh and also had increased discomfort with internal or external rotation of the hip. Weight bearing was not attempted. An x-ray of the hip was taken and demonstrated an oblique fracture of the proximal femur at the mid portion of the femoral component. Resident #188 was transported to the hospital from the clinic on 4/24/13 for surgery. The hospital notes with the admission date of 4/24/13 indicated that Resident #188 had sustained a peri prosthetic fracture (fracture around joint replacement prosthetics/implants) of

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 309	the right hip after hem revealed that the resident would say "I can revealed that the resident was administered. She indicated that the resident had an order tolerated and that her the left leg. She indic the nurse about her pwas administered. She was not unu experiencing pain and think that something versident would say "I can revealed that the resident had an order tolerated and that her the left leg. She indic the nurse about her pwas administered. She weeks, it was not unu experiencing pain and think that something versident did not have happened. She also with the resident would say can go back home."	ni arthroplasty. The notes dent had sustained the hysical therapy. She was ce to the hospital for peri prosthetic fracture. She ction and internal fixation of her right hip hemi 1, therapy staff #1 (PTA)was nowledged that she was Resident #188 during her e admitted that the resident ad during therapy but the mit having severe pain. She ald tell that the resident was no well during therapy and to it anymore. "She dent's right leg was swollen ed. She also stated that the for weight bearing as right leg was shorter than ated that she had informed ain and a pain medication e also stated that in 2 sual for a resident to be I swelling and she did not was wrong because the	F	309			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILD	A. BUILDING		COMPLETED		
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	interviewed. She indic	cated that she had asked for mily due to resident had	Describerary descr					

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