AUG 2 6 2013

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



PRINTED: 08/23/2013 FORM APPROVED OMB NO, 0938-0391

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER MORRHEAD NURSING CENTER PREFIX TO RESOLVE STATE		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'''		CONSTRUCTION		E SURVEY IPLETED
MORRHEAD NURSING CENTER CALL DEPARTMENT OF CONTROL 129 EAST KINSOS INVY FORM, NO 27288 PREFIX TO REGULATORY OR LIST INFORMATION OF CONTROL 129 EAST KINSOS INVY FORM, NO 27288 PROMORER PLAN OF CORRECTION PLANS TO THE APPROPRIATE OF CONTROL 129 INFORMATION OF CORRECTION STRUCTUD BE CROSS-REFERENCED TO THE APPROPRIATE OFFICE OF THE APPROPRIATE OFFICE OF THE APPROPRIATE OFFICE OF THE APPROPRIATE OFFICE OFF			345249	B. WING_			ns	_
F 166 SS=E RESOLVE GRIEVANCES A resident has the right to prompt efforts by tho facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on record review and resident, family, and staff interviews the facility failed to address grievances for 4 of 4 residents (Resident #129, 50, 16 and 31) reviewed for grievances. Findings included: The Grievance/Complaints Policy dated 10/1997 stated, "Grievance, the Supervisor. Upon receipt of a Grievance, the Supervisor. Upon receipt of a Grievance, the Supervisor will bein and lined. Copies of all reports must be stated to the resident, and flied. Copies of all reports must be stated to the resident on acting on behalf of the resident." The Grievance/Complaints Policy dated 10/1997 stated, "The orderance and complaints to the Nursing Supervisor. Upon receipt of a Grievance, the Supervisor will bein and lined. Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident." The Grievance/Complaints Policy dated 10/1997 stated, "The Grievance for the member overhear or be					20	05 EAST KINGS HWY	1	7,00,2010
RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as ovidenced by: Based on record review and resident, family, and staff interviews the facility failed to address grievances for 4 of residents (Resident #129, 60, 16 and 31) reviewed for grievances. Findings included: The Grievance/Complaints Policy dated 10/1997 stated, "The Administrator has assigned the responsibility of investigation, as well as any corrective actions recommended, within ten working days of the filling of the grievance or complaint. A copy of the investigation, as well as any corrective actions recommended, within ten working days of the filling of the grievance or complaint. A copy of the investigation Report must be attached to the Grievance Report and filed. Copies of all reports must be signed and will be made available to the resident." The Grievance/Complaints Policy dated 10/1997 stated, "Should a staff member overhear or be	PREFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREFI	×	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
stated, "Should a staff member overhear or be		RESOLVE GRIEVANO A resident has the right facility to resolve grieved have, including those of other residents. This REQUIREMENT by: Based on record reviews the fact grievances for 4 of 4 right for the grievances for 4 of 4 right fact grievances for 50 right fact grievance and investigation. The on behalf of the reside findings of the investigation. The on behalf of the reside findings of the fillicomplaint. A copy of the fillicomplaint. A copy of the filling fact grievance for the filling for the grievance fo	ant to prompt efforts by the vances the resident may with respect to the behavior is not met as evidenced aw and resident, family, and cility failed to address esidents (Resident #129, and for grievances. aints Policy dated 10/1997 address and sing Supervisor. Upon the Supervisor will begin resident, or person acting ant, will be informed of the atlon, as well as any summended, within tening of the grievance or the investigation Report of Grievance Report and orts must be signed and to the resident or person resident."	F	166	I. The affected residents and/or resident family member have been contacted via phone or in person to ensure that current/past grievances are resolved. All affected residents and/or resident family members will be contacted at least once a week to check if there are any grievances/concerns. The communication with the resident and/or family member will be completed by the Clinical Nurse Manager and/or designee. 2. A monthly sample of 10 current resident and/or resident family member grievances will be completed. As part of this sample, the appropriate Department Head and/or designee will follow up on with the resident and/or family member about the grievance to ensure	1 3	9/9/13
		stated, "Should a staff	member overhear or be					OKIDATE

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 decuments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: KBC211

Facility ID: 913360

If continuation sheet Page 1 of 34

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		SURVEY PLETEO
		345249	B, WING			1	C /09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER			20	REET ADDRESS, CITY, STATE, ZIP CODE 5 EAST KINGS HWY DEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT 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 APPROPRI DEPICIENCY)		(x5) COMPLETION DATE
F 166	recipient of a complained resident's representated family member of a resident's medical camember should encouresident, or person active a writter Staff members should person acting on the ample supply of Grievian forms is available at a procedures for filling a posted on the resident Record review of the documentation of grier Resident #129, 50, 16. 1. During an interview Resident #16's family #2 indicated concerns lights not being answe walt so long for toilette incontinent, and nurse indicated that both shimember), who visit the	nt voiced by a resident, a rive, or another interested is ident concerning the re, treatment the staff trage and assist the stiling on the resident's a complaint with the facility. It inform the resident or the resident's behalf that an rance and Complaint Report each nurse's station and the grievance or complaint are its' bulletin board.* grievance logs revealed no vances or complaints by 3, or 31. Ton 8/8/13 at 3:45 pm with member, Family Member is related to staffing, call bell ered, residents having to not providing care. She as and [another family to resident daily, had voiced	F	168	3. All residents and/or resident family members' grievances will be documented on a Grievance Report Form. The appropriate Department Head and/or designee will investigate the grievance/concern and attach the findings to the Grievance Report. The outcome of the grievance investigation will be communicated to the resident and/or resident family member via phone or in person. 4. The Administrator and/or designee will conduct random audits of the Grievance/Concern Log to ensure a resolution has be achieved and communicated to the resident and/or resident		
, , , , , , , , , , , , , , , , , , ,	was not aware of any writing, had not receive findings or corrective	red notification of any			family member. The results of these audits will be reviewed quarterly during Quality Assurance meetings.		
er en	DON indicated she hat two of Resident #16s had not placed any of	n 8/9/13 at 3:21 pm, the ad received concerns from family members and she the concerns in writing, ces should be in writing and	Alles distribution of the contract of the cont		5. September 9, 2013		

STATEMENT	OF DEFICIENCIES	(XI) PROVIDENSUPPLIEN/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER AD NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY EDEN, NC 27288			•
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F 166	stated, "A [family men Nursing Officer and it attention. The Issues the same ones she br DON confirmed she h concerns or grievance and she was aware the concerns." 2. During an interview Resident #129's visito she and the resident's resident for about 7 hr Indicated concerns re to provide care, call be answered, and long windicated she had spot these complaints, was writing, was not aware She Indicated the conditional concerns or grid with the DON confirmed sof any concerns or grid #129. 3. During an interview or DON indicated concerns or grid #129. 3. During an interview or Resident #50's family #3 indicated concerns included tolleting, incompliant incompliants almost daily and visit" because of insuresident not receiving has spoken with both	re complainant. She further mber) went to the Chief was brought to our she took over there were ought up over here." The ad no documentation of any as related to Resident #16 here had been "several" I on 8/8/13 at 4:21 pm with bradvocate, she indicated a family member visit the ours each day. She lated to insufficient staffing ell lights not being raits for tolleting. She oken with the DON about a not aware of anything in se of any corrective action. Cems had not improved. In 8/9/13 at 3:21 pm, the dinot remember Resident e voicing any concerns, the had no documentation evances related to Resident with resident care, and call boll ared. She indicated she is unable to "just sit and fficient staffing and the care. She indicated she the Administrator and the	F1	66			
	DOM tedanging her co	encerns, was not aware of					J Dana 3 of 3d

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING _ С 345249 08/09/2013

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY MOREHEAD NURSING CENTER EDEN, NC 27288 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 166 Continued From page 3 F 166 any complaint or grievance being put in writing, was not aware of any corrective action or follow up, and indicated her concerns regarding care had not been handled. During an interview on 8/9/13 at 3:21 pm, the DON Indicated she was aware of "multiple Issues" of concern regarding Resident #50's care. She stated, "I think there was a grievance filed for wet clothes in the closet. I don't remember about the others." The DON confirmed she had no documentation of concerns or follow up from concerns related to Resident #50. During an interview on 8/9/13 at 5:00 pm with the Administrator, he indicated that grievances or complaints should be in writing on a concern form, should indicate the concern, how the concern was handled, and communication to the person who filed the grievance/complaint. He also indicated the DON was the staff person assigned to handle any grievance related to care. 4. During an interview on 8/8/13 at 12:06 PM with Resident #111 's family member, Family Member #1 Indicated concerns with staffing. Family Member #1 stated there were often times only one alde on an entire hall at one time and sometimes there were 2 aides. Family Member #1 Indicated he had spoken with the Administrator and the DON about his concerns several times

and stated the Administrator stated they have

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	of deficiencies Forrection	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED
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	AD NURSING CENTER			205 EAST KINGS HWY EDEN, NC 27288		
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F 166	staff who call in and the nurses on each unit a aldes.	ney are shorthanded but the re expected to help the	F 16	66		
	DON stated she was a 's concerns about the DON stated she didn' #1's concerns neede grievance form as a coshe did not remember staffing was an issue a documentation of concerns #1.	·				
	manner and in an envi	ote care for residents in a ronment that maintains or nt's dignity and respect in	F 24			
	by: Based on observation family and staff intervie ensure resident 's call resulting in embarrass					
	the diagnosis of hypert and stroke with left sld Minimum Data Set (MI #189 had no short or lo	admilled on 5/21/13 with ension, hyperlipidemia, ed paralysis. The current OS) reveated Resident ong term memory loss and sions of her dally care. She				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	345249	B, WING_		08/09/2013
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MOREHEAD NURSING CENTER			EDEN, NC 27288	
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mobility, dressing, per She required assistant from surface to surface impairment of one side paralysis). Review of care plant of Resident #189 had be incontinence and depassistance, intervention encourage resident to tolleting and to offer the round. Review of care plant of Resident #189 needed (activities of daily living stroke with L. (left) side inattention, intervention for ADL and assist as During an interview of Resident #189 indicates control urination and bedpan. She revealed left on the bed pan for shift. She managed to pan, She felt disregant incident was reported (DON) the next morning an interview of Resident #189 indicates 7:00pm -7:00 am shift and rang the call belt had arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interview of the call belt and arrived she was interviewed the call belt and arrived she was interviewed.	ssistance with tolleting, bed arsonal hyglene and bathing. Ince with balance moving ce. She also had an de of her body (left sided dated 6/3/13 revealed owel and bladder bendence on staff for tolleting constructed in part, co call for assistance with colleting assistance on each dated 6/3/13 revealed and extensive to total ADL and weakness and constructed in part, set-up needed (L arm flaccid). In 8/5/13 at 3:20 pm, ted she was not able to during the night she used a did on 6/29/13 she had been in hours on the 7pm-7am could be desired or flaccid or 6/29/13 she had been in the bed ded and forgotten. The late the Director of Nursing ing.	F 2	1. The affected residents' care plan has been updated and reviewed with direct care staff to ensure that there is a clear understanding of the resident's individual needs and how their needs can be met. The Administrator, Director of Nursing, and/or designee will review and update affected residents care plans, with the assistance of appropriate staff. The Clinical Nurse Manager and/or designee will communicate the updated care plan to the direct care staff. The affected residents and/or resident family member have been contacted via phone or in person to ensure that the residents' call bell is being answered timely.	9/20/13

CENTERS FOR MEDICARE & MEDICAID SERVICES

	of Deficiencies Correction	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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	ROVIDER OR SUPPLIER AD NURSING CENTER			20	REET ADDRESS, CITY, STATE, ZIP CODE 5 EAST KINGS HWY DEN, NC 27288		
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F 241	arrived to provide incilindicating they were a not available for interval available for int	barrassed. When Aide #10 continent care she apologized short of staff. Aide #10 was view. s admitted to the facility on d on 6/12/12 with diagnoses of falls, muscle weakness, nsion, and osteoporosis. ad 6/3/13 indicated the ely intact, required extensive ng, was frequently cipated in the assessment. d 6/17/13 indicated, if urinary incontinence. sist needed. * Interventions h incontinence care as esident to cell for assistance up call light within easy with Resident #16 on 8/8/13 it, "There is not nearly ring the call bell it is a long, can get here. The aides ent #16 indicated she has minutes many times " for evered and that nurses room, turn off the call bell, id let her aide know she she indicated she would then periods of time before an She stated that she was " " due to her call bell not "I have been put on the plong that I used my phone	F	241	2. A monthly sample of 10 current resident care plans will be completed. As part of this process, the Director of Nursing, MDS Coordinator, and/or designee will review the residents within the sample to ensure accuracy and that the residents care plan is being addressed daily. The sample residents and/or resident family member will be contacted via phone or inperson to ensure that the residents' call bell is being answered timely. 3. All staff will be inserviced on the importance of Resident Dignity and Respect. All staff will also be inserviced on the importance of teamwork and how effective teamwork has a positive impact on our residents.		
	tollet and left there so	long that I used my phone member] to come to the					

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0, 0938-0391
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F 241	Indicated having to we and having to be incoher feel embarrassed "especially for those in for themselves and dethem." During an interview of Member #2 indicated daily and stated, " I have request the bathroom and has more. I have request the nurse is station, where the find her aide." nurses cannot help. It was the find her aide. The find her aide is smelled feces and we coming from. It was have station and told some changing. At 4 pm will as bad. I am sure she bad as the smell was. During a continuous of finds hallway on 8/8/in call lights for rooms if on in the hallway and nurse's station. Nurse was also standing at were no aides visible whether the aides asshallway were on brea stated, "When jaides (they) report off to the	the tollet." Resident #16 alt so long for assistance intlinent due to waiting made if frustrated, and feel badly esident's who can't speak on't have family to help in 8/8/13 at 3:45 pm Family she visits Resident #16 have been here when ished her call bell to go to swalted 20 minutes or ed from the nurses sitting at when the aides were all the response has been, I don't know why the last Saturday I came in at int #129] was in her room. I ent to see where it was er, I went to the nurse 's one that she needed hen I left, the smell was just e had not been changed as	F	241	4. The Social Worker and/or designce will complete a random survey to monitor how residents and /or resident family members feel the facility is meeting their need in regards to dignity and respect. 5. September 20, 2013		

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A, BUILDING _ C 08/09/2013 345249 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HWY MOREHEAD NURSING CENTER **EDEN, NC 27288** PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY F 241 F 241 Continued From page 8 asked about the 2 call lights that had been ringing for 18 minutes she stated, "It is my expectation that nurses answer call balls If the aids are not available. I answer call bells when I am walking the halls and I would expect one of the nurse 's that were standing here at the nurse 's station to have answered the 2 call bells that were ringing." During an interview on 8/8/13 at 5:23pm the DON stated, "The charge nurse should ensure the nurses answer call bell lights if the aldes are busy." She indicated her expectations were that nurses provide needed care to the residents if the aides are assisting other residents. She also Indicated it would not be appropriate for a nurse to turn off a resident 's call light, not provide care, and tell the resident their alde would be told they need help. During an Interview on 8/9/13 at 12:28 pm, Resident #16's sitter stated, "I have a problem when we ring the call bell and the aide can 't get there, someone will come by, including the nurses, and turn the call bell light off. I will ring it again and this morning they turned it off again, The nurse today pushed the cancel button in the room and said 'I will go find her aide and let her know she needs help going to the bathroom, 1 She had to walt about 15 minutes for care. * 1 have known her, many times, to ring the bell and have to walt so long that she had an accident." During an interview with Nurse Alde (NA) #6 on 8/9/13 at 1:20 pm, she stated, "This morning I was assigned to the dining room and was assisting residents with their meals. After the

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breakfast meal, another alde told me that [Resident #16] * needs to go to the bathroom and the nurse told me to tell you. ' When I asked her

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				1	D. 0938-0391
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F 241	bathroom, she said, nurse about that. '" went into Resident #1 tolleting and the resid walting about 15 minu During an interview w 3:21 pm she stated, ' with them. They are to be not our expectation care. The staff is expected that the second that the se	t already helped her to the you ' Il have to ask her NA I/6 indicated she then 6's room to assist her with ent stated she had been ites for care. Ith the DON on 8/9/13 at The sitters are strictly to sit not here to provide care. It for the sitter to provide any acted to provide 100% of my expectation that staff every 2 hours and does not bells without providing care." Individual to 12/1/08 and with diagnoses that included alking, lack of coordination, of falls, and muscle In Data Set (MDS) dated esident was severely needed one person physical is not steady with walking, lize with assistance, and intinent. It of 6/14/13 indicated the ontinent of bowel and eting assist, Interventions	F	24			
	An observation of Res	ildent #65 on 8/8/13 at					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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of her bed, with her was her call bell in her left is repeatedly. The resident visible from the hallware ally need to go to the quite some time ago be me." The resident was rocking on the edge of expression on her face entered the room at 12 resident with tolleting. During a continuous of #65's hallway on 8/8/1 call lights for rooms 13 on in the hallway and vis station. Nurse #11, I were at the nurse is station. Nurse #11, I were at the nurse is station whether the aides assistated, "When faides assistated, "When faides firely report off to the right now. They are proposed about the 2 call for 18 minutes she stated about the 2 call for 18 minutes she stated available. I answer call available. I answer call that were standing her have answered the 2 countries answer call bell busy." She indicated	resident sitting on the side alker in front of her, holding hand, and pushing it ont's call light was on and y. Resident #65 stated, "I so bathroom. I rang my bell ut no one will come to help as distressed, slightly I the bed, with a worried or Nurse Manager #3 2:01 pm and assisted the bservation of Resident 3 from 4:00 pm • 4:18 pm, as and 137 were observed were audible from the nurse Nurse #2, and Nurse #3 tation, talking. The DON he nurse's station. There in the hallway. When asked for providing care, the DON I leave the floor for break oviding care." When lights that had been ringing ted, "It is my expectation it bells if the aids are not all bells when I am walking each when I am walking each in the nurse's seat the nurse's station to call bells that were ringing."	F2	41	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION			SURVEY LETED
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	ROVIDER OR SUPPLIER AD NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 205 EAST KINGS HWY EDEN, NC 27288	DE		
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F 241	aides are assisting off indicated it would not to turn off a resident's and tell the resident if need help. 4. During a continuou #50's hallway on 8/8/1 call lights for rooms 13 on in the hallway and 's station. Nurse #1, were at the nurse 's s was also standing at twere no aides visible whether the aides ass hallway were on breakstated, "When [aides (they) report off to the right now. They are presided, "When [aides (they) report off to the right now. They are presided about the 2 call for 18 minutes she stated that nurses answer call available. I answer catche halls and I would ethat were standing her have answered the 2 contraction." The charge in nurses answer call belowy. "She indicated nurses provide needer aides are assisting oth indicated it would not to turn off a resident 's and tell the resident the need help.	ner residents. She also be appropriate for a nurse call light, not provide care, helr aide would be told they is observation of Resident is from 4:00 pm - 4:18 pm, is and 137 were observed were audible from the nurse Nurse #2, and Nurse #3 tation, talking. The DON the nurse 's station. There in the hallway. When asked ligned to the observed or providing care, the DON I leave the floor for break nurse. None are on break oviding care. "When lights that had been ringing sted, "It is my expectation it bells if the aids are not call bells when I am walking expect one of the nurse 's re at the nurse 's station to call bells that wore ringing." I 8/8/13 at 5:23pm the DON nurse should ensure the I lights if the aides are I her expectations were that I deare to the residents if the	F	241			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	ļ	(X3) DATE SURVEY COMPLETED
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		345249	B. WING			08/09/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u>:</u>	
MOREHEA	AD NURSING CENTER			205 EAST KINGS HWY EDEN, NC 27288		
ļ				The second section of the second	PECTION	(XS)
(X4) ID PREFIX TAG	JEACH DEFICIENC	Atement of deficiencies Y must be preceded by full LSC identifying information) .	ID PREFI TAG	IX (EACH CORRECTIVE ACTION	SHOULD BE	COMPLETION
F 241	Continued From page 8/9/13 at 12:39 pm strable to tollet hersel resident "almost dall check on her and she then wait for someoning the putting up with the have been in recently her recliner, her bed was strong and when back the sheets were They had made the come to visit I can 't work and work to clean sitting around wet and Member #3 stated she member had both spond the DON about Rebeing provided and stated the stated, issues. [Resident #5t with feces on her sho complained, I took he staff clean her. [Fam	the Indicated the resident was life. She stated she visits the ly " and " staff does not will have to wet herself e to come clean her. I have the odor issue for weeks. I wand she was wet sitting in was made, the urine odor the bedspread was pulled still soaked with urine. I would never want to be an her and feed her. " She is would never want to be at smelling of urine. Family e and another family oken to the Administrator tesidents #50 's care not melling strongly of old urine. With the DON on 8/9/13 at "There have been multiple D) was taken to an activity es. (Family Member #3) or back to the room and had ily Member #3) contacted				
	investigated and foun [Family Member #3] It smelling of urine whe Indicated care should manner, wet clothing	be provided in a timely should not be put in the				
	activity with feces on					
	Administrator, he stat Had an issue one tim	n 8/9/13 at 5:00 pm with the ed Resident #50 ' s family, " e when the [family member] resident] smelled of old				

CENTER	O POR MEDIONINE OF				7/01/0	ATE SURVEY
	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	CC	OMPLETED
AND PLAN OF	FCORRECTION	IDERTIFICATION BUMBERS	A. BUILDIN	6		С
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		345249	B, VANG	THE PERSON OF THE WINDOWS	 	08/09/2013
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MOREHE	AD NURSING CENTER			205 EAST KINGS HWY		
nion, Line				EDEN, NC 27288		
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F 241	3/2/11 and readmitted that included Alzhelm of falls, muscle weak The quarterly MDS dates the fall of the second of the falls of the fall	manager and had it s admitted to the facillly on i on 8/3/12 with diagnoses er 's, osteoporosis, history ness, and dementia.	F 24	61		
	During a continuous of 129's hallway on 8/8/call lights for rooms 1 on in the hallway and 's station. Nurse #1, were at the nurse 's was also standing at were no aldes visible whether the aldes as hallway were on brea stated, "When (alder [they) report off to the right now. They are p asked about the 2 cal for 18 minutes she stated in the same of the halls and I would that were standing he	observation of Resident # 13 from 4:00 pm - 4:18 pm, 36 and 137 were observed were audible from the nurse Nurse #2, and Nurse #3 station, talking. The DON the nurse 's station. There in the hallway. When asked signed to the observed k or providing care, the DON so leave the floor for break nurse. None are on break roviding care. "When I lights that had been ringing ated, "It is my expectation all bells if the aids are not call bells when I am walking expect one of the nurse 's ire at the nurse 's station to call bells that were ringing."				
	Resident #129's visite she and the resident the resident for about 7 h	n 8/8/13 at 4:21 pm with or/advocate, she indicated s family member visit the ours each day. She lated to insufficient staffing	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER			

PRINTED: 08/23/2013 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A, BUILDING 345249 08/09/2013 STREET ADDRESS, CITY, STATE, 2IP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HWY MOREHEAD NURSING CENTER **EDEN, NC 27288** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION DATE ID PREFIX (X4) ID (EACH CORRECTIVE ACTION SHOULD BE JEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) . TAG TAG DEFICIENCY) Continued From page 14 F 241 to provide care, call bell lights not being answered, and long waits for toileting. She stated, "There are not enough aldes when the lights go off to give the care the residents need. I have to go get them to take her to the bathroom. We push the call bell if she needs to use the bathroom and have had to walt 20 minutes or more. I have spoken to (the DON) about this. The call bell light gets cut off too. I have turned it on before and before someone ever came to help her, the light was turned off. I have gone to the nurse 's station and there have been call bell lights on in the hallway. There were no aides on the hallway and the nurse 's were sitting at the station and did not answer the call bells." She indicated the resident was not cognitively intact now but would be "terribly embarrassed if she understood what was going on." During an interview on 8/8/13 at 5:23pm the DON stated, "The charge nurse should ensure the nurses answer call bell lights if the aides are busy." She indicated her expectations were that nurses provide needed care to the residents if the aides are assisting other residents. She also indicated it would not be appropriate for a nurse to turn off a resident's call light, not provide care, and tell the resident their aide would be told they need help. During an interview with the DON on 8/9/13 at 3:21 pm she stated, "The sitters are strictly to sit with them. They are not here to provide care. It is not our expectation for the silter to provide any care. The staff is expected to provide 100% of the resident care. It is my expectation that staff tollets every resident every 2 hours and does not Ignore or turn off call bells without providing care."

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDERUSUPPLIERUCLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ B. WING 08/09/2013 345249 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HVVY MOREHEAD NURSING CENTER EDEN, NC 27288 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (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 TAG DEFICIENCY) F 244 F 244 Continued From page 15 483.15(c)(6) LISTEN/ACT ON GROUP F 244 F244 F 244 9/13/13 GRIEVANCE/RECOMMENDATION 1. The affected residents' SS≍E current concerns will be When a resident or family group exists, the facility reviewed to ensure a must listen to the views and act upon the response/resolution has grievances and recommendations of residents been met and and families concerning proposed policy and communicated. The operational decisions affecting resident care and Administrator and/or life in the facility. designee will complete this review. This REQUIREMENT is not met as evidenced 2. The past concerns by: (previous 12 months) from Based on record review and resident and staff interviews, the facility falled to act upon concerns Resident Council meetings raised by the majority of residents attending will be reviewed to ensure Resident Council Meetings. a response/resolution has been met and Findings included: communicated. The Administrator and/or The Resident Council Policy dated 11/1997 designee will complete stated, "The facility will listen to the views and this review monthly. grievances of the group and act upon them. Acting upon them means that serious consideration will be given to requests and altempts made to accommodate requests or

be met."

explanations given as to why the request cannot

Record review of the Resident Council Concerns forms dated 6/24/13 revealed concerns stalling, "Residents are falling because their call buttons are not answered soon enough so they try to tollet themselves and fall" and "Sometimes it takes up to an hour to answer call lights and residents end up trying to take themselves to the bathroom, even though they need assistance." The Recreation Services Director noted on the minutes the concerns were sent to the DON and

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FORM APPROVED

PRINTED: 08/23/2013 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING _ 345249 08/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HWY MOREHEAD NURSING CENTER EDEN, NC 27288 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TÁG TAG DEFICIENCY 3. The Administrator Continued From page 16 F 244 and/or designee will instated, "After most of the group agreed that this service Recreational was a problem, I assured them that I would take Services staff and their concerns to the appropriate manager, DON." Department Heads on the There was no follow-up of resident concerns procedure for Resident noted on the Resident Council Concern sheets by Council Concerns. The the DON or any other staff member. Administrator will receive During an interview with the Resident Council all Resident Council President, Resident #16, at 8/8/13 at 3:28 pm, Concern Forms, distribute she stated, "Residents will bring up concerns to the appropriate during Resident Council Meetings such as call Department Head, lights not being answered but the issues are not Department Head to return addressed and keep occurring," She Indicated to Administrator with that no one from the facility communicates any resolution. The follow up or investigation of concerns to the Administrator will review Resident Council. and forward to Recreational Services to During an interview with the DON on 8/9/13 at communicate at the next 3:21pm, she stated, "There is always a staff Resident Council meeting. member in Resident Council meetings that will bring the concerns to me if it is nursing. There 4. The Administrator should not be any grievances that do not have a resolution." She Indicated that the Resident and/or designee will Council Concern sheets dated 6/24/13 did not conduct random audits of have any follow up or resolution and that she had the Resident Council not addressed the concerns with the Resident Grievance Forms to Council. ensure a resolution has been met and During an interview on 8/9/13 at 5:00 pm with the communicated to the Administrator, he indicated that grievances or Resident Council. The complaints, including Resident Council concerns. results of these audits will should be in writing on a concern form, should

Indicate the concern, how the concern was

handled, and communication to the person, or

group, who filed the grievence/complaint. He also indicated the DON was the staff person

assigned to handle any grievance related to care. He stated, "I know [the DON] received the resident council form because call bells are he reviewed quarterly

5. September 13, 2013

Meetings.

during Quality Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PRINTED: 08/23/2013
FORM APPROVED
OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION
A BUILDING
C
B, WING 08/09/2013

NAME OF PROVIDER OR SUPPLIER

345249

B, WING

STREET ADDRESS, CITY, STATE, 2IP CODE

(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2IP CODE				
		;	205 EAST KINGS HWY				
MOREHE.	AD NURSING CENTER	1 1	EDEN, NC 27288				
(X4) ID PREFIX YAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETION DATE			
F 244 F 312 SS=D	talked about at the staff meetings. I would expect that the form would indicate a response." The Resident Council Concerns forms dated 6/24/13 indicated they were given to the DON and did not indicate any response. 483.25(a)(3) ADI. CARE PROVIDED FOR	F 244		9/20/13			

OMB NO, 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING C 08/09/2013 B. WING 345249 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HWY MOREHEAD NURSING CENTER EDEN, NC 27288 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX IEACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 312 Continued From page 18 3. Licensed nurses and incontinence, extensive assistance with ADL's. nurse aide staff will be independant for tolleting and incontinent of bladder serviced on how to use the and bowel with a history of urinary tract infections care plan information to (UTI) and encourage to attend social groups. Interventions included in part, assist with tolleting provide individualized and pericare, assist to reposition resident on each interventions for each round, and reinforce attendance at activities resident. The Clinical events with verbal praise. Nurse Manager and/or designee will monitor to ensure resident's care plan During an interview with family member #1 on interventions are 8/8/13 at 12:06 PM, Family Member #1 stated addressed. they have asked staff to check and change Resident #31 every two hours. 4. The Director of Nursing and/or designee will On 8/9/13 at 10:00 AM, continuous observation of conduct random audits of Resident #31 began. At 10:00 AM Resident #31 resident care plans to was noted to be sitting in the hall in front of nurse check for accuracy and for s station East/North in a Broda chair with her implementation of feet elevated, asleep. interventions. The results At 10:30 AM, the continuous observation of these audits will be

staff members had addressed resident.

At 11:05 AM, NA#1 and NA#9 passed Resident #31 still sitting in the same position and area. Neither approached Resident #31.

continued. No change in residents ' position or

At 10:48 AM, continuous observation continued.

No change in resident 's position. Resident #31

At 11:00 AM, continuous observation continued. No change in residents ' position or location. No

location. No staff members have addressed

At 11:16 AM, continuous observation continued.

reviewed quarterly during

Quality Assurance

5. September 20, 2013

Meetings.

PRINTED: 08/23/2013 FORM APPROVED

resident.

was not approached.

	S FOR MEDIONING	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE	CONSTRUCTION	(X3) DATE	
	of Deficiencies Correction	IDENTIFICATION NUMBER:				COMP	LETED
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		345249	B, WING			08/	09/2013
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				2	05 EAST KINGS HWY		
MOREHEA	ND NURSING CENTER			E	DEN, NC 27288		
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PREFIX	Continued From page No change in residen staff members had ac At 11:25 AM, continue No change in residen staff members had ac At 11:44 AM, continue No change in residen staff members had ac At 11:50 AM, continue A family member can where Resident #31 v to her room at the en- continuous observatio At 12:00 PM, continu No change in residen staff members had ac member present. At 12:10 PM, continu No change in residen staff members had ac member prosent. At 12:25 PM, continu No change in residen staff members had ac member prosent.	y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 19 19 19 19 10 19 19 11 19 12 19 19 19 19 19 19 19 19 19 19 19 19 19	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		DATE
	room and sat down a #9 stated they were v stated they were don for lunch.	came out of a resident 's t the nurse 's station. NA valling for lunch trays and a getting resident 's ready					
	At 12:30 PM, NA #9	passing trays on the north			1		

CENTER	S FUR MEDICARE W			**O : E .	PONETONOVION	(X3) DATE	SURVEY
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		LETED
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		345249	B, WING			08/	09/2013
WALE OF B	ROVIDER OR SUPPLIER	L		ST	REET AUDRESS, CITY, STATE, 2IP CODE		
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MOREHE	AD NURSING CENTER			EO	DEN, NC 27288		
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				212			
F 312			1	312			
	unit. No change in R	esident #31 position or 31 has not been approached	*	1			
	by any staff.) i Hga tlot nogh abbtonome					
	•		ŕ				
	At 12:35 PM, Resider	nt #31 was in her room with					[
	a family member. No	staff had addressed to provide incontinent care					
	or repositioning since	rto provide incominant care		1			
				1			
	At 12:40 PM, lunch tr	ays arrived on east unit. NA					
	#1 and NA #9 started	passing trays,		1			
	Resident #31 's lund Resident 31 's room. NA #9 at this time, No for Resident #31 and changed at * 10:30 A brought her into the r	Member #1 went to get h tray and brought it back to During an interview with A #9 stated she was caring that Resident #31 was AM, because me and NA#1 oom and took her back station at that lime. "She unds had been completed		The state of the s			
	observation of incont Resident #3 was more	nt #31 was changed. An inent care indicated derately incontinent of urine, provided, Continuous	THE PARTY OF TAXABLE PROPERTY.	***************************************			
	changed "sometime 11:00 AM cause we i	stated Resident #31 was between 10:30 AM and needed to get the sit to stand 31 was changed from a lift to					
	PM, stated that her e	Interview on 8/9/13 at 5:00 expectations were that each devery 2 hours and tolleted	and delivery of responsibilities			<u>,</u>	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		EETED C
		346249	B. WING)	09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER			STREET ACDRESS, CITY, STATE, 2IP CODE 205 EAST KINGS HWY EDEN, NC 27288			
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F 353	at 6:30 PM stated he would be cared for in the care that is require over 2 hours for toiled who is incontinent wa 483.30(a) SUFFICIEN PER CARE PLANS The facility must have provide nursing and remaintain the highest pand psychosocial well determined by reside individual plans of care. The facility must proving numbers of each of the personnel on a 24-ho care to all residents in care plans: Except when waived section, licensed nursipersonnel. Except when waived section, the facility minurse to serve as a cludy. This REQUIREMENT by: Based on observation	ring an interview on 8/9/13 expected the residents a manner appropriate for ed. He stated that walling ing or checking a resident s not acceptable. IT 24-HR NURSING STAFF a sufficient nursing staff to elated services to attain or practicable physical, mental, l-being of each resident, as int assessments and re. ide services by sufficient he following types of ur basis to provide nursing in accordance with resident under paragraph (c) of this	deliki danishi musu merudi basamu kundan dikada di milan da	312	1. The affected residents' care plans have been reviewed for accuracy and updated. The Administrator, Director of Nursing, and/or designee will compare the resident's care plan interventions with the staffing on the particular unit to ensure the resident's needs are met. 2. A monthly sample of 10 current residents' care plans will be completed. As part of this sample, the Director of Nursing, Administrator, and/or designee will compare the resident's care plan interventions with staffing on the particular unit to ensure the resident's needs are met.		9/20/13
	ensure staff were ava	illable to provide care for 5			,		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION		SURVEY PLETED
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILOI	NG			
		345249	B. WING				C /09/2013
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F 353	of 5 sampled resident #16 #129, #50) Findings included: 1a Resident # 189 was a diagnosis of hypertenstroke with left sided Minimum Data Set (Minimum Data	admitted on 5/21/13 with the ision, hyperlipidemia, and paralysis. The current MDS) revealed Resident long term memory loss and cisions of her daily care. She isistance with tolleting, bed resonal hygiene and bathing. The with balance moving care. She also had an ide of her body (left sided diated 6/3/13 revealed bed and bladder constant of the part, to call for assistance with colleting assistance on each diated 6/3/13 revealed bed extensive to total ADL and assistance following a led weakness and ons included in part, set-up included included in part, set-up included includ	F	353	3. The Administrator, Director of Nursing, and/or designee will review direct care staffing daily to ensure that resident individualized needs are met. 4. The Administrator and/or designee will conduct random surveys of residents and or resident family members. The random survey will monitor to see if residents and/or resident family members feel like the resident's individual needs are being met. 5. September 20, 2013		

CENTER	S FOR MEDICARE & I	MEDICAID SERVICES	·				1, 0936-0391
STATEMENT	of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	•		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILD	ING_		(,
		245240	B, WING				09/2013
******	ONGOSE OF CHERNICS	345249			TREET ADDRESS, CITY, STATE, 2IP CODE		
	ROVIDER OR SUPPLIER			1	05 EAST KINGS HWY		
MOREHEA	O NURSING CENTER			E	DEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B' CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NE	(X5) COMPLETION DATE
F 353	Conlinued From page	23	F	353			
	During an interview of Resident #189 indicated control urination and obedpan. She revealed left on the bed pan for shift. The incident was Nursing (DON) the nursing (DON) the nursing (DON) the nursing (DON) the nursing an interview of indicated she was more another hall after an attention of the concern she was una for eighteen residents would be giving carefund the call lights well personal alarms would be present alarms would be present alarms would be present alarms would be giving carefund the call lights well personal alarms would be giving carefund the call lights well personal alarms would be giving carefund the call lights well personal alarms would be giving carefund the call lights well personal alarms would be giving an interview of the concern of Nursing in accused of not taking pan and refused to drought and refused to drough	n 8/5/13 at 3:20 pm, ted she was not able to during the night she used a d on 6/29/13 she had been r hours on the 7pm-7am is reported to the Director of ext morning. In 6/7/13 at 5:00 pm, Aide #7 oved off the rehab hall to accusation of leaving bed pan. She had voiced ble to provide patient care is. Aide #7 indicated she to a resident in one room int off for another room. The d go off. In 6/7/13 at 6:16 pm, the dicated Aide #7, had been Resident #189 off the bed ess her. The facility found her patient care duties.	Composition of the control of the co				
	1 revealed Alde #2 w rehab hall had left at Manager #3 had char but was unable to ide responsible for patler	vas assigned to the west/ 1:30 pm. The Nurse nged the aide assignment ntify which aide was at care.					
	#3 Indicated she had for the residents in ro (Rehab hall) until 3:00 murses to watch the contract of the contr	t 1:32pm, Nurse Manager not assigned anyone to care oms 145-151 and 140-2 Opm. She expected the sall belis. Aide #1 ng station and she indicated					1 Page 24 of 34

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		MPLETED
		345249	B. WING_			8/09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER	1		STREET AUDRESS, CRY, STATE, ZIP COD 205 EAST KINGS HWY EDEN, NC 27288		
(X4) ID PREFIX TAG	/FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	DATE CONSTITUTION (X2)
F 353	that Aide # 1 had ans #2 residents, Aide # provided care for the Manager #3 indicated assigned to the resid 3:00pm. She had assanswer the call bells. Review of the staff w for 8/8/13 revealed n residents in rooms 14 the hours of 1:30 -3:0 short another aide at During an interview of Director of Nursing in an aide to be assigned and nurses were expected. The DON indicated to her the mouring a telephone in 10:00am Aide # 5 inc 8/8/13 from 7:00 amand was not aware A She had not provided residents. She indicated that last we twenty residents who revealed providing can early impossible. During a telephone in am, Aide #4 indicated west/rohab hall on 8/8 and was not assigned 1:30 pm. She indicated that lest we had left early and no	wered the call bells for Alde I indicated he had not Aide #2 residents. Nurse I an aide should have been ents, between 1:30pm and sumed the nurses would est /rehab assignment sheet to staff were assigned for 15-151 and 140-2,between 100 pm and they would be 3:00 pm. In 8/8/13 at 4:00 pm, the dicated her expectation was ed to residents at all times ected to provide patient ated Nurse Manager #3 istake she had made. Iterview on 8/9/13 at Illcated she was working on 3:00 pm, on the west hall ide #2 had left at 1:30pm. If care to Aide #2 's ated aides do not check the re assigned to the room. She were all total care. She are for twenty residents was interview on 8/9/13 at 11:10 I dishe was working the 8/13, from 7:00am - 7:00 pm I to Aide #2 residents after ted she was awaro Aide #2 aide was assigned to the pm. She had attempted to	F3	353		

STATEMENT C	of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A BUILD	NG_		,	3
		345249	B. WING			08/	09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER			20	TREET ADDRESS, CHY, STATE, 2IP CODE D5 EAST KINGS HWY DEN, NC 27288		
(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 & CROSS-REFERENCEO TO THE APPROPRI DEFICIENCY)	E VIE	CONSTE
F 353	During an interview of was asked what was aide goes home, she goes home sick, the from the restoralive of actually, assign some PRN (as needed) list, were not to "watch the expect the nurse mark assignment. The nurse the nurse to take a part nurse manager should assignment. 2. Resident #65 was readmitted on 3/8/13 dementia, difficulty who osteoporosis, history weakness. The quarterly Minimu 6/4/13 indicated the recognitively impaired, assist for toileting, was only able to stab was occasionally income the care plan update resident "has been colladder lately with toil included encourage resident. An observation of Re	n 8/8/13 at 5:10 pm, DON her expectation when an indicated, when an aide nurse manager would pull tept, or the facility would sone to the hall from the or hospital. The nurses he call lights, " I would hager to make the se manager should assign attent care load and the d take the nursing admitted on 12/1/06 and with diagnoses that included alking, lack of coordination, of falls, and muscle Im Data Set (MDS) dated esident was severely needed one person physical as not steady with walking, lilze with assistance, and onlinent. Ind 6/14/13 Indicated the onlinent of bowel and letting assist." Interventions esident to call for assistance ry to walk to the bathroom light within easy reach of	L.,	353			
	of her bed, with her v	e resident sitting on the side valker in front of her, holding					

	S FOR MEDICANE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION		ATE SURVEY OMPLETED
	of Deficiencies Correction	IDENTIFICATION NUMBER:		G	, °	1
MUD PENN OF	COMICONON					С
		345249	B, WING			08/09/2013
				STREET ADDRESS, CITY, STATE, ZIP CO	DE	
NAME OF PI	ROVIDER OR SUPPLIER			205 EAST KINGS HWY		
MOREHE/	AD NURSING CENTER		1	EDEN, NC 27288		
		The state of the s	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5) COMPLETION
(X4) ID	WAAD DECIDIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	DATE
PREFIX TAG	REGULATORY OR	LSC DENTIFYING INFORMATION)	TAG	DEFICIENCY	}	
170						
F 353	Continued From pag	je 26	F3			
• •	her call hell in her le	It hand, and pushing It	}			
	repeatedly. The res	ident's call light was on and				
	visible from the hally	vav. Resident #65 stated, "I	ł			
	really need to go to	the bathroom. I rang my bell		1		
	dulte some time add	but no one will come to neip				
	me " The resident	was slightly rocking on the				
	edge of the bed, will	h a worried expression on her				
	face. Nurse Manag	er #3 entered the room at				
	12:01 pm and assist	ted the resident with tolleting.				
		s admitted to the facility on				
	3. Resident # 16 was	ed on 6/12/12 with diagnoses				
	9/9/05 and readmin	of falls, muscle weakness,				1
	heart fallure hypert	ension, and osteoporosis.				
	-		1			
	The annual MDS da	ated 6/3/13 Indicated the				
	resident was counti	ively intact, required extensive		l l		
	l accietance with toile	eting, was frequently				
]	incontinent, and par	rticlpated in the assessment.				
		. Lough ballenled				
}	The care plan upda	ited 6/17/13 Indicated,		Ì		
	*Frequent episodes	s of urinary incontinence. assist needed." Interventions				
	Extensive tolleting a	incontinence care as needed,				
	Included assist with	to call for assistance with				
	tolloting and keen	call light within easy reach.				
	İ					
	During an interview	with Resident #16 on 8/8/13				1
	at 2:28 nm cha stat	led. "There is not nearly				
}	Languah helm Lring	the call bell and it is a long,				
	I long time before the	en can det hete. The sides are				
	loo bueu * Residen	nt #16 Indicated she has had to				
	wait over 20 mlnu	ites many times " for her call				
	bell to be answered	d and that nurses would come				
	into her room, turn	off the call bell, and tell her aide know she needed				
	they would tel nor a	dicated she would then have to				
	assistance, one in	Is of time before an aide could				
	halo her She stal	ted that she was "forced to wet				L
	Itsih tiet. Otte ater	Sugat In KR	0211	FacEty1D: 843360	If continuation	shoot Page 27 of 3

NAME OF PROVIDER OR SUPPLIER MOREHEAD NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY EDEN, NC 27288 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 353 Continued From page 27 myself' due to her call bell not being answered and, "I have been put on the toilet and loft there so long that I used my phone and called my [Family Member #2] to come to the facility and got me off the toilet." Resident #16 indicated having to wait so long for assistance and having to be incontinent due to waiting made her feel frustrated and feel badly. During an interview on 8/8/13 at 3:45 pm Family Member #2 indicated she visits Resident #16 daily and stated, "On a good day there are only two aldes on this hall and the short hall. I have been here when [Resident #16] has pushed her call bell to go to the balhroom and has waited 20		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		E SURVEY PLETED
MOREHEAD NURSING CENTER (X4) ID PREPIX I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX TAG Continued From page 27 myself* due to her call bell not being answered and, "I have been put on the tollet and left there so long that I used my phone and called my [Family Member #2] to come to the facility and got me off the tollot," Resident #16 having to walt so long for assistance and having to be incontinent due to walting made her feel frustrated and feel badly. During an Interview on 8/8/13 at 3:45 pm Family Member #2 Indicated she visits Resident #16 daily and stated, "On a good day there are only two aldes on this hail and the short hail. I have been here when [Resident #16] has pushed her call bell to go to the bathroom and has walted 20				A. Boiein			С
MOREHEAD NURSING CENTER (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X5) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PREFIX TAG (X6) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PREFIX TAG (X7) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PREFIX TAG (345249	B, WING	×	1	
MOREHEAD NURSING CENTER EDEN, NC 27288	NAME OF P	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	····	
CAM ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETORY					205 EAST KINGS HWY		
F 353 Continued From page 27 mysell* due to her call bell not being answered and, "I have been put on the toilet and left there so long that I used my phone and called my [Family Member #2] to come to the facility and got me off the toilet." Resident #16 indicated having to be incontinent due to waiting made her feel frustrated and feel bedly. During an interview on 8/8/13 at 3:45 pm Family Member #2 indicated she visits Resident #16 daily and stated, "On a good day there are only two aldes on this hall and the short hall. I have been here when [Resident #16] has pushed her call bell to go to the bathroom and has waited 20	MORERE	AD NURSING CENTER			EDEN, NC 27288		
myself" due to her call bell not being answered and, "I have been put on the toilet and left there so long that I used my phone end celled my [Family Member #2] to come to the facility and get me off the toilet," Resident #16 indicated having to wait so long for assistance and having to be incontinent due to waiting made her feel frustrated and feel badly. During an interview on 8/8/13 at 3:45 pm Family Member #2 Indicated she visits Resident #16 daily and stated, "On a good day there are only two aides on this hall and the short hall. I have been here when [Resident #16] has pushed her call bell to go to the bathroom and has waited 20	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFE	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	3E	(X5) COMPLETION DATE
minutes or more. I have requested from the nurses sitting at the nurse's station, when the aides were all busy, to help her and the response has been, "Let me find her aide." During a continuous observation of Resident #16's hallway on 8/8/13 from 4:00 pm - 4:18 pm, the cell light for her room and another room were observed on in the hallway and were audible from the nurse's station. Nurse #1, Nurse #2, and Nurse #3 were at the nurse's station, talking. The DON was also standing at the nurse's station. There were no aides visible in the hallway. When asked whether the aides assigned to the observed hallway were on break or providing care, the DON stated, "When [aides] leave the floor for break [they] report off to the nurse. None are on break right now, They are providing care." When asked about the 2 call lights that had been ringing for 18 minutes she stated, "It is my expectation that nurses answer call bells if the aids are not available. I answer call bells when I am walking the halls and I would expect one of the nurses that were standing here at the nurse's	F 353	mysell" due to her ca and, "I have been pu so long that I used my [Family Member #2] to get me off the tollet." having to wait so long to be incontinent due frustrated and feel bath During an interview of Member #2 Indicated daily and stated, "On two aldes on this hall been here when [Resicall bell to go to the braides were all busy, to has been, "Let me find During a continuous of #16's hallway on 8/8/1 the call tight for her roobserved on in the halt he nurse's station. Nurse #3 were at the poon was also standing the nurse were no aldes wasked whether the ald observed hallway were care, the DON stated, floor for break [they] mare on break right now When asked about the ringing for 18 minutes expectation that nurse alds are not available, am walking the halls a	all bell not being answered to on the toilet and left there by phone and called my come to the facility and Resident #16 Indicated for assistance and having to waiting made her feel dily. In 8/8/13 at 3:45 pm Family she visits Resident #16 a good day there are only and the short hall. I have ident #16} has pushed her althroom and has waited 20 ve requested from the carse 's station, when the complete her and the response of her aide.' It is best valion of Resident 13 from 4:00 pm - 4:18 pm, form and another room were althrown were audible from carse #1, Nurse #2, and for at the nurse's station. The fig at the nurse's power the earn for the nurse. None of the earn for the nurse. None of the nurse port off to the nurse. None of the nurse answer call bells if the lanswer call bells when I answer call bells when I and I would expect one of	F	363		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E SURVEY IPLETED
		345249	B, WING	•			C
NAME OF D	ROVIDER OR SUPPLIER	343248	5, 11110		STREET ADDRESS, CITY, STATE, ZIP CODE	1 01	3/09/2013
	AD NURSING CENTER			2	205 EASY KINGS HWY EDEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	ringing." During an Interview or stated, "The charge rinurses answer cell be busy." During an interview or Resident #16's sitter simple where we ring the call there, someone will concress, and turn the cagain and this morning. The nurse today push room and sald "I will given will be shed to wait about have known her, many have to wait so long the During an interview will 8/9/13 at 1:20 pm, she was assigned to the diassisting residents will breakfast meal, another (Resident #16) "needs the nurse told me to te why someone had not bathroom, she sald, "yabout that," NA #6 in Resident #16's room to	in 8/8/13 at 5:23pm the DON nurse should ensure the illights if the aldes are in 8/9/13 at 12:28 pm, stated, "I have a problem bell and the aide can't get ome by, including the all bell light off. I will ring it go they turned it off again. Bed the cancel button in the position of the bathroom." 15 minutes for care." I witmes, to ring the bell and not she had an accident." Ith Nurse Alde (NA) #6 on a stated, "This morning I wing room and was in their meals. After the er aide told me that to go to the bathroom and all you." When I asked her already helped her to the roull have to ask her nurse dicated she went into a assist her with tolleting I she had been weiting are. 8/9/13 at 3:21 pm the erceived concerns from	L.	353			
1	having enough staff."	Regarding sliters providing					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		TE SURVEY
		1	A. 801CD				С
		345249	B. WING			, n	8/09/2013
NAME OF P	PROVIDER OR SUPPLIER			ε	STREET ADDRESS, CITY, STATE, ZIP CODE		010012010
				1	205 EAST KINGS HWY		
MOREHE	ad nursing center			Į	EDEN, NC 27288		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID.	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSG IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	COMPLETION
F 353	Continued From pag	ne 20	E	353			
		he sitters are strictly to sit with	1 '	300			
		here to provide care. It is not					
		he sitter to provide any care.					
		to provide 100% of the					
		y expectation that staff tollets					
		2 hours and does not ignore					
	or turn off call bells v	vithout providing care."		ı			
			ļ				1
	4. Resident # 129 w	as admilted to the facility on					
		d on 8/3/12 with diagnoses					
		ners, osleoporosis, history of					-
İ	falls, muscle weakne			ĺ			
	The quartedy MDS d	fated 5/13/13 Indicated the					ļ
		y cognitively impaired,		1			
		sistance with tolleting, and					
		tinent of bowel and bladder.					
	Durino an interview o	on 8/8/13 4:21 pm with		1			
		or/advocate, she indicated		-			
		s family member visit the					
	resident for about 71						
		elated to insufficient staffing				ļ	
	to provide care, call t					į	
		valts for tolleting. She stated,				-	
1		th aldes when the lights go		- 1		j	
1		e residents need. I have to		1			
	go get them to take h push the call bell if sh	er to the bathroom. We				ĺ	-
	:	ne needs to use the rad to walt 20 minutes or					
1		to (the DON) about this.					
- 1	,	s cut off too. I have turned it					
		someone ever came to help					
		ed off. I have gone to the					
		ere have been call bell lights				1	
		ere were no aldes on the				1	(
		ed the resident was not				1	
1	cognitively intact now	, could use the tollet if staff				1	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			DER'S PLAN OF CORRECTION (XS) DERRECTIVE ACTION SHOULD BE COMPLETION	
		045040	B. WING				
WW. 05.0	Dollago oo obsattito	345249	D. WING			30	3/09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER			205 E	ET ADDRÉSS, CHY, STATE, ZIP CODE AST KINGS HWY I, NC 27288		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUSY BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	`	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DE	COMPLETION
F 353	assisted her when cal embarrassed" if she incontinent and sitting unchanged. 5. During an interview member, Family Mempin she indicated the increalf. She stated she	led, but would be "terribly understood that she was In her wheelchair v with Resident #50's family ber #3, on 8/9/13 at 12:39 resident was unable to toilet	F	353	,		
	and she will have to we someone to come clear up with the odor issue recently and she was Every time I come to we I have to work and wo her." She indicated it want to be sitting arou urine. Family Member family member had be Administrator and the scare not being provided urine.	tet herself then wait for an her. I have been putting for weeks. I have been in wet sitting in her recliner, risit I can't just sit and visit, rk to clean her and feed ne resident would never nd wet and smelling of r#3 stated she and another th spoken to the DON about Residents #50 the ded and smelling strongly of					
F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and meintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program		F. 4.	11	F 441 1. All resident with current infections will be documented and tracked on a unit specific color-coded map.		9/9/13
	The facility must estab Program under which I (1) Investigates, contro in the facility;	lish an Infection Control					

DEPARTMENT OF HEA	ALTH AN	ID HUMAN SERVICES				FOF	MAPPROVED
CENTERS FOR MEDIC	ARE &	MEDICAID SERVICES					O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY IPLETED
		345249	8, WING	_		0.0	C 3/09/2013
NAME OF PROVIDER OR SUPP	UFR				TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	10012013
]	05 EAST KINGS HWY		
MOREHEAD NURSING CE	NTER			ł	DEN, NC 27288		
PREFIX (EACH DI	EFICIENC'	ATEMENT OF DEFICIENCIES Y 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)		(X5) COMPLETION DATE
(3) Maintains a actions related (b) Preventing (1) When the I determines the prevent the sp Isolato the resi (2) The facility communicable from direct contact (3) The facility hands after ea hand washing professional professional professional must transport linens infection. This REQUIRE by: Based on recofacility falled to and failed to in Findings includ The facility procontrol policy the establish a meaning the state of the same actions are th	olied to a a record of to Inferior at a resident. The properties of the second of the contract with the contract with the contract with the contract of the c	on Individual resident; and of incidents and corrective cilons. It of Infection Control Program dent needs isolation to infection, the facility must rohibit employees with a eror infected skin lesions in residents or their food, if smit the disease, equire staff to wash their it resident contact for which aled by accepted e., store, process and to prevent the spread of is not met as evidenced we and staff interviews the in an infection control log infections. Individual infection control log in an infection control log in an infection control log in the facility will evestigation, controlling, ins in the facility ".	F	441	2. All residents (with or without) an active infection will benefit from the structured infection control program. The structured program will entail unit specific colorcoded maps that outline various infections actively present in the facility. The Clinical Nurse Manager and/or designee will be responsible for the monitoring/tracking of infections on each unit. 3. The Director of Nursing and/or designee will ensure that each unit of the facility has a colorcoded map outlining active infections. This program is designed to investigate, control, and prevent infections in the facility. 4. The infection control reports will be reviewed quarterly during Quality Assurance Meetings. The information will be used to identify trends/patterns within the facility. 5. September 9, 2013		

PRINTED: 08/23/2013

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 -	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					_		С
		345249	B. WING			0:	8/09/2013
	ROVIDER OR SUPPLIER AD NURSING CENTER			STREET ADDRESS, CITY, 205 EAST KINGS HWY EDEN, NC 27288	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCEO TO THE APPROPRIA DEFICIENCY)	E NE	COMPLETION DATE
	had not had an infection prior to May 26, 2013, showed for the time possible prior to May 26, 2013, showed for the time possible	entation revealed the facility on control program in place. The documentation eriod of May 25- June 26, and documenting infections by only available for rooms 111-2, 116-2, and 126-1 on the South hall of the map for each unit was 26, 2013. This map ast Hall, North Hall, and coding was noted to be pink ons (UTI), blue for rupper respiratory ound infection, and green resident was reviewed for infections that were noted to sed over to the color coded at 8/9/13 at 2:00 PM, Nurse of had only been there for 4 process of putting in place to track the infections on nonitor the patterns. She process for the whole	F				

SYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345249	B. Willi				C
1	F PROVIDER OR SUPPLIER HEAD NURSING CENTER		<u> </u>	S 2	STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST KINGS HWY EDEN, NC 27288	0	8/09/2013
PREF	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD ITAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X6) COMPLETION DATE
F 4	Infections if they are r During an Interview of Administrator stated to they would be able to	re-occurring. n 8/9/13 at 6:30 PM, the hat his expectation was that track infections and monitor rring on the units and help action free or at least	F	4			

PRINTED: 09/09/2013 FORM APPROVED. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0<u>391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 0101 B. WING 09/04/2013 345249 STREET ADDRESS, CITY, STATE, 2IP CODE NAME OF PROVIDER OR SUPPLIER 205 EAST KINGS HWY MOREHEAD NURSING CENTER EDEN, NC 27288 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE сомьгецои (хе) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **OEFICIENCY**) K 000 K 000 I INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register SEP 1 8 2013 at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows: K 021 9/4/13 K 021 NFPA 101 LIFE SAFETY CODE STANDARD K 021 1. The door that did not SS=D close completely upon Any door in an exit passageway, slairway activation of the fire alarm enclosure, horizontal exit, smoke barrier or system was repaired and hazardous area enclosure is held open only by now closes properly. devices arranged to automatically close all such doors by zone or throughout the facility upon 2. Ensure fire doors close activation of: properly during monthly fire drills and preventative a) the required manual fire alarm system; maintenance. b) local smoke detectors designed to detect smoke passing through the opening or a required 3. We currently have a smoke detection system; and fire door preventative maintenance which is c) the automatic sprinkler system, if installed. scheduled quarterly. The 19.2.2.2.6, 7.2.1.8.2 PM was completed on 8/27/13. 4. Continue to monitor during fire drills and preventative maintenance. This STANDARD is not met as evidenced by: 5. Corrective action was 42 CFR 483,70(a) completed on September 4, By observation on 9/4/13 at approximately noon the following fire door was non-compliant specific 2013.

Any describing statement ending with an asterisk (') denotes a desiciency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient projection 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 tursing homes, the above sindings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deliciencies are clied, an approved plan of correction is requisite to continued program participation.

Administrator

If continuation sheet Page 1 of 3

(X6) DATE

TITLE

LABORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE

		(X1) PROVIDER/SUPPLER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0101			(X3) DATE SURVEY COMPLETED	
		345249	B. WING	·		09/	04/2013
	PROVIDER OR SUPPLIER EAD NÜRSING CENTI	EA	•	2	STREET ADDRESS, CITY, STATE, ZIP CODE 105 EAST KINGS HWY EDEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETION DATE
K 021 K 038 SS⊒D	close and latch tigh NFPA 101 LIFE SAI Exit access is arran	door to room 140 did not)38	K 038 1. The door hardware will be changed to type with on range of motion to exit. 2. Mechanic assigned to		10/1/13
K 072 SS≂D	42 CFR 483.70(a) By observation on 9 the following exit ac specific findings inc office, room 112, lo bolt that required me to exit the area. NFPA 101 LIFE SAM Means of egress are of all obstructions of use in the case of fif furnishings, decorati	s not met as evidenced by: 1/4/13 at approximately noon cess was non-compliant lude, door exiling the billing the exit corridor had a dead ore than one range of motion EETY CODE STANDARD a continuously maintained free impediments to full instant re or other emergency. No ions, or other objects obstruct ess from, or visibility of exits.	K C	772	MNC will inspect all locking doors to ensure only one range of motion door hardware is installed. 3. Training will be completed with mechanics who install door hardware to ensure all future installations include only one range of motion hardware. 4. Director of Facilities will review all requests for door hardware and discuss with mechanics prior to installation. 5. October 1, 2013		
	42 CFR 483.70(a) By observation on 9, the following means specific findings incl	not met as evidenced by: /4/13 at approximately noon of egress was non-compliant ude, storage of several large e warmers in the corridor				The second secon	· ·

	IDENTIPICATION NUMBER:				MPLETED
·	345249	e. WING	-1,	09	/04/2013
EAD NURSING CENTE			STREET AODRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY EDEN, NC 27288		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PAEFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D 8E	(XS) COMPLETION DATE
		K 072	2 K 072 1. The rack of plate warmers in the corridor were removed when brought to the facility's attention by the surveyor. 2. The Administrator and/or designed will round the facility to identify if other life safety issues having potential to affect residents by the same deficient practice are present. If there are any present, they will be corrected immediately. 3. The Dietary Assistant Director and/or designee will check daily to ensure that the back corridor of the facility is free of all obstructions or impediments to full instant use in the case of fire or other emergency.		9/20/13
			4. The Dictary Assistant Director and/or designee will forward results of daily rounds to Administrator. Results of the daily rounds will be reviewed quarterly at Quality Assurance meeting. 5. September 20, 2013		
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pagenear the dishwasher	OF CORRECTION IDENTIFICATION NUMBER: 345249 PROVIDER OR SUPPLIER EAD NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 near the dishwasher room. This item was	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDIN 345249 B. WING PROVIDER OR SUPPLIER EAD NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 near the dishwasher room. This item was	OF CORRECTION State	OF CORRECTION JOENTIFICATION NUMBER: A. BUILDING OT - MAIN BUILDING OT 10 09