DEC 0 4 2013

PRINTED: 11/22/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345280	B. WNG			C	
NAME OF D	OMPER OR CHARLIER	040200	D. Hillo.		TREET ADDRESS OFF STATE TIP OODE	11/	07/2013
NAME OF P	ROVIDER OR SUPPLIER			ı	STREET ADDRESS, CITY, STATE, ZIP CODE		
AUTUMN	CARE OF RAEFORD			l	1206 N FULTON ST		
					RAEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 242 SS=J	483.15(b) SELF-DET MAKE CHOICES  The resident has the reschedules, and health her interests, assessminteract with members inside and outside the about aspects of his care significant to the resident to the resident aspects of his care significant to the resident #1) of 3 resistatus who expired in  The Immediate Jeopardy of 11/05/20 Immediate Jeopardy of 11/05/20 Immediate Jeopardy of 11/05/20 Immediate Jeopardy of remain out of complia of no actual harm with minimal harm that is remained to the implementation and maction.  The findings included Resident #1 was admonthed to Cotober 15, 2013 with included sepsis and led deemed inoperable. Ediagnosed as terminal controls as the side of the resident as the side of the resident #1 was admonthed to the resident #1 was admonthed #1 was admonthed to the resident #1 was admonthed to the resident #1 was admonthed #1 was admonthed #1 was admonthed #1 was admon	right to choose activities, a care consistent with his or ments, and plans of care; of the community both a facility; and make choices or her life in the facility that esident.  Is not met as evidenced  ew, staff, family and the facility failed to honor 1 ident 's desires for code the facility.  Indy began on 10/21/13. The iffed of the Immediate has at 6:20 pm. The was removed on 11/7/13 at illity provided an acceptable Compliance. The facility will not Immediate Jeopardy (D). Process of full nonitoring their corrective in the didagnoses which eft abdominal abscess for medical condition was		242	Preparation and submission of the pof correction is in response to DH 2567 for the survey and does constitute an agreement or admission Autumn Care of Raeford of the truth the facts alleged or the correctness of conclusions stated on the statement deficiencies. This plan of correction prepared and submitted because of requirements under state and feddlaws. Autumn Care of Raeford content that it was in substantial compliance with the requirements 42 CFR, Part 4 Subpart B throughout the time per stated in the statement of deficiencies accordance with state and federal 1 Autumn Care of Raeford submits plan of correction to address statement of deficiencies and to serve its allegation of compliance with pertinent requirements as of the destated in the plan of correction and fully complete in all areas as 11/11/2013.  For the resident affected: Resident # 1 was admitted to facility complete in all areas as 11/11/2013.  For the resident affected: Resident # 1 also admitted signed and notarized Advanced Direct a Natural Death ("Living Will") white initialed by Resident #1 to "withly withdraw life-prolonging measures". of the Advanced Directive states "If an Available Health Care Agent: If appointed a health care agent by execution of the State of the st	olan HS not by of the of is the eral nds nce 183, iod In aw, this the eras as of lity on tending to be a with a tive for ich was nold or Item #6 I have I have	
LABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE	<u>                                     </u>		health care power of attorney or	. 1	(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 sufficiently 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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				<del></del>		;
		345280	B. WNG		11/0	07/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST		
AUTUMN	CARE OF RAEFORD			RAEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 242	resident had a living which indicated to "v prolonging measures completed which indicircumstances life probe withheld. Item #6 stated "If I have an A If I have appointed a executing a health casimilar instrument, ar acting and available adiffer from this Advantat: Follow Advance Directive will override agent gives about protective will override agent gives about prot	will dated October 7, 2013 withhold or withdraw life b." Section one (I) was not cated under which clonging measures were to of the Advanced Directive available Health Care Agent: health care agent by are power of attorney or and that health care agent is and gives instructions that ace Directive; then I direct Directive: This Advance e instructions my health care colonging my life."  imum Data Set (MDS) dated esident #1 was cognitively for Mental Status (BIMS)  's #1 care plan with effective 6, 2013 to October 21, 2013 Directive Needs: Code at Resuscitate)."  an order was written for Do R) dated 10/16/13.	F 242	instrument, and that health care acting and available and gives it that differ from this Advance Direct I direct that: Follow Advance Direct I direct that: Follow Advance Directive will override it my health care agent gives about my life. Advanced Directive was notarized 10/07/13. Resident of facility on 10/21/13.  For residents with the potent affected:  An audit of all residents was 10/22/2013 and completed on 10/2 Social Worker, Medical Records Assistant Director of Nursing to withe most current physician ord agreement with the Electronic Heat as well as the code status books at each nurses station. After the completed, it was discovered that isolated event due to no other affer An audit was completed on 11-05 ADON to ensure that all resident been admitted from 10-25-13 throw 13 had physician orders in agree the Electronic Health Record as code status books maintained at estation. No other areas were identification.	nstructions active, then ctive; This instructions prolonging a dated and expired in ctial to be started on 25/2013 by Clerk and alidate that er was in olth Record maintained audit was chis was an acted areas. 1-13 by the s who had aligh 11-05-ment with well as the ach nurses	
	am, the family memb phone call from the nation resident passing award to change the resident During a phone intention the family member state afternoon of the safternoon she made rounds with	view on 11/6/2013 at 8:40 her stated she had received a hurse the week prior to the hy and informed of the order int code status to full code. view on 11/7/13 at 2:05 pm, hated she received a call on 18th by the nurse that stated the the doctor. The family had she came in to the facility		Measures put in place: In-service training began the m 11/06/2013 and completed on 11/1 Director of Nursing, Assistant I Nursing and Staff Development C for licensed nurses and the Soci regarding Resident Rights as it honoring wishes of alert and residents. Any alert and oriente	1/2013 by Director of Coordinator al Worker relates to oriented	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING			(X3) DATE SURVEY COMPLETED		
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		345280	B. WING			11//	07/2013
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALITTIBAN	CARE OF RAEFORD			1:	206 N FULTON ST		
AUTUMN	CARE OF RAEFORD		.	R	RAEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 242	3 and told her that sh with Resident #1 abo The family member s with her that she wantime of the visit. She conversation she had staff about the reside The family member s doing better medically and that she just was A review of the facility attending physician d Resident alert and or code. "  A review of a facility #10/18/13 signed by the revealed "Pt request On 11/5/13 at 9:50 ar #3 stated Resident #1 recommendation for I full code. She further doctor when he made resident on October 1 told the doctor she we Nurse #3 further indicafternoon on the 18th October the 21st who worker a copy of the sign the new order. No she was not familiar wattorney the family meshe further stated "A my supervisor, the Af Nursing) that I could in the sign that I could it was not familiar wattorney the family meshe further stated "A my supervisor, the Af Nursing) that I could it was not familiar wattorney the family meshe further stated "A my supervisor, the Af Nursing) that I could it was not familiar wattorney the family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing) that I could it was not family meshe further stated "A my supervisor, the Af Nursing the further stated "A my supervisor the Af Nursing the further stated "A my supervisor the Af Nursing the further stated "A my supervisor the Af Nursing the further sta	o pm and spoke with Nurse # e was going to go and talk ut her decision for full code. tated the resident confirmed ted to be a full code at the stated this was the last I with the resident or facility int's advance directives. tated the resident had been y since being at the facility in't ready to give up.  Y Progress Note by the ated 10/18/13 revealed " iented x 3. Pt request full  Physician Order Sheet dated the attending physician	F	242	according to resident wishes. In the resident is unable to make decis themselves, the expressed wishes responsible party and/or POA then effective and those wishes are	honored event a ions for of the become honored. A Patient wishes, attending he nurse anscribes a Record order in e unit to the hand into the his next order, the ans and c Health provide ientation ally on-unication (05-2013) to utilize is wishes r. Social (05-13) by s of the propriate were informating the ted that in code in 11-11-	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) ĐẠTE S COMPLI	
		345280	B. WNG		C 11/0	7/2013
	ROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 242	was her power of att pm, Nurse # 3 stated resident 's hopoa on came in to the facility 18, 2013 regarding the code status for Resident 's was going to discuss decision for full code the building on the earlier She further indicated hopoa after the hopoa because she had alm.  During an interview of Social Worker stated from the nurse because permission from the further indicated Resoriented and could make the directives. She sawould go in and speather resident told her when she completed The Social Worker fund speak with the modotober 18, 2013 pripm. She further states she wanted to be a Earlier before leaving with Social Worker stated nurse and let her known she did not seleft the building. She the nurse on Monday	orney." On 11/7/13 at 2:19 I she recalled talking to the the phone and after she varound 6:40 pm on October ne new doctor 's order for full itent #1. Nurse #3 further is hopoa did tell her that she with the resident her status after she arrived in vening of October 18, 2013. I she did not speak to the a visited with the resident	F 242	Director of Nursing and to Development Coordinator. Beginning 10-22-13 and complete 11-13, the Social Worker, Dietary Medical Records Clerk and Coordinators began interviewing oriented residents and contact POA/Responsible Party of the resi are unable to make decisions to their wishes are in agreement current code status in the Electron Record.  Monitoring/QA: Two random interviews will be by the Director of Nursing with nursing staff per week x 4 weeks, interviews monthly x 6 months to licensed staff can demonstrate known resident rights as it relates to reside with Advance Directives.  Director of Nursing, Assistant Doursing, or designee will continue every admission for code status hours of admission continuous facility will continue to determine desires and wishes upon admission code status by the Admission Coordinator will communicate this information to Records and the licensed nurse in review the resident's code status physician in order to obtain a porder for the appropriate order status. Once resident and/or conveyed wishes, licensed nurse with attending physician immed appropriate order, according to policy. Autumn's Policy states the	Manager, Care Plan alert and cting the dents who verify that with the nic Health performed a licensed, then two in ensure twishes birector of e to audit within 24 tasly. The resident's related to bordinator, ontinue to be Medical an order to with the hysician's for code POA has fill contact iately for Autumn	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
					С
		345280	B. WNG_		11/07/2013
NAME OF P	ROVIDER OR SUPPLIER	<del>*************************************</del>		STREET ADDRESS, CITY, STATE, ZIP CODE	
AUTURAL	CARE OF RAEFORD			1206 N FULTON ST	
AUTURN	CARE OF RAEFORD		}	RAEFORD, NC 28376	
(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 I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
F 242	The social worker fur responsibility of the n order for the code state computer system. The confirm the code state quarterly.  Review of the nurse's pm by Nurse #1 reverom and unable to an ad stimuli uneventfur writer and still no aroufelt. Resident is a DN (medical doctor). RP aware and stated "I wind minutes. Awaiting her on October 21, 2013 stated she walked by noticed she had not the was unusual for the nesident #1 was with her body was warm. It resident 's eyes were unable to arouse Resident 's chest sto verify with her becarbon. Nurse #1 state status book on the floorder for Resident #1	doctor's order for full code. ther indicated it was the ursing staff to key in the itus change into the e Social Worker stated she us orders in the computers  a note dated 10/21/13 at 6:31 aled "writer into resident's rouse resident, sternal rub 1. 100 hall nurse assisted usal. No heartbeat or pulse R. Call placed to MD (responsible party) made will be there in a few r arrival. (6:20 pm)."  In, in an interview with Nurse d Resident #1 unresponsive at approximately 6 pm. She Resident #1's room and ouched her dinner tray which esident. Nurse #1 stated out pulse or heartbeat and She further indicated the dilated. She stated she was sident #1 by firmly rubbing on so she went to get Nurse #2 ause the resident was a ed she checked the code for and it contained the DNR  om, during a phone interview	F 24	resident and/or POA/Patient Repress has conveyed wishes, licensed nurcontact the attending physicia appropriate order. The nurse then we telephone order, transcribes the order the Electronic Health Record and property of the telephone order in to the tatus notebook on the unit to represent the physician signs the order, the Records Clerk then scans and attactorder into the Electronic Health Recorder into the Electronic Hea	rse will in for rites the der into blaces a he code lace the en order older to fter the Medical shes the rd.  resident latus, or to make change notify a e Code s social verified party's morning Friday), assistant r, Care ler and re Plan briker of 7 day ker will l verify DA or
	as written. The physic	staff to carry out the order cian stated he wrote the sident was alert and oriented		Responsible party (whichever applic it relates to patient wishes. The social will then verify code status with r	worker

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245000	D MINO			C	- 1
		345280	B. WNG _		***************************************	11/	07/2013
	ROVIDER OR SUPPLIER  CARE OF RAEFORD		:	STREET ADDRESS, CITY, STATE, ZIP CODE  1206 N FULTON ST  RAEFORD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 242	resident and family me hospital did not mean minds about their dire further indicated his p contact the family me care power of attorne was aware of the resi to ensure everyone we line an interview on 11/Director of Nursing (Director of Nur	further stated because the ade one decision at the they could not change their retives later. The physician alan was for the staff to mber who was the health y (hcpoa) to make sure she dent 's decision for full code as on the same page.  5/13 at 12:13 pm, the DON) indicated the facility at is an order and under no the nurse not have carried at the doctor. The DON expected the nurse to the code status change into inue the DNR order and put The DON further indicated a notified the physician that diately if for any reason she ut the doctor 's order. She nurses are expected to verify status via the quickest the computer or the code are 's station.  In, during an interview, the Nursing (ADON) stated she order for full code for the resident had passed ated She immediately called the DON who was out of med them. The ADON in instructions to Nurse #3	F	242	Social worker will also document conversation in the Electronic Health immediately. The Care Plan Coordina	wishes.  In this Record tor will Vorkers ith the then be ron 5 hen 10 bired in will be by the ne code be be ngs	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		DATE SURVEY COMPLETED
		345280	B. WNG			C 11/07/2013
	ROVIDER OR SUPPLIER	. 1		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376		1110112013
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 242	Continued From pag	ge 6	F 24	2		
		the following Credible aber 7, 2013 at 7:15 pm.				
	-	of Compliance: F-Tag 242  Care to Maintain the highest residents.				
	interviews revealed resident rights as it is state surveyor on 11 Resident # 1 was ac 10/15/2013 and on 10/15/2013 and notarized Advar Death ("Living Will Resident #1 to "with life-prolonging meass Advanced Directive Health Care Agent: care agent by executatorney or similar in care agent is acting instructions that differ Directive; then I directive; then I directive: This Advainstructions my heal prolonging my life. dated and notarized	Imitted to facility on 10/16/2013 the attending order for resident to be a palso admitted with a signed onced Directive for a Natural ") which was initialed by whold or withdraw ourses ". Item #6 of the states " If I have an Available of I have appointed a health outing a health care power of a strument, and that health and available and gives our from this Advance of that: Follow Advance once Directive will override th care agent gives about Advanced Directive was 10/07/13.				
	nurse was not aware Attorney does not be	parding F-Tag 242 was that a that a Health Care Power of ecome effective and cannot he resident until that resident ecision for self.				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							c
		345280	B. WNG				07/2013
NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		8	STREET ADDRESS, CITY, STATE, ZIP CODE	1	0172010
				1	1206 N FULTON ST		
AUTUMN	CARE OF RAEFORD			F	RAEFORD, NC 28376		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLÉTION DATE
F 242	Continued From pag	ge 7	F	242			
	nurses and the Socias it relates to honor oriented residents. A who expresses a de their Advance Direct to resident wishes. It unable to make deci expressed wishes of POA then become e honored. Once resid Representative has nurse will contact the appropriate order. The telephone order, transpective telephone order notebook on the unit status sheet. The haplaced into the physupon his next visit. A	tor of Nursing for licensed al Worker on Resident Rights ring wishes of alert and any alert and oriented resident sire to change any aspect of rive will be honored according in the event a resident is sions for themselves, the fithe responsible party and/or and/or produced wishes are lent and/or POA/Patient conveyed wishes, licensed attending physician for the nurse then writes the rescribes the order into the period and places a copy of					
	attaches the order in Record. Licensed no in-serviced prior to b	ato the Electronic Health urses will continue to be deginning of next tour of a facility will continue to					
	provide resident right orientation for new e annually on-going. A	ts education during imployees and at least					
	11-05-2013 specifica utilize in the event the other than the curren received in-service of to ensure the wishes	ally for the Social Worker to be resident expresses wishes int status order. Social Worker on 11-05-13 by Administrator is of the resident are conveyed bensed nurse. Licensed					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	LE CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345280	B. WNG	<del></del>		C 07/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376		0172010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 242	communication form contacting the physic that resident has requistatus on 11-07-13.  Beginning 10-22-13, designee began interresidents and contact Party of the residents decisions to verify the agreement with the contact Electronic Health Reflections and the e	and on the importance of sian immediately once alerted uested a change in code  the Social Worker or viewing alert and oriented ting the POA/Responsible is who are unable to make at their wishes are in current code status in the cord.  We will be performed with a figure year week x 4 weeks, then ally x 6 months to in ensure monstrate knowledge of elates to resident wishes with the code status within 24 hours ously. The facility will be resident 's desires and on related to code status by inator. The Admission inue to communicate this all Records and the licensed ew the resident 's code cian in order to obtain a or the appropriate order for sident and/or POA has ensed nurse will contact the mmediately for appropriate utumn policy. Autumn 's	F 24			

AND DIAM OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345280	B. WING		C
	ROVIDER OR SUPPLIER	040200		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376	11/07/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 242	writes the telephone of into the Electronic He copy of the telephone notebook on the unit status sheet. The hard placed into the physic upon his next visit. Af order, the Medical Reattaches the order into Record.  In the event an alert a expresses a desire to POA of a resident who decisions expresses that status, the social work nurse immediately via Communication Form documents that she he POA/Responsible part During the morning of through Friday), with MDS nurses, Rehab in attendance, MDS	alth Record and places a order in to the code status to replace the previous of written order is then sian 's folder to be signed ter the physician signs the ecords Clerk then scans and to the Electronic Health and oriented resident change code status, or the to is unable to make the desire to change code ker will notify a licensed to the Code Status. The social worker then has verified the resident 's or the 's wishes for code status. Inicial meeting (Monday DON, ADON, Administrator, Manager and Social Worker hurse will notify the social tes who are due for ay. The social worker will esidents and verify code POA or Responsible party of as it relates to patient MDS nurse will alert the esidents who are due for as well as the residents who	F 24	2	
		lectronic Health Record  S Nurse will compare that			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345280	B. WING			07/2013	
	ROVIDER OR SUPPLIER	.,		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 309 SS=J	the Social Workers do agreement with the comparement with the comparemen	procumentation is in current physicians order.  pm, verification of the sevidenced by interviews of and the social worker ights. The licensed nursing orker verbalized need to notify the physician ent request a code status inhalized understanding of RE/SERVICES FOR NG  Receive and the facility must by care and services to attain set practicable physical, incomprehensive assessment in the facility failed to activate and Services system via 911 Imonary Resuscitation refer for 1 of 3 residents	F 24	For the resident affected: Resident # 1 was admitted 10/15/2013 and on 10/16/201 physician wrote an order for DNR. Resident # 1 also a signed and notarized Advance a Natural Death ("Living Wi initialed by Resident #1 to withdraw life-prolonging mea of the Advanced Directive st an Available Health Care A appointed a health care agent health care power of attorninstrument, and that health acting and available and given that differ from this Advance	athe attending resident to be a admitted with a ded Directive for ill") which was a "withhold or asures". Item #6 tates "If I have gent: If I have by executing a ney or similar care agent is wes instructions Directive, then	11/11/2013	
	administrator was not Jeopardy on 11/05/20 Immediate Jeopardy	ardy began on 10/21/13. The ified of the Immediate v13 at 6:20 pm. The was removed on 11/7/13 at illity provided an acceptable		I direct that: Follow Advance Advance Directive will overr my health care agent gives at my life. Advanced Directive notarized 10/07/13. The documented the "status is DN	ide instructions bout prolonging was dated and social worker		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345280	B. WNG			l .	07/2013
NAME OF P	ROVIDER OR SUPPLIER	<u></u>		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 117	0112010
AUTUMN	CARE OF RAEFORD			12	06 N FULTON ST		
AUTUMIN	OAKE OF KAEFORD			R/	AEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 309	Credible Allegation of remain out of complia of no actual harm with minimal harm that is in The facility was in the implementation and naction.  Review of the facility 10/1/2006 revealed "fundamental rights of decisions related to have policy to all patients a prior to admission and possible that a patient resuscitation and life honored.  In the event a patient be a full code, and is cardiopulmonary arreinitiate basic life supp services will be called hospital for further life.  All licensed nurses arrecertified on an annual American Heart Asso Cross.  The findings included Resident #1 was adm October 15, 2013 with included sepsis and ledermed inoperable. It diagnosed as terminal that is a complex to the complex to t	Compliance. The facility will not at a scope and severity in the potential for more than not Immediate Jeopardy (D). Process of full nonitoring their corrective  Is CPR policy dated the facility recognizes the an individual to control the is or her medical care. It is try to communicate our CPR and/or their responsible party of to ensure to the extent the sustaining treatment are that expressed a desire to found to be in st, licensed nursing staff will ort and 911 emergency for transport to local expeport.  The CPR certified and will be not be all basis either through citation or American Red  Sitted to the facility on a medical diagnoses which eft abdominal abscess for medical condition was	FS		that was written on 10-21-2013 at 15 resident was found to be unresponlicensed nurse on 10-21-13 at 18: nurse documented at 18:31 that there pulse or heart beat and that the codwas DNR.  For residents with the potential affected: An audit of all residents was sta 10/22/2013 and completed on 10/25/Social Worker, Medical Records Cl Assistant Director of Nursing to valid the most current physician order agreement with the Electronic Health as well as the code status books mat each nurses station. After the aux completed, it was discovered that this isolated event due to no other affected An audit was completed on 11-05-13. Assistant Director of Nursing to ensall residents who had been admitted 10-25-13 through 11-05-13 had proders in agreement with the El Health Record as well as the cod books maintained at each nurses statiother areas were identified. Educational In-Service was proving Assistant Director of Nursing programming audit to Medical Record and Social Services on 10/22/2013. service educated the Medical Record and Social Services on 10/22/2013. service educated the Medical Record and the Social Worker on how to physicians order, code status in El Health Record and Code Status Beach nursing unit.  Measures put in place:  A new code status communication for the status of the status communication for the status communicatio	to be  rted on 2013 by erk and late that was in Record intained dit was s was an ed areas. 3 by the ure that ed from hysician ectronic e status cion. No ded by rior to s Clerk The in- ls Clerk validate ectronic ook on	

STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	VIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1206 N FULTON ST  RAEFORD, NC 28376				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	A (2.0			(X5) COMPLETION DATE
re w pp co ci ci b st fe esi a ci di tr D a fe esi A di in S A fe esi ci ci pi ci	which indicated to "worolonging measures. completed which indicated to incumstances life properties withheld. Item #6 of tates "If I have an Area in I have appointed a least succepting a health carring and available a lifer from this Advance of the most recent Minim 10/20/13 indicated Reast sucception of Resident 15 of the most recent Minim 10/20/13 indicated Reast sucception of Resident 15 of the most recent Minim 10/20/13 indicated Reast sucception of Resident 15 of the most recent Minim 10/20/13 indicated Reast from October 15 of the most recent Minim 10/20/13 indicated Reast from October 15 of the most recent Minim 10/20/13 indicated Reast from October 15 of the most review of Resident 15 of the most review of a signed per Do Not Resuscitate from the family members of the family members of the afternoon of the tated she made round the made round the family members of the afternoon of the tated she made round the family members at the afternoon of the tated she made round the family members at the afternoon of the tated she made round the family members at the afternoon of the tated she made round the family members at the afternoon of the tated she made round the family members at the family members at the afternoon of the tated she made round the family members at the afternoon of the tated she made round the family members at the family	vill signed October 7, 2013 ithhold or withdraw life "Section one (I) was not cated under which volonging measures were to of the Advanced Directive vailable Health Care Agent: nealth care agent by re power of attorney or d that health care agent is and gives instructions that ce Directive; then I direct Directive: This Advance instructions my health care longing my life."  mum Data Set (MDS) dated esident #1 was cognitively for Mental Status (BIMS)  is #1 care plan with effective points and provided in the side of t	F	309	implemented on 11-05-2013 specificathe Social Worker to utilize in the expressed wishes other the current status order. Social Worker rein-service on 11-05-13 by Administration ensure the wishes of the reside conveyed to appropriate staff. Linurses were in-serviced on communication form by Director of Nassistant Director of Nursing and Development Coordinator starting on 13 and completed on 11-11-2013. Linurses received in-service training begon 11-05-13 and completed on 11-1 on receiving physician orders transcription of physician orders transcription of physician order validating that most current physorder is in agreement with docump place according to wishes for code staphysician's order.  Director of Nursing, Assistant Dire Nursing or designee will continue to every admission for code status withours of admission continuously facility will continue to determine residesires and wishes upon admission recode status by the Admission Coordinator will continue to the resident's code status with hours of admission coordinator will continue to the resident's code status withours of admission continuously facility will continue to determine residesires and wishes upon admission recode status by the Admission Coordinator will continue to the resident's code status with the resident's code status with physician in order to obtain a physician in order to obtain a physician for appropriate order. The then writes the telephone order, tranthe order into the Electronic Health	rent the an the an the acceived rator to nt are icensed the fursing, I Staff 11-06-icensed ginning 1-2013 and sician's ents in tus and ctor of a udit hin 24. The ident's lated to linator. inue to Medical rder to ith the sician's r code wishes, rending enurse scribes	

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AUTUMN	CARE OF RAEFORD		RAEFORD, NC 28376		AEFORD, NC 28376		1
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F 309	Nurse # 3 and told he and talk with Resider full code. The family is confirmed with her the code at the time of the the last conversation facility staff about the directives. The family had been doing bette the facility and that slup.  A review of the facility attending physician de "Resident alert and of code."  A review of a facility is 10/18/2013 signed by revealed "Pt request On 11/5/13 at 9:50 ar #3 stated Resident # recommendation for full code. She further doctor when he made resident on October told the doctor she we not she was further indicafternoon on the 18th October the 21st who worker a copy of the sign the new order. In she was not familiar attorney the family me She further stated "A by my supervisor, the	ely 6:40 pm and spoke with er that she was going to go at #1 about her decision for member stated the resident at she wanted to be a full e visit. She stated this was she had with the resident or resident 's advance member stated the resident redically since being at the just wasn 't ready to give or Progress Note by the lated 10/18/13 revealed riented x 3. Pt request full Physician Order Sheet dated of the attending physician	F	309	and places a copy of the telephone of the telephone of the code status notebook on the replace the previous status sheet. The written order is then placed in physician's folder to be signed upon visit. After the physician signs the order into the Electronic Record. In the event an alert and cresident or a POA/responsible party to change a resident's code state physician will be contacted immediatequest a telephone order to change the status. The nurse will write place the place of the telephone order, transcribe it in Electronic Health Record, and place of the telephone order in the code notebook on the unit to replace the place of the telephone order in the code notebook on the unit to replace the placed into the physician's folder signed upon his next visit. Aftiphysician signs the order, the Records Clerk then scans and attacorder into the Electronic Health Record In-service training began 11-6-20 completed on 11-11-2013 with Inurses related to properly receiving, and transcribing physician order clarification of orders when the order be clear and concise.  Monitoring/QA: All new physician orders will be reviewed in the Administrator, Director of Monitoring, Assistant Direct	unit to ne hand nto the his next der, the ns and Health oriented desires us, the ately to he code nysician to the a copy e status revious is then to be ter the Medical hes the rd. 13 and icensed writing rs and fails to  ewed in Friday) ector of Jursing, Social	

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F 309	the family member gawas her power of atto pm, Nurse # 3 stated resident 's hcpoa on came in to the facility 18, 2013 regarding the code status for Residual stated the resident 's was going to discuss decision for full code the building on the existed hcpoa after the hcpoa after the hcpoa because she had alrest the nurse becaupermission from the further indicated Resoriented and could make directives. She st would go in and speat the resident told her swhen she completed The Social Worker fu and speak with the resident to be a Doctober 18, 2013 pring pm. She further states she wanted to be a Doctober 18 would go in an completed the permission from the resident told her swhen she completed the Social Worker fu and speak with the resident to be a Doctober 18, 2013 pring pm. She further states she wanted to be a Doctober for full code stated she did not seleft the building. She	ave permission because she brney." On 11/7/13 at 2:19 she recalled talking to the the phone and after she around 6:40 pm on October he new doctor 's order for full lent #1. Nurse #3 further hopoa did tell her that she with the resident her status after she arrived in vening of October 18, 2013. she did not speak to the a visited with the resident	F 30	All Physician orders will contreviewed with a second check licensed nurse to ensure physician transcribed correctly. In the event area of identified concern physician order transcription, the will be made accordingly at the addition, if there is any questional related to the physician's physician will be contacted by nurse to get clarification of a physician. In the event an alert and orient expresses a desire to change country the POA of a resident who is unaindecisions expresses the desire code status, the social worker welicensed nurse immediately. Act Autumn policy, the nurse will physician immediately and telephone order. The nurse then telephone order, transcribes the the Electronic Health Record are copy of the telephone order in the status notebook on the unit to previous status sheet. The hand we is then placed into the physician be signed upon his next visit, physician signs the order, the Records Clerk then scans and a order into the Electronic Health Records into the Electronic Health Records order into the Electronic Health Records o	s on-going. nue to be by another order was there is an related to correction at time. In ole concern order, the a licensed order from ed resident e status, or ole to make to change ill notify a cording to l call the obtain a writes the order into d places a o the code replace the ritten order es folder to After the e Medical ttaches the ecord. I meeting asisting of Director of are Plan and Social	

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F 309	F 309 Continued From page 15 resident 's conversation with her about DNR after the discussion of the doctor's order for full code. The social worker further indicated it was the responsibility of the nursing staff to key in the order for the code status changes into the computer system. The Social Worker stated she confirms the code status orders in the computers quarterly.  A review of the Meal Service Times schedule revealed "Dinner- 5:30 pm. A- hall Cart 6:00 pm." On 11/6/13 at 1:35 pm, during an interview, NA #1 stated Resident #1 was sleepy on the evening of October 18, 2013 but she responded appropriately when spoke to. NA #1 stated she went in to the resident 's room at the beginning of her shift and put the chairs up. She further stated she went back to check on the resident about 15 minutes before the meal trays came to the floor.		F 30		will notify the social worker of the r who are in their 7 day assessment will then take that residents and verify code status resident, POA or Responsible (whichever applicable) as it relates to wishes. The social worker will the code status with resident, Po Responsible party (whichever applicate it relates to patient wishes. Social will also document this conversation Electronic Health Record immediate	window.  It list of  Is with  party  patient  n verify  DA or  able) as  worker  n in the	
					Care Plan Coordinator will compare Social Workers documentation agreement with the current physiciar Audits will then be done by the Ca Coordinator on 5 residents a monmonths and then 10 residents quart going.  Every resident who has had a change	that the is in	
	dinner tray she stated up so she could eat a will baby."  Review of the nurse '6:31 pm by Nurse #1 resident 's room and sternal rub and stimu assisted writer and st or pulse felt. Residen MD (medical doctor). made aware and stat minutes. Awaiting her On 11/5/13 at 8:55 ar #1 revealed she foun on October 21, 2013	ne went back to deliver the did to the resident for her to sit and the resident replied "I so note dated 10/21/13 at revealed "writer into unable to arouse resident, li uneventful. 100 hall nurse ill no arousal. No heartbeat to is a DNR. Call placed to RP (responsible party) ed "I will be there in a few rarrival. (6:20 pm)."  m, in an interview with Nurse d Resident #1 unresponsive at approximately 6 pm. She Resident #1's room and			status will be audited by Medical weekly x 4 weeks and then mont going to ensure the code status be been updated at the appropriate station.  All new admissions will be audited be of admission by social worker to code status is correct on-going. Bi audits x 2 months began on 10-2: Medical Records, ADON and Social Additionally 5 resident records audited bi-weekly x 2 months Director of Nursing or Assistant Dir Nursing to ensure current code status physician orders agree.  An audit of all residents who have exthe facility since 10-22-2013 began 2013 by the Medical Records Communication.	Records hly on- ook has nurses  y Day 3 confirm -weekly 2-13 by worker. will be by the ector of tus and  spired in 11-07-	

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F 309	was unusual for the regident #1 was with her body was warm. resident 's eyes were unable to arouse Resident 's chest's to verify with her because the resident 's chest's to verify with her because the resident 's chest's status book on the floorder for Resident #1 In an interview on 11 stated she was asked Resident #1 's room to stated there were no further stated she ver resident had expired. resident 's body was arms straight by her streamed to her assign Nurse #1 to call the death. She further stated eath. She further stated status for Resident har the DNR.  On 11/5/13 at 12:02 pwith the attending phyexpected the nursing as written. The physic order because the reland requested it. He resident and the family hospital did not mean they could not change directives later. The phis plan was for the sident was for the si	esident. Nurse #1 stated out pulse or heartbeat and She further indicated the dilated. She stated she was sident #1 by firmly rubbing on so she went to get Nurse #2 ause the resident was a dishe checked the code for and it contained the DNR.  6/13 at 3:24 pm, Nurse #2 If by Nurse #1 to come to o verify her death. Nurse #2 pulse and no heartbeat. She sified with Nurse #1 that the Nurse #2 stated the still a little warm with her side. Nurse #2 stated she ned area after advising octor to pronounce the ated she did not verify the ent #1. She stated the esident #1, Nurse #1 had resident 's code status was om, during a phone interview staff to carry out the order cian stated he wrote the sident was alert and oriented further stated because the ly made one decision at the	F 309	confirm the code status was going.  Any area of identified concer addressed immediately and addressed in Quality Assurance for further action plans during meetings.	n will be will be meetings		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1206 N FULTON ST RAEFORD, NC 28376		
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F 309	attorney (hcpoa) to me the resident 's decisic everyone was on the line an interview on 11// Director of Nursing (Director of Nursing (	ake sure she was aware of on for full code to ensure same page.  5/13 at 12:13 pm, the ON) indicated the facility et is an order and under no I the nurse not have carried of the doctor. The DON expected the nurse to the code status change into inue the DNR order and put The DON further indicated expulled the DNR order out ook at the nurse 's station. It is the nurse are expected to code status via the quickest the computer or the code se's station. The DON expected to code status via the quickest the computer or the code se's station. The DON expected to code status via the quickest the computer or the code se's station. The DON expected to code status via the quickest the computer or the code status via the quickest the computer or the code status if as unable to carry out the further of the order immediately if as unable to carry out the code for the resident had passed sed Nurse #3 came to her after the resident had sted she immediately called the DON who was out of med them. The ADON expected instructions to Nurse #3 order for code status	F	30	9		

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F 309	Continued From page	÷ 18	F 3	09			
	• -	per 7, 2013 at 7:15 pm.					
		7, 20 to at 7110 pm.					
	Credible Allegation of	Compliance: F-Tag 309					
	For the Provision of C level of function for re	are to Maintain the highest sidents.					
	Resident # 1 was adn	nitted to facility on					
		0/16/2013 the attending				1	
		der for resident to be a				ļ	
		also admitted with a signed	4				
		ed Directive for a Natural				į	
		) which was initialed by				•	
	Resident #1 to "withh	- · · · · · · · · · · · · · · · · · · ·					
	life-prolonging measu	res" . Item #6 of the					
		tates "If I have an Available					
	Health Care Agent: If	I have appointed a health					
		ng a health care power of					
	attorney or similar ins	frument, and that health	1				}
	care agent is acting a	nd available and gives					
	instructions that differ	from this Advance					
	Directive, then I direct	t that: Follow Advance					
	Directive: This Advan-	ce Directive will override				į	
	instructions my health	care agent gives about					
	prolonging my life. A	dvanced Directive was					
	dated and notarized 1	0/07/13. After the physician					
	order was written on	10/18/13 for a full code, the					
	lead licensed nurse a	lerted the Social Worker					
	and the Social Worke	r visited with resident in her	ţ				
	room that same afterr						
		to remain DNR. The social					
		ne "status is DNR " in her					
		on 10-21-2013 at 15:40.					
	The resident was four	nd to be unresponsive by					
		21-13 at 18:00. The nurse					
		that there was no pulse or					
	heart beat and that th	e code status was DNR.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	×	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	340200	b. viino	STREET ADDRESS, CITY, STATE 1206 N FULTON ST RAEFORD, NC 28376	E, ZIP CODE	11/07/2013	
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F 309	resident #1 's wishes with the most recent   Status on 10-22-13. A 10-22-13 through 10-discovered that this w no other affected area on 11-05-13 for all ne through 11-05-13 in w found. There were the were made during the follows: A DNR order Electronic Health Rec physical order had no attached to the order Record. Medical Rec document into Electrocase, the demograph showed a "yes" for k resident does not hav appropriately and do status. Also, resident question in Demograph "no", however, there in the system, the system, the system, the system in the Code Status Bonurses station.  A new code status co implemented on 11-0 Social Worker to utiliz expresses wishes oth order. Social Worker 11-05-13 by Administ the resident are converted.	the discrepancy to be to be DNR status conflicted obysician order for Full Code after a completed audit on 25-13 was done, it was as an isolated event due to as. An audit was completed w admissions from 10-25-13 which no affected areas were the technical changes that a audit which were as for resident E.G. was in the cord appropriately, but the the yet been scanned and in the Electronic Health ords Clerk scanned the onic Health Record. In one fice section on resident S.W. fraving a living will but the the one. This was changed the not affect resident 's code S.C. 's "yes"/" no " oblics section was marked was a written order scanned of the yellow DNR form was book at the appropriate  mmunication form was 5-2013 specifically for the the in the event the resident there in the event the resident there in the current status freceived in-service on frator to ensure the wishes of the processor.	F	309			

	OF DEFICIENCIES CORRECTION	POPULIEIO ATION ANNUES.		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 309	receive in-service edurequired to receive in- next scheduled tour of and Director of Nursing conference and mand be performed on all of verify accuracy of coordinate to the performed on all of verify accuracy of coordinate to the performed on all of verify accuracy of coordinate to the performed on all of verify accuracy of coordinate to the performed on all of verify accuracy of coordinate to the performed to	unsed staff who do not acation on 11-06-13 will be service training prior to their of duty. The Administrator no were out of town at a dated that a complete audit ther in-house residents to de status reflected according the Social worker, ADON. Audit consisted of an 's order and current and In-Service was provided Records and Social Services a status, HCPOA, Living in Electronic Medical aus book, which is unit on 10/22/2013. The provided consisted of cent physician 's order with anced Directives documents ated. Licensed nurses an ining beginning on 11-05-13 an orders and transcription of validating that most current in agreement with according to wishes for code is order. Any licensed nurse ervice on 11-05-13 will be service training prior to their of duty.	F 30	09			

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F 309	Continued From page	21	F 3	109			
	. •	s order for the appropriate	, ,				
		according to Autumn Policy.		11			
		POA has conveyed wishes,					
		Il the attending physician for					
		e nurse then writes the				j	
		scribes the order into the					
		ord and places a copy of					
	the telephone order in						
		to replace the previous				İ	
	status sheet. The han	d written order is then					
	placed into the physic	ian 's folder to be signed					
		ter the physician signs the					
	·	cords Clerk then scans and					
		o the Electronic Health					
	Record. In the event a		ł				
		ponsible party desires to	İ				
	_	code status, the physician					
	will be contacted imm						
		ange the code status. The				-	
	nurse will write physic			14.00			
		lectronic Health Record,				]	
		ne telephone order in the on the unit to replace the					
		. The hand-written order is		***************************************			
	-	hysician 's folder to be					
		visit. After the physician		AT A STATE OF THE			
		ledical Records Clerk then					
		ne order into the Electronic		1.7			
	Health Record.						
	All new physician orde	ers will be reviewed in				İ	
		ng (Monday-Friday) with the				1	
		r of Nursing, ADON, MDS					
	Nurse, Rehab Manag						
		ds and holidays, the RN					
	supervisor or designe						
		going. All Physician orders				ļ	
		lewed with a second check					
	by another licensed n	urse to ensure physician	-				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
							C
		345280	B. WNG			11/	07/2013
NAME OF P	ROVIDER OR SUPPLIER			- ;	STREET ADDRESS, CITY, STATE, ZIP CODE		
ALITIBIAN	CADE OF BAFFORD			1	1206 N FULTON ST		
AUTUMN	CARE OF RAEFORD			ı	RAEFORD, NC 28376		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
IAG	NEOOD WORL ON	COOLDENTIA PINONIA ORBITATION	17.0		DEFICIENCY)	W.L.	
<u> </u>							
F 309	Continued From page	22	F;	309	)		
	order was transcribed	correctly. In the event there					
	is an area of identified	d concern related to					
	physician order transc	cription, the correction will					
	be made accordingly	at that time. In addition, if					
	there is any questions	able concern related to the					
		physician will be contacted					
		get clarification of order					
	from physician.	9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
	In the event an alert a	and oriented resident					
	· ·	change code status, or the					
	POA of a resident wh	•					
	· ·	the desire to change code					
		ker will notify a licensed					
		ccording to Autumn policy,					
		physician immediately and					
	-	der. The nurse then writes					
		ranscribes the order into the					
		cord and places a copy of					
	the telephone order in						
	notebook on the unit	to replace the previous					
	status sheet. The han	d written order is then					
	placed into the physic	cian 's folder to be signed					
•	upon his next visit. Af	ter the physician signs the					
	order, the Medical Re	cords Clerk then scans and					
		o the Electronic Health					
	Record. During the m	orning clinical meeting				į	
	-	lay), with DON, ADON,					
		urses Rehab Manager and					
		ndance, MDS nurse will				į	
		er of the residents who are					
,		n that day. The social					
		code status with resident,			**************************************		
		party (whichever applicable)			****		
		wishes. Social worker will			+		
	•						
		onversation in the Electronic					
		liately. The MDS Nurse will					
		Workers documentation is in					
	agreement with the cu	urrent physicians order.					

AND PLAN OF CORRECTION LINEAR LINEARIES IDENTIFICATION NUMBERS		1	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345280	B. WING_			C 1/07/2013
	CARE OF RAEFORD			STREET ADDRESS, CITY, STATE, ZIP COL 1206 N FULTON ST RAEFORD, NC 28376	<del></del>	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	nurses related to proper transcribing physician orders when the order concise. In-services will-6-2013 and any number of their next scheduled to discuss Advance Desident and/or POA documents pertaining Admissions Coordina Records and Nurse in POA of code status. If request telephone or POA's code status, all pertinent document and scan in to Electroevent that a resident during their stay at the and/or licensed nurses physician or designed resident and/or POA's code status. Licensed nurses recestarting 11-06-13 in rear alert and oriented choices and those choices and those choices and those choices and those choices and code status is reflected in the notebooks on efface sheets and code nurse obtains the telegraph.	gan 11-6-2013 with licensed perly receiving, writing and norders and clarification of a fails to be clear and will be complete on curse identified not attending training prior to beginning tour of duty.  It admissions are not concordinator will continue birectives/Code Status with and obtain/request copies of a to Advance Directives. It of then alerts Medical in Charge of resident and/or Nurse will call Physician and other per residents' and/or Medical records will obtain ats related to code status onic Medical Record. In the social worker will notify attending a for an order to honor wishes immediately.	F3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345280	B. WNG			С	
NAME OF PROVIDER OR SUPPLIER		343260	b. Wing_	STREET ADDRESS, CITY, STATE, ZIP CODE		11/07/2013	
				1206 N FULTON ST			
AUTUMN CARE OF RAEFORD			RAEFORD, NC 28376				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF CORRE  (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 309	Continued From page 24 remove the previous code status sheet and insert a copy of the telephone order.		F	309			