STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345552	A. BUILDING _____ B. WING _____	C 06/11/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHANNON GRAY REHABILITATION & RECOVERY CENTER	2005 SHANNON GRAY COURT JAMESTOWN, NC 27282

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F 000	INITIAL COMMENTS The Division of Health Service Regulation conducted a complaint investigation survey on 05/27/2014 and 05/28/2014. Telephone interviews were conducted on 06/11/2014. Therefore, the survey exit date was changed to 06/11/2014.	F 000		6-24-14
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	The resident in question was sent to the hospital for evaluation on the morning of 5-18-14. On 5-19-14, the administrative team (including the D.O.N. and the unit coordinators) reviewed current residents to ensure any outstanding STAT labs and labs with abnormal values were provided follow up to the MD. Any resident in need of laboratory follow up was handled at that time. There are no residents with outstanding STAT lab or Labs with abnormal value issues at this time (6-24-14).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dawn Coots — TITLE: Administrator — (X6) DATE: 7-15-14

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

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F 157	Continued From page 1 the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on staff and physician interview, and record review, the facility failed to immediately notify the physician of abnormally high white blood cell count (indicator of infection) and abnormally low blood sodium level as reported on a STAT (immediately) laboratory study for Resident #1 who had a history of chronic hyponatremia (low blood sodium level). This was evident in 1 of 3 sampled residents who required physician notification and medical interventions. Resident #1. Findings included: The "Clinician ' s Guide to Laboratory Medicine, 3rd edition stated " Mild hyponatremia, defined as a serum or plasma sodium concentration between 130 and 136 is quite common. Because this degree of hyponatremia is often transient, no further evaluation is usually necessary. Hyponatremia (below 130) that is more marked, however does require further evaluation. " The Mayo Clinic web site, Basic Definitions 2003, stated that hyponatremia can be " dilutional " [drinking too much water] but " In other cases of hyponatremia, you may need intravenous fluids and medications " . Signs and symptoms may include, " nausea and vomiting, confusion, loss of energy and fatigue, restlessness and irritability. " Review of the discharge records of a hospital stay	F 157	The facility initiated a nursing in-service on 5-18-14 regarding follow up expectations for STAT labs. The facility also initiated a nursing in-service on 5-29-14 regarding notifying MD/NP/PA of all abnormal lab values. These in-services were conducted by the Director of Nursing and Administrative Nurses and were provided to 100% of current nurses. These in-services, STAT Lab Follow Up and Abnormal Lab Values, will be added to the education calendar and will be repeated every six months (the next scheduled laboratory in-services will be in August 2014). The facility utilized in person and telephonic communication from the Staff Development Coordinator to ensure 100% of nurses were in-serviced. All future/new hire nurses will be given this information during their orientation period.	

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F 157	Continued From page 2 from 05/02/14 to 05/06/14 revealed the resident had cumulative diagnoses of chronic hyponatremia (a condition of lowered serum sodium on a consistent basis), first degree heart block, hypothyroidism, chronic obstructive pulmonary disease (COPD), and left hip fracture with status post left hemiarthroplasty. Review of the hospital discharge summary of 05/06/14 revealed the resident had the following discharge laboratory values: white blood cell count 7700= 7.7 reference range [3.8-10.8], sodium 132 [reference range 135-146], potassium 3.7 [reference range 3.5-5.3],creatinine (a measure of kidney function) 0.45 [reference range 0.6-1.3], and blood urea nitrogen (BUN) (blood urea nitrogen is a measure of hydration) of 9.9 reference range 5-25]. Record review of hospital discharge orders and facility orders for 05/06/14 revealed that the resident had physician orders for " Fludrocortisone 0.1 mg (milligram) half a tablet PO (by mouth) QOD (every other day) " for chronic hyponatremia. Lexi-Comps Geriatric Dosage Handbook, 17th editions stated that Fludrocortisone is a medication used for " increased reabsorption of sodium. " Review of the resident ' s medical records revealed a physician telephone order of 05/06/14 to do laboratory testing for " BMP (basic metabolic panel), CBC (complete blood count), TSH (Thyroid Stimulating Hormone) on next lab draw " . The laboratory sample was drawn on 05/08/14 at 5:00 AM.	F 157	Starting on 5-20-14, the facility revised the way labs are audited, with a focus on STAT labs and labs with abnormal values. This was done to ensure STAT and abnormal lab results are reviewed daily for physician follow up. The STAT and abnormal lab results will continue to be audited daily by an administrative nurse (including the D.O.N., SDC, unit coordinators, weekend supervisor, or a specific nurse designated by the D.O.N.). The Unit Coordinators and Weekend Supervisor are the primary auditors. These laboratory audits will continue daily for a minimum of six months, but may be extended indefinitely. Any changes or adjustments to this plan of correction will be formally documented in the meeting minutes of the Lab Follow up QA Team and the	

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F 157	Continued From page 3 Laboratory results of 05/08/14 revealed hemoglobin was at 9.5 (reference range 11.4-16.0), hematocrit at 31.8 (reference range 33.0-45.0), white blood cell (WBC)count at 5.6 (reference range 3.8-10.8), platelets 265 (reference range 150-450) , sodium 133 (reference range 135-146), potassium 4.6 (reference range 3/5-5.3), BUN 18 (reference range 6.0-25.0) and creatinine 0.5 mg/dl (reference range 0.6-1.3). Noted on the laboratory report was cGFR (glomerular filtration rate) =>60. A reference from the National Kidney Disease Education Program indicated a normal kidney function when cGER is =>60. A nurse ' s handwritten note on the laboratory report revealed the nurse notified the Physician Assistant (PA) of the laboratory results on 5/11/14 and he ordered to check CBC in 2 weeks and to start Ferrous Sulfate 325 mg every day by mouth. Ferrous Sulfate was ordered to address her lowered hemoglobin; therapy for iron deficiency anemia. The laboratory report was signed by the PA on 5/12/14. Laboratory results of 05/14/14 revealed hemoglobin was at 9.3, hematocrit at 28, and sodium at 130. A nurse ' s handwritten note on the laboratory report revealed the nurse notified the PA of the laboratory results on 5/16/14 and he gave no new orders. The laboratory report was signed by the PA on 5/19/14. On 05/16/14 at 1:15 PM, nurses ' notes reflected a change. The notes revealed the resident was " Alert/verbal, able to make simple needs known. Took all meds whole without complication. Feels like she becomes nauseated every time she eats according to (family member). Pt (resident) has not vomited this shift. Did keep down yogurt.	F 157	subsequent Executive Quarterly QA Team. The process of monitoring audited labs will be supervised by the direction of a newly formed QA team, the Lab Follow up Team. Team members include the Administrator (who will chair the Lab Follow up QA team), Director of Nursing, Staff Development Coordinator and the Unit Coordinators. Additional team members can be added if needed, including facility corporate team member(s). * Note: The Lab Follow up QA Team, which meets weekly of more often as needed, will not complete the actual laboratory audits. The Lab Follow up QA Team is responsible for monitoring for the completion of audits, and the compliance with this plan of correction. Additionally the Lab Follow up QA Team is responsible for reporting their summarized findings to the Executive Quarterly QA Committee meeting. The Lab Follow up QA	

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F 157	Continued From page 4 Does not want any nausea med, refused soup and sandwich for lunch. On oxygen at 2 Liters/minute via nasal cannula. O2 (oxygen) saturation at 96%. Respirations are regular/unlabored, no complaint of pain, no acute distress, vitals 110/74 (blood pressure), 80 (heart rate) 18 respirations. Will continue to monitor. " Review of the nurses ' notes, written by nurse #1, on 05/17/14 at 4:20 PM revealed the nurse " Spoke to PA (physician assistant) about not being able to eat without feeling nauseous. Telephone order: CBC and BMP STAT (immediately); Pepcid 20 mg twice daily (a medication for heartburn relief) " . An interview with nurse #1 on 5/27/14 at 3:30 PM revealed the nurse called the laboratory at 4:20 PM on 05/17/14 to come get the specimen to process the " STAT " order. Review of the laboratory report revealed the blood sample was drawn on 05/17/14 at 4:20 PM and the laboratory results were reported to the facility at 7:23 PM on 05/17/14. The WBC 27.4 (high), platelets 639 (high), sodium 120 (low), potassium 5.6 (high), Creatinine 2.29 (high). The laboratory report was not signed as received. There was no evidence that these laboratory results of 05/17/14 were reported to the PA or the physician. During an interview on 05/27/14 at 3:30 PM with nurse #1 regarding the resident condition, she revealed that she worked the unit from 7AM to 7PM on 05/17/14. She was concerned about Resident #1 complaint of not feeling well and called the PA. She stated she entered the " STAT " lab work on the 24 hour report. She	F 157	Team met initially on 5-19-14 to provide direction and oversight as well as initiate the internal plan of correction. The Lab Follow up Team will keep notes of each meeting and will meet weekly (or more often if needed) x 12 weeks to ensure ongoing compliance with the plan of correction. At the conclusion of the 12 week period, the Lab Follow up QA Team will determine the frequency for future meetings, with a minimum of at least monthly meetings to occur unless otherwise noted in their minutes/notes. The Lab Follow up QA Team will report a summary of their efforts and information at the Executive QA team meetings which occur quarterly. The next scheduled Executive QA Team meeting is scheduled to meet on 7-16-14.	

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F 157	Continued From page 5 stated she brought this to the attention of nurse #2 who would work 7PM to 7AM. Nurse #1 stated she left the building about 7:15 PM and again reminded nurse #2 that there was an outstanding STAT lab report due. During a telephone interview with nurse #2 on 5/27/14 at 3:50 PM, she revealed she saw the lab report on 05/17/14. The nurse indicated that because there were no " critical " values listed on the report, just highs and lows, she put the report in the doctor ' s folder for evaluation on Monday 05/19/14. In an interview on 05/27/14 at 12:30 PM with the nurse manager for the unit, she was given a copy of the 05/17/14 laboratory report and asked if she saw anything unusual. She identified the elevated white blood cell count and the low sodium. When asked what she would do then, she stated she would call the physician/PA as quickly as possible, for further orders. In an interview with the Director of Nursing on 05/28/14 at 12:30 PM, she stated her expectation was for nursing staff to communicate abnormal values on a " STAT " order to the physician/PA in a timely fashion. If staff could not reach medical staff, they should access any registered nurse in the facility at that time for evaluation and if there was no RN, they should call her. In an interview with the attending physician/Medical Director on 05/27/14 at 1 PM, he stated that he was not on call that weekend but had staffed his practice with physician ' s assistants to take after hours calls. The attending physician stated there was always one PA on call. He stated that it probably would have been better	F 157	Additionally, on 6-24-14 the facility (under the guidance of the Medical Director), revised their laboratory and STAT laboratory diagnostic policies to promote compliance with this plan of correction. The facility alleges full compliance with this internal plan of correction, effective 6-24-14.	

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F 157	Continued From page 6 to call the PA back and let her make the decision to treat in place or send the resident to the hospital. He agreed that the elevated white count and low sodium were a cause for concern. Interview with the Physician ' s Assistant on 06/11/14 at 11:30 AM, revealed that when she orders a stat lab, she would expect nursing to call back with any critical or values that were " way off. " If the values were within normal limits or " not far off " they could be placed in her book to be signed on her next visit. The PA agreed that the elevated white cell count was a concern.	F 157		