STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345412	A. BUILDING _____ B. WING _____	06/26/2014

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BRANTWOOD NH & RETIREMENT CENT	1038 COLLEGE STREET OXFORD, NC 27565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to conduct adequate building maintenance to ensure an orderly and comfortable interior on 2 of 2 resident halls (200 and 400 halls). The findings included: On 06/23/2014 a tour of the facility was conducted between 6:20 p.m. and 7:00 p.m. During the tour and observation of resident room 208 was made. The observation revealed the vertical edge of the wall by the adjoining bathroom had no sheetrock covering the corner from the floor to approximately 6 feet up the wall. The sheet rock appeared to have been broken off at some time in the past. The observation also revealed the wall's internal metal corner bead, usually hidden under the sheetrock being visible and exposed. Also during the tour the men's and women's bathrooms next to the 400 hall's nursing station were observed. Both bathrooms were observed to have sinks that were loose on their wall mounts and were observed to be slanted downward and not level. Each sink could be moved up and down ½-1 inch with very little pressure. Each bathroom had a metal shelf which was observed to be slanted on the wall (loose) and each shelf could easily be moved 1-2 inches up and down	F 253	Replaced molding which covers the vertical edge of the wall by the adjoining bathroom in room 208 on June 30, 2014. To assure that the deficient practice does not occur in other resident rooms, the Director of Plant Operations and facility administrator or their designees will make monthly rounds to assure that molding is intact in resident rooms. Any areas of noncompliance will be reported to the QA committee quarterly. The sinks in the men's and women's visitor bathrooms on 400 hall were removed from the wall and brackets remounted securing the sinks. Removed shelves and repaired wall where shelves were removed in both the men's and women's visitor bathrooms on 400 hall. To assure that the deficient practice does not occur in other visitor bathrooms, a maintenance technician will include visitor bathrooms in daily rounds to assure bathrooms are sanitary, orderly and comfortable.	7/22/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/23/2014

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F 253	Continued From page 1 On 06/24/2014, 8:00 a.m. a second observation was made of resident room 208. The sheetrock was not repaired and the metal corner bead was still exposed. The men's and women's bathrooms on the 400 hall next to the nurse's station still had their sinks loose on the walls and the shelves still loose - no repairs appeared to have been made. On 06/25/2014, 8:30 a.m. a third observation was made of resident room 208. The sheetrock was not repaired and the metal corner bead was still exposed. The men's and women's bathrooms on the 400 hall next to the nurse's station still had their sinks loose on the walls and the shelves still loose - no repairs appeared to have been made. On 06/26/2014, at 2:35 p.m. a fourth observation was made of resident room 208. The sheetrock was not repaired and the metal corner bead was still exposed. The men's and women's bathrooms on the 400 hall next to the nurse's station still had their sinks loose on the walls and the shelves still loose - no repairs appeared to have been made. On 06/26/2014 at 3:04 p.m. an interview was conducted with the facility's lead maintenance technician concerning the facility's maintenance procedures. The lead maintenance technician indicated some of the facility's staff had access to the facility's maintenance request program called "Facility Dude." The lead maintenance technician that if a staff member or family or resident reported a maintenance issue and the person receiving the report did not have access to the computer program the report would be forwarded to someone that did have access and the request for maintenance would then be placed in the	F 253	To assure that the deficient practice does not recur in visitor bathrooms, the Director of Plant Operations and facility administrator or their designees will make monthly rounds to assure a sanitary, orderly and comfortable interior. Any areas of noncompliance will be reported to the QA committee quarterly.	

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F 253	Continued From page 2	F 253		

computer system program and a work order would be generated. The lead maintenance technician indicated if the maintenance request had an immediate safety concern the facility will call the maintenance administrative assistant and he would send a maintenance worker to come do the safety issue work immediately. The lead maintenance technician indicated once the issue is placed into Facility Dude the computer system would generate a work order number and the maintenance worker assigned to the facility would repair and/or replace the items needing repair and complete the electronic work order and close it out when the work was completed. The lead maintenance technician indicated the person that placed the work order would then be notified by email that the work had been completed. If repair or replacement of an item required ordering a part (deferred maintenance) the work order would indicate the part on order/waiting parts. The lead maintenance technician indicated the software program keeps the work order information as to when an item was repaired or replaced for record keeping.

On 06/26/2014 at 3:35 p.m. and interview was conducted with the facility's interim Director of Nursing (DON). The DON indicated the nurses in the facility report any maintenance related issue (something needing repair) to her or the administrator and they enter the information into the computer system (Facility Dude) and a work order is generated.

On 06/26/2014 at 3:43 p.m. an interview was conducted with the hospital's maintenance management assistant. The maintenance management assist indicated the work orders in their system, "Facility Dude," tracks the work

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F 253	Continued From page 3 orders that are not completed and/or reported as needing to be repaired. A review was conducted with the lead maintenance technician and the maintenance management assistant of the facility's outstanding work orders. There were only 4 outstanding work orders for the facility showing a need for repair and/or replacement. None of the work orders in the facility's computer system included any of the issues observed and found to be in need of repair. On 06/26/2014 at 4:10 p.m. a tour of the facility and fifth observation was conducted with the facility's administrator and the lead maintenance technician. The following items were observed to be in need of repair: Resident room 208 - The sheetrock was not repaired and the metal corner bead was still exposed. No repairs appeared to have been made. 400 hall's men's and women's bathrooms - The sinks were still loose on the walls and the shelves were still loose and hanging. No repairs appeared to have been made. On 06/26/2014 at 4: 25 p.m. an interview was conducted with both the lead maintenance technician and the facility's administrator. The facility's lead maintenance technician and the facility's administrator indicated neither of them knew about the items in need of repair or replacement.	F 253		
F 256 SS=D	483.15(h)(5) ADEQUATE & COMFORTABLE LIGHTING LEVELS The facility must provide adequate and comfortable lighting levels in all areas.	F 256		6/30/14

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F 256	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to ensure residents had adequate and comfortable lighting in 1 of 1 resident community shower/bathrooms (200 hall). The findings included: On 06/23/2014 a tour of the facility was conducted between 6:20 p.m. and 7:00 p.m. During the tour and observation was made of the only resident community shower/bathroom located on the 200 hall. The observation revealed the 18 inch neon lights over the sink and two sets out of four of 4 foot neon lights lighting the drying, dressing and bathtub area were not operational. On 06/24/2014, 8:00 a.m. a second observation was made of the resident community shower/bathroom. The neon lights over the sink were still non-operational and the two sets of 4 foot neon lights in the main room area were still non-operational. On 06/25/2014, 8:30 a.m. a third observation was made of the resident community shower/bathroom. The neon lights over the sink were still non-operational and the two sets of 4 foot neon lights in the main room area were still non-operational. On 06/26/2014, at 2:35 p.m. a fourth observation was made of the resident community shower/bathroom. The neon lights over the sink were still non-operational and the two sets of 4 foot neon lights in the main room area were still non-operational.	F 256	Light bulbs were replaced for the 18 inch neon light over the sink and 2 sets of 4 foot neon lights lighting the drying, dressing and bathtub area making them operational. To assure that this deficient practice does not occur in other resident community areas, a maintenance technician will make daily rounds to identify any lighting that is not operational.The Director of Plant Operations and the facility administrator or their designees will make monthly rounds to assure that lighting is operational. Non-compliance will be submitted to the QA committee quarterly.	

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F 256	Continued From page 5 On 06/26/2014 at 3:04 p.m. an interview was conducted with the facility's lead maintenance technician concerning the facility's maintenance procedures. The lead maintenance technician indicated some of the facility's staff had access to the facility's maintenance request program called "Facility Dude." The lead maintenance technician that if a staff member or family or resident reported a maintenance issue and the person receiving the report did not have access to the computer program the report would be forwarded to someone that did have access and the request for maintenance would then be placed in the computer system program and a work order would be generated. The lead maintenance technician indicated if the maintenance request had an immediate safety concern the facility will call the maintenance administrative assistant and he would send a maintenance worker to come do the safety issue work immediately. The lead maintenance technician indicated once the issue is placed into Facility Dude the computer system would generate a work order number and the maintenance worker assigned to the facility would repair and/or replace the items needing repair and complete the electronic work order and close it out when the work was completed. The lead maintenance technician indicated the person that placed the work order would then be notified by email that the work had been completed. If repair or replacement of an item required ordering a part (deferred maintenance) the work order would indicate the part on order/waiting parts. The lead maintenance technician indicated the software program keeps the work order information as to when an item was repaired or replaced for record keeping.	F 256		

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F 256	Continued From page 6 On 06/26/2014 at 3:35 p.m. and interview was conducted with the facility's interim Director of Nursing (DON). The DON indicated the nurses in the facility report any maintenance related issue (something needing repair) to her or the administrator and they enter the information into the computer system (Facility Dude) and a work order is generated. On 06/26/2014 at 3:43 p.m. an interview was conducted with the hospital's maintenance management assistant. The maintenance management assist indicated the work orders in their system, "Facility Dude," tracks the work orders that are not completed and/or reported as needing to be repaired. A review was conducted with the lead maintenance technician and the maintenance management assistant of the facility's outstanding work orders. There were only 4 outstanding work orders for the facility showing a need for repair and/or replacement. None of the work orders in the facility's computer system included any of the issues observed and found to be in need of repair. On 06/26/2014 at 4:10 p.m. a tour of the facility and fifth observation was made of the resident community shower/bathroom. The neon lights over the sink were still non-operational and the two sets of 4 foot neon lights in the main room area were still non-operational. No repairs appeared to have been made. On 06/26/2014 at 4: 25 p.m. an interview was conducted with both the lead maintenance technician and the facility's administrator. The facility's lead maintenance technician and the facility's administrator indicated neither of them knew about the items in need of repair or	F 256		

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F 256	Continued From page 7 replacement.	F 256		
F 278 SS=B	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to accurately code Section I of the Minimum Data Set (MDS) when completing	F 278	Resident #'s 45, 13, 150 and 36,identified during the survey, were discharged prior to the correction date. For the remaining	7/30/14

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F 278	Continued From page 8 resident assessments. The assessments under Section I - Active Diagnosis, were found to be blank or incomplete for 12 of 19 records reviewed. (Resident #'s 13, 21, 23, 24, 36, 45, 52, 64, 65, 87, 112, and 150) The findings included: 1a. Resident # 52 was admitted to the facility on 01/19/2012. The resident's admission information and most current (June 2014) Physician's Order Sheet indicated the physician had listed diagnoses which included - Impaired mobility, Vitamin B-12 deficiency, Vitamin D-3 deficiency Vascular Dementia with Delirium, Vascular Dementia with Depression, Depressive disorder with Psychotic features, Hypertension, Hyperpotassemia, Hyperlipidemia, Osteoarthritis, Chronic Anemia, Cervical Foraminal Stenosis, Cervical Disk disease, Osteoporosis, and Chronic Kidney Disease (stage 3). During review of the resident 52's annual MDS dated 11/28/2013 it was revealed the resident had only one active diagnosis listed in section I. The diagnosis indicated the resident to have a visual disturbance/impairment (ICD-9 386.16). The resident's quarterly MDS dated 02/13/2014 indicated the resident to have no current/active diagnoses listed in section I of the MDS. The resident's most recent MDS (quarterly) dated 05/15/2014 indicated the resident to have no current/active diagnoses listed in section I. The MDS reviews indicated there was no accurate picture of the resident's health status. A review of the resident # 52's monthly physician order sheet (POS) dated 06/01-30/2014 and signed by the physician on 06/17/2014 revealed the resident was ordered to receive medications to treat the following active diagnoses by the	F 278	residents, #'s 21, 23, 24, 52, 64, 65, 87, and 112, MDS Coordinator updated section I of their respective MDS to include all active diagnoses. Of the other 60 residents in the facility from June 23, 2014 through June 26, 2014, 10 were discharged prior to the correction date. To assure that the deficient practice does not occur affecting other residents, MDS Coordinator updated Section I of their respective MDS to include all active diagnoses for the remaining 50 residents. Note: Since nursing homes are subject to several auditing groups, there is sometimes a conflict with how rules are interpreted. "The new norm" rule as it pertains to "active diagnosis" was pointed out with one of the auditing groups. At the time, the interpretation was that if a diagnosis was the residents "new norm" meaning that the condition was ongoing and not "new", then it should not be listed as an active diagnosis. Based on this, our documentation changed since the assumption was that the interpretation coincided with CMS guidelines. Now that additional information has been provided by DHHS DHSR surveyors, to ensure that the deficient practice does not recur, Brantwood Nursing and Rehab includes all active diagnoses in Section I of the MDS for all residents with a current ARD date of June 26, 2014 or later. Active diagnoses are diagnoses that have	

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F 278	Continued From page 9 physician: Ferralet for Anemia (order date 01/19/2012) Boniva for Osteoporosis (order date 01/19/2012) Aspirin for Hypertension (order date 01/19/2012) Vitamin B-12 for B-12 deficiency (order date 01/19/2012) Celexa for Dementia with Depression (order date 08/24/2012) Vitamin D-3 for D-3 deficiency (order date 11/28/2012) Citracal for Vitamin D deficiency (order date 10/11/2013) Lipitor for Hyperlipidemia (order date 01/19/2012) Zyprexia for Dementia with Psychotic features (order date 10/27/2012) A review of the resident # 52's Medication Administration Record (MAR) for June 2014 indicated the resident was receiving medications to treat the following active diagnoses by the physician - Anemia, Osteoporosis, Hypertension, Vitamin B-12 deficiency, Vitamin D-3 deficiency, Hyperlipidemia, Depression, and Psychosis. The medication start dates indicated the resident had the diagnoses and began treatment during 2012 and 2013. A review of resident # 52's Activities of Daily Living (ADLs) flow sheets from 03/27/2014 - 06/25/2014 indicated the resident was receiving assistance with ADLs from the staff for the diagnoses of - Impaired mobility, Chronic Kidney Disease, Hypertension, Osteoarthritis, and Osteoporosis. On 06/25/2014 at 4:30 p.m. an interview with the MDS/Care Plan coordinator was conducted. The MDS/Care Plan coordinator indicated she was not putting in any diagnoses in section I of the	F 278	a direct relationship to the resident's current functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look back period. Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered inactive diagnoses.	

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F 278	Continued From page 10 resident ' s MDS unless it concerned or was related to the resident's ADLs. The MDS coordinator indicated a previous facility contracted auditor had told her she wasn't supposed to put in any resident's diagnoses unless it concerned an ADL area the resident had. b. Resident # 23 was admitted to the facility on 01/18/2013. The resident's admission information and most current (June 2014) Physician's Order Sheet (POS) indicated the physician had listed diagnoses which included - Diabetes, Hypertension, Dementia, Chronic Atrial Fibrillation, Reflux disease, Neuropathy, Anxiety, Depression, Ulcerative Colitis, Alzheimer's Dementia with behaviors, Agitation, and a history of right shoulder Arthropathy. A review of resident #23's past quarterly MDS assessments dated 08/01/2013, 10/24/2013, 01/23/2014 indicated the resident 23 had no current/active diagnoses listed in section I. Resident # 23's most current (annual) MDS assessment dated 04/24/2014 also revealed resident #23 had no current/active diagnoses listed in section I. The MDS reviews indicated there was no accurate picture of the resident's health status. A review of the resident # 23's monthly physician order sheet (POS) dated 06/01-30/2014 and signed by the physician on 06/17/2014 revealed the resident was ordered to receive medications to treat the following active diagnoses by the physician: Magnesium-Oxide for reflux disease (order date 01/25/2013)	F 278		

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F 278	Continued From page 11 Amiodarone for Atrial Fibrillation (order date 01/25/2013) Prilosec for reflux disease (order date 01/25/2013) Vitamin B-12 for B-12 deficiency (order date 02/12/2013) Cymbalta for depression, anxiety, and diabetic neuropathy (order date 08/02/2013) Topamax for migraine and seizure disorder (order date 09/28/2013) Lactulose for constipation (order date 11/24/2013) Zinc sulfate for wound healing (order date 01/24/2014) Klonopin wafer for seizures, panic disorder and anxiety (order date 01/24/2014) Restasis for dry eyes (order date 01/25/2013) Vitamin C for wound healing (order date 01/24/2014) Macular Protect Complete tablets for macular degeneration (order date 07/03/2013) Azulfidine for ulcerative colitis (order date 01/25/2013) Coumadin for Atrial Fibrillation (order date 03/19/2014) Artificial tears for dry eyes (order date 01/25/2013) Tobradex suspension for bacterial infections of the eye (order date 05/15/2014) Humalog Insulin for Diabetes (order date 11/11/2013) Levemir insulin for Diabetes every morning (order date 01/17/2014) A review of the resident # 23's Medication Administration Record (MAR) for June 2014 indicated the resident was receiving medications to treat the following active diagnoses by the physician - Diabetes, Hypertension, Dementia, Chronic Atrial Fibrillation, Reflux disease,	F 278		

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Neuropathy, Anxiety, Depression, Ulcerative Colitis, Alzheimer's Dementia with behaviors, Major Depressive disorder, and Agitation. The medication start dates indicated the resident had the diagnoses and began treatment during 2013 and 2014.

A review of resident 23's Care Plan dated 01/18/2013 with most recent update on 04/30/2014 indicated the resident to have behavior problems due to diagnoses of Dementia, Anxiety, Depression and receiving Psychotropic medications. The Care Plan indicated the resident was at risk for side effects from the medications. The facility's interventions included administering medications as ordered, monitoring the resident for side effects of the medications, monitoring the resident's moods and determining the causes of mood changes, providing calming techniques and include any significant other and family members. The staff indicated in the care plan they would allow the resident to make decisions concerning her care and encouraging her socialization. The facility also documented the resident would receive psychiatric consults as needed and would be monitored with documentation and changes in behaviors report to the attending physician.

A review of the physician's progress notes dated 06/05/2014 indicated resident #23 had Alzheimer's Dementia with Behaviors and Major Depressive disorder. The physician also indicated the resident had Stage III Kidney Disease. The physician's documentation indicated he was going to continue the resident's current medications of Cymbalta and Klonopin.

Further review of resident # 23's medical records

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indicated the resident was being monitored for blood sugar levels via lab testing (HBG A1C) every three months and via accu-checks four times daily. The monitored results determined the medication and strength the resident received the diagnosis of diabetic disease (DM). The review also revealed resident # 23 was receiving other lab testing and monitoring for magnesium levels every six months, Basic Metabolic Panel (BMP) every six months, a Lipid panel ever year, a Prothrombin Time (PT) and International Normalized Ratio (INR) monthly to monitor the resident's blood clotting ability to determine if the correct dose of Coumadin (blood thinner) was being used.

On 06/25/2014 at 4:30 p.m. an interview with the MDS/Care Plan coordinator was conducted. The MDS/Care Plan coordinator indicated she was not putting in any diagnoses in section I of the resident's MDS unless it concerned or was related to the resident's ADLs. The MDS coordinator indicated a previous facility contracted auditor had told her she wasn't supposed to put in any resident's diagnoses unless it concerned an ADL area the resident had.

2a. A record review of the facility most recent MDS for Resident #45 coded a quarterly dated 5/3/2014 and the annual [comprehensive] assessment dated 2/11/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antidepressant and insulin injections for 7 days of the 7 day look back period.

A record review of Resident #45 Physician order sheet for 5/1/2014 through 5/31/2014 included

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F 278	Continued From page 14 orders written on 2/4/2014 for Celexa (antidepressant) daily, Lantus (insulin) injection every night, Novolin (insulin) sliding scale injection before meals and at bed time. A record review of Resident #45 Physician order sheet for 5/1/2014 through 5/31/2014 included diagnosis listed as DM II (diabetes), CVA (cerebrovascular accident), Increased PSA (Prostate-specific antigen), PVD (peripheral vascular disease), squamous cell carcinoma of hypopharynx, status post transmetarsal amputation of foot, peripheral neuropathy, delirium, and CKD (chronic kidney disease). b. A record review of the facility most recent MDS for Resident #21 coded quarterly dated 6/6/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antidepressant antibiotic and diuretic use for 7 days of the 7 day look back period. The annual [comprehensive] assessment dated 3/14/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antidepressant, anticoagulant, diuretic and the use of injections for 7 days of the 7 day look back period. A record review of Resident # 21 Physician Order Sheet dated 6/1/2014 include Lasix (diuretic) daily, Cymbalta (antidepressant) twice a day and Levaquin (antibiotic) 750 mg po 10 days stop 6/9/2014. A record review of Resident #21 Physician Order Sheet dated 5/1/2014 through 5/31/2014 included Lovenox injection start date 3/7/2014. The list of	F 278		

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diagnosis included fracture, left medial londyl, Multiple Sclerosis, weakness, hypertension, Congestive Heart Failure, pre Diabetes, and Gastroesophageal reflux disease.

c. A record review of the facility most recent MDS for Resident #112 coded admission [comprehensive] assessment dated 6/6/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antipsychotic for 7 days of the 7 day look back period but did not include the use of a diuretic of antibiotic.

A record review of Resident # 112 Medication Administration record dated 5/31/2014 for the month of June 2014 included Seroquel (antipsychotic) at bedtime, Lasix (diuretic) daily, and Bactrim (antibiotic) twice daily for 10 days started on 6/2/2014.

A record review of Resident #112 Physician Order sheet was hand written and did not include active diagnosis.

d. A record review of the facility most recent MDS for Resident #65 coded annual [comprehensive] assessment dated 3/26/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antidepressant, anticoagulant, and insulin injections for 7 days of the 7 day look back period.

A record review of Resident #65 current Medication Administration Record dated 6/20/2014 through 6/30/2014 included Citalopram (antidepressant), Coumadin (anticoagulant), Lantus (insulin) injection, and Novolin (insulin)

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F 278	Continued From page 16 injection. An interview with the MDS coordinator on 06/25/2014 at 4:30 p.m. indicated she was not putting in diagnoses in the MDS unless it concerned or was related to the resident's activity of daily living (ADL). The MDS coordinator indicated a previous auditor had told her she wasn't supposed to put in any resident's diagnoses unless it concerned an ADL area the resident had. 3a. Review of Resident #13's most recent Minimum Data Set (MDS) revealed the admission (comprehensive) assessment dated 6/9/2014, did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of 2 Antianxiety and 7 antidepressant and 3 antibiotic for 7 days of the 7 day look back period. A record review of Resident #13's Physician order sheet for 6/2/2013 through 6/30/2014 included orders written on 6/2/2014 for Ativan (antianxiety) Doxepin (antidepressant) daily and Lasix (diuretic) given daily and Novolog (antidiabetic). A record review of Resident #13's Physician order sheet for 6/2/2014 through 6/30/2014 included diagnosis listed as DM II (diabetes), Degenerative joint disease, CKD (chronic kidney disease) and Depression. b. Review of resident # 24's most recent Minimum Data Set (MDS) revealed the quarterly MDS dated 6/5/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antipsychotic and diuretic use for 7 days of the 7 day look back period.	F 278		

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A record review of Resident # 24's Physician Order Sheet dated 6/1/2014 include Haldol 5mg give twice daily for mood disorder and Lasix (diuretic) twice daily.

A record review of Resident #24's Physician Order Sheet dated 6/4/2014 through 6/30/2014 included a list of diagnosis Congestive Heart Failure, Mood Disorder.

c. Review of resident # 64's most recent Minimum Data Set (MDS) revealed the admission [comprehensive] assessment dated 5/21/2014 did not include the active diagnosis in section I to correspond with the medications coded in section N. Section N included the use of an antidepressant and diuretic for 7 days of the 7 day look back period.

A record review of Resident # 64's Medication Administration record dated 5/15/2014 for the month of June 2014 included Celexa (antidepressant) and Lopressor (beta Blocker) and at bedtime, and Lasix (diuretic) daily.

A record review of Resident #64's Physician Order sheet was hand written the include active diagnosis5/15/2014 that included Coronary Artery Disease (CAD), Chronic Kidney Disease (CKD), and Depressive Disorder.

An interview with the MDs coordinator on 6/25/2014 at 4:30 p. m. indicated she was not putting in diagnoses in the MDS unless it concerned or was related to the resident's activity of daily living (ADL). The MDS coordinator indicated a previous auditor had told her she

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wasn't supposed to put in any resident's diagnoses unless it concerned an ADL area the resident had.
4a. Resident #150 was admitted on 6/3/14 with diagnoses that included diabetes (DM), deep vein thrombosis (DVT), and cerebrovascular accident (CVA).

Section I of the Minimum Data Set (MDS) admission assessment dated 6/10/14 revealed Resident #150 had an active diagnosis of CVA and received an anti-coagulant 7 of 7 assessment look-back days.

Record review of Resident #150's June Medication Administration Record (MAR) revealed diagnoses that included DM, CVA, and DVT. The June MAR indicated Resident #150 received Accuchecks daily and Amaryl [an antidiabetic agent] daily for diabetes.

During an interview with the MDS coordinator on 06/25/2014 at 4:30 pm she indicated she did not put diagnoses in the MDS unless they concerned or were related to the resident's (activities of daily living) ADLs. The MDS coordinator indicated a previous auditor told her she wasn't supposed to put in any resident diagnoses unless they concerned an ADL area for the resident. She further stated, "I was also told if it is their new normal we do not put it on the MDS."

b. Resident #87 was admitted on 1/22/14 with diagnoses that included hypertention (HTN), osteoarthritis (OA), and diabetes (DM).

Section I of the Minimum Data Set (MDS) admission assessment dated 1/29/14 revealed Resident #87's only active diagnosis was arthritis.

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The June MAR indicated Resident #87received Zestril every morning for hypertension and Coreg twice a day for hypertension. The June physician orders indicated Resident #87 was on a cardiac/diabetic diet.

During an interview with the MDS coordinator on 06/25/2014 at 4:30 pm she indicated she did not put diagnoses in the MDS unless they concerned or were related to the resident's (activities of daily living) ADLs. The MDS coordinator indicated a previous auditor told her she wasn't supposed to put in any resident diagnoses unless they concerned an ADL area for the resident. She further stated, "I was also told if it is their new normal we do not put it on the MDS."

c. Resident #36 was admitted on 4/25/14 with diagnoses that included left tibia fracture, diabetes, osteoarthritis, and chronic pain.

Section I of the Minimum Data Set (MDS) admission assessment dated 5/1/14 revealed Resident #36's only active diagnosis was fracture; and she received an anti-coagulant, physical therapy and occupational therapy 7 of 7 assessment look-back days.

June MAR indicated Resident #36 received Accuchecks every morning, Glucophage daily for diabetes, Neurontin daily for neuropathy, Vitamin B-12 daily for neuropathy, Naproxen as needed for chronic pain, Tylenol as needed for chronic pain, and Oxycodone as needed for chronic pain.

During an interview with the MDS coordinator on 06/25/2014 at 4:30 pm she indicated she did not put diagnoses in the MDS unless they concerned

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F 278	Continued From page 20 or were related to the resident's (activities of daily living) ADLs. The MDS coordinator indicated a previous auditor told her she wasn't supposed to put in any resident diagnoses unless they concerned an ADL area for the resident. She further stated, " I was also told if it is their new normal we do not put it on the MDS."	F 278		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 431		8/4/14

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F 431	Continued From page 21 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews the facility failed to ensure expired supplies were removed from service and current resident medications were properly stored and secured for 1 of 4 medication carts (100 hall medication cart) and 1 of 2 medication rooms (100 hall medication storage room). The findings included: On 06/23/2014 at 9:15 p.m. an observation was made of the 100 hall's unattended medication cart that was parked by the physical therapy gym's door across from room 111. Observed on top of the cart were 2 plastic bins of medications which included 9 vials of insulin for resident #'s 44, 83, 94, 136, 145, 149, 151, 152, and 153 and a bottle of Megace for resident # 145. There were no staff members on the hall or in close proximity (view) of the cart. A resident sitting in a wheelchair next to the medication cart indicated the hall's nurse was in room 115. The door to room 115 was shut and the medication cart was out of the sight of the nurse. Other facility residents and family members were observed moving up and down the 100 hall passing the medication cart and unsecured medications, going to and from the 100 and 200 halls. After 4 minutes of observing the medication cart and the unsecured medications nurse # 1 came out of room 115.	F 431	For residents #'s 44, 83, 94,136, 145, 149, 151 152,and 53 Nurse #1 was counseled on June 23, 2014 at 9:50PM by the facility's administrator and interim DON regarding securing all medications within the locked medication cart when medication cart left unattended. Nurse #1 voiced understanding. After reviewing the 2567, the facility's administrator and new DON determined that further counseling involving the new DON was warranted. On July 18, 2014 at 3:45PM the facility's administrator reviewed the 2567 relating to F431 with Nurse #1, pointing out that she left the medication cart unattended with medications on top multiple times which is against facility protocol. At this time the DON also reviewed the pharmacy inservice with Nurse #1 since she was out on medical leave during the inservices held on July 14, 15 and 16, 2014. Nurse #1 apologized acknowledging her error by leaving cart unattended. Nurse #1 articulated the correct process for medication administration, storage and security.Don Provided Nurse #1 with a copy of the pharmacy inservice. Progressive Disciplinary form for documented written warning filed in Nurse #1's personnel record. She will be required to attend a	

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F 431	Continued From page 22 On 06/23/2014 at 9:22 p.m. an interviewed was conducted with nurse #1. The nurse was asked about the unsecured medications. Nurse #1 indicated she didn't normally leave medications unsecured on top of her medication cart and should not have left the medications on top the medication cart this time. The nurse then excused herself and indicated she needed to get something for one of the residents in room 115 concerning the resident's dripping IV then walked down the 100 hall past the 100 hall's nursing station by the front hall entrance (again out of sight of the medication cart) leaving the unsecured medications on top of the medication cart for an additional 3 minutes while she was gone. There were no other staff members attending the cart. Upon Nurse #1's return to the cart nurse #1 was then observed to go back into room 115, shutting the door, still leaving the unattended/unsecured medications on the top of the medication cart. The nurse remained in the room for another 3 minutes with the door shut while residents passed the cart and unattended/unsecured medications. Nurse #1 could not indicate why she had not secured the medications when she initially came out of room 115. A review of the medical records for residents 44, 83, 94, 136, 145, 149, 151, 152, and 153 was conducted. The records indicated each resident had a current physician's order for insulin. The record for resident # 145 also indicated there was a current order for Megace, an appetite stimulant. 06/26/2014 at 10:45 a.m. an observation was made of the facility's medication storage room by 200 nurse's station with the facility's interim Director of Nursing (DON). During this	F 431	pharmacy inservice provided by consulting pharmacy for "Professional Standards for Medication Pass in Long Term Care" on July 28, 2014. To assure that the deficient practice does not occur affecting other residents, staff were inserviced by pharmacy consultants on July 14, 2014, July 15, 2014 and July 16, 2014 regarding properly securing medications on their carts at all times. The inservice was also posted for review by staff who were unable to attend at the scheduled times. The DON or designated RN will monitor medication carts on 1st and 2nd shifts to insusre that insulin and megace are not left unattended on medication carts 3 times per week for 3 months for compliance. If deficiencies are noted during this time, staff will be re-educated and the monitoring period will be extended 3 months until no deficiencies are noted. A report of deficiencies will be made to the QA committee quarterly by the DON or designated RN for compliance. The expired medical supply items, Aquacel Alginate dressing, Kendall Polyskin dressing, IV Catheter 20G, IV Catheter 22G were all removed from the medication storage room at the time of the survey. To insure that the deficient practice does	

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F 431	Continued From page 23 observation the following medical supplies were found to be commingled with unexpired supplies and ready for staff use: Aquacel Alginate dressing - 4 packages Lot # 2261 Expired 05/2014 Kendall Polyskin dressing 2" x 2.75" Moisture permeable 1 box of 38 dressings lot # 836429 Expired 01/2011 IV Catheter 20G x 1 1/4" 2 ea Lot # ST1852015 Expired 08/2013 IV Catheter 22G x 1" 1 ea Lot # ST1879871 Expired 09/2013 On 06/26/2014 at 2:42 p.m. an interview was conducted with the facility's interim DON concerning her expectation of securing medications and removing expired supplies from usable stock. The DON indicated it was her expectation that all medications were to be secured in the medication carts and medication rooms when not being used or out of sight of the nurse. The DON also indicted it was her expectation that all expired medications and supplies are removed from stock upon expiration and either turned back into the hospital's pharmacy or destroyed.	F 431	not recur, The DON or designated RN will monitor the medication storage rooms for expired medical supplies on a monthly basis. A report will be submitted to the QA committee on a quarterly basis by the DON or designated RN for compliance.	
F 468 SS=D	483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS The facility must equip corridors with firmly secured handrails on each side. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews the facility failed to ensure	F 468	Gaps between the plastic railing pieces and the end caps were closed and the	7/30/14

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F 468	Continued From page 24 handrails were firmly secured on 3 of 4 resident hallways (100, 200 and 300 halls). The findings included: On 06/23/2014 a tour of the facility was conducted between 6:20 p.m. and 7:00 p.m. During the tour observations were made of the resident's halls handrails. The following handrails were observed to be loose on the wall and having excessive gaps between the plastic railing pieces where when moved could easily pinch a residents fingers: 100 halls next to room 115 - hand railing easily moves up/down 2 - 3 inches. 200 halls by the nurse's station next to the soiled utility room - hand railing easily moves up/down 2 - 3 inches. 300 halls next to room 303 - short hand railing moves up/down 5-6 inches. On 06/24/2014, 8:00 a.m. a second observation was made of the resident hall's hand railing. The following hand rails were observed to still loose and not repaired: 100 halls next to room 115 - hand railing still moves up/down 2 - 3 inches. 200 halls by the nurse's station next to the soiled utility room - hand railing still moves up/down 2 - 3 inches. 300 halls next to room 303 - short hand railing still moves up/down 5-6 inches. On 06/25/2014, 8:30 a.m. a third observation was made of the resident hall's hand railing. The following hand rails were observed to still loose and not repaired: 100 halls next to room 115 - hand railing still moves up/down 2 - 3 inches. 200 halls by the nurse's station next to the soiled	F 468	end caps secured by attaching them to the handrais with screws to insure that the gaps do not recur. The handrail by room 115 was secured by replacing both screws. The handrail by the soiled utility room and 200 hall nurses station was disassembled and remounted by using new mounting holes. The handrail next to room 303 was disassembled and remounted by using new mounting holes. To assure that the deficient practice does not occur in other areas, maintenance is checking all handrails to ensure that they are secured. To assure that the deficient practice does not recur, the Director of Plant Operations and the facility administrator or their designees will make monthly rounds to assure that all handrails are firmly secured in corridors. Report will be submitted to QA Committee quarterly for noncompliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345412	A. BUILDING _____ B. WING _____	06/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANTWOOD NH & RETIREMENT CENT	1038 COLLEGE STREET OXFORD, NC 27565

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F 468	Continued From page 25 utility room - hand railing still moves up/down 2 - 3 inches. 300 halls next to room 303 - short hand railing still moves up/down 5-6 inches. On 06/26/2014, at 2:35 p.m. a fourth observation was made of the resident hall's hand railing. The following hand rails were observed to still loose and not repaired: 100 halls next to room 115 - hand railing still moves up/down 2 - 3 inches. 200 halls by the nurse's station next to the soiled utility room - hand railing still moves up/down 2 - 3 inches. 300 halls next to room 303 - short hand railing still moves up/down 5-6 inches. On 06/26/2014 at 3:04 p.m. an interview was conducted with the facility's lead maintenance technician concerning the facility's maintenance procedures. The lead maintenance technician indicated some of the facility ' s staff had access to the facility's maintenance request program called "Facility Dude." The lead maintenance technician that if a staff member or family or resident reported a maintenance issue and the person receiving the report did not have access to the computer program the report would be forwarded to someone that did have access and the request for maintenance would then be placed in the computer system program and a work order would be generated. The lead maintenance technician indicated if the maintenance request had an immediate safety concern the facility will call the maintenance administrative assistant and he would send a maintenance worker to come do the safety issue work immediately. The lead maintenance technician indicated once the issue is placed into	F 468		

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F 468	Continued From page 26	F 468		

Facility Dude the computer system would generate a work order number and the maintenance worker assigned to the facility would repair and/or replace the items needing repair and complete the electronic work order and close it out when the work was completed. The lead maintenance technician indicated the person that placed the work order would then be notified by email that the work had been completed. If repair or replacement of an item required ordering a part (deferred maintenance) the work order would indicate the part on order/waiting parts. The lead maintenance technician indicated the software program keeps the work order information as to when an item was repaired or replaced for record keeping.

On 06/26/2014 at 3:35 p.m. and interview was conducted with the facility's interim Director of Nursing (DON). The DON indicated the nurses in the facility report any maintenance related issue (something needing repair) to her or the administrator and they enter the information into the computer system (Facility Dude) and a work order is generated.

On 06/26/2014 at 3:43 p.m. an interview was conducted with the hospital's maintenance management assistant. The maintenance management assist indicated the work orders in their system, "Facility Dude," tracks the work orders that are not completed and/or reported as needing to be repaired. A review was conducted with the lead maintenance technician and the maintenance management assistant of the facility's outstanding work orders. There were only 4 outstanding work orders for the facility showing a need for repair and/or replacement. None of the work orders in the facility's computer

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F 468	Continued From page 27 system included any of the issues observed and found to be in need of repair. On 06/26/2014 at 4:10 p.m. a tour of the facility and fifth observation was made of the resident hall's hand railing. The following hand rails were observed to still loose and not repaired: 100 halls next to room 115 - hand railing still moves up/down 2 - 3 inches. 200 halls by the nurse ' s station next to the soiled utility room - hand railing still moves up/down 2 - 3 inches. 300 halls next to room 303 - short hand railing still moves up/down 5-6 inches. On 06/26/2014 at 4: 25 p.m. an interview was conducted with both the lead maintenance technician and the facility's administrator. The facility's lead maintenance technician and the facility's administrator indicated neither of them knew about the items in need of repair or replacement.	F 468		