STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345049	A. BUILDING _____ B. WING _____	C 10/16/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RALEIGH REHABILITATION CENTER	**616 WADE AVENUE RALEIGH, NC 27605**

(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=B	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 and staff interviews, the facility failed to maintain floors in 2 of 6 resident (Residents #3 and #11) rooms in good condition. The findings included: 1. On 10/14/14 at 10:20 am, a tour of the facility was conducted of Resident #3's room. Upon entry, there was visible border of dark black material surrounding the perimeter of the entire room, along the baseboard. It had a grimy appearance and it looked like a larger material had been removed from the baseboard, leaving the marks. The dark material was also present at the entrance of the bathroom, where a threshold was once attached to the floor. On 10/16/14 at 11:30 am, the Maintenance Supervisor entered the room to examine its contents. He stated that they have been renovating certain rooms in the building, and in that room; they previously removed a thick wooden baseboard as well as the threshold leading the bathroom. He was unaware that the housekeeping department had not cleaned the floor. A renovation calendar was provided which revealed that the room, was renovated in January, 2014 and the floors were stripped.	F 253	Both Residents #3 and #11 rooms were corrected on Oct 16th. To ensure all other resident rooms were in compliance, a walk-through by the Administrator and Housekeeping Supervisor was conducted on Oct. 17th. Areas that were noted on inspection were subsequently cleaned on this date. These walk-throughs will continue at least weekly over the next 6 weeks to ensure compliance. The results of these inspections will be reviewed in our Monthly Safety Committee and forwarded to the next Quarterly QA Meeting. Determination at QA will prompt whether further action is necessary Addendum: (no resident was harmed as a result of this finding) 1. Resident #3's black area was removed by the Housekeeping Supervisor using a scraper from the baseboard on 10/16. 2. The entire building was inspected for other rooms and there was a few noted. They were cleaned in the same manner as resident #3. 3. The entire housekeeping staff were inserviced on 10/17 and included 11	10/17/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/07/2014

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F 253	Continued From page 1 The Housekeeping Supervisor was interviewed on 10/16/14 at 1:42 pm. He shared that every room was put on a schedule to be deep cleaned at least once a month. Examination of the deep clean schedule revealed that the room was last serviced on 10/9/14. He explained that in his role, he conducted an audit of each room daily. He then left to re-examine. He returned to say that because the residue was very close to the wall; his staff would be unable to use a buffer machine to clean it. He had a metal spatula that he stated that would be used alongside a cleaning solution to scrape the residue off the floor. He shared that the room would be put on the schedule to be cleaned. A follow up interview was conducted with the Housekeeper Supervisor on 10/16/14 at 1:42 pm. He stated that his department was contracted to clean in the facility and that every housekeeper was responsible for sweeping and mopping he rooms daily. Twice a week, two rooms are selected to have the floors stripped and waxed. On a daily basis, he performed quality consumer inspections before the shift ended. 2. On 10/14/14 at 10:30 am, a tour of the facility was conducted and her room was visited. Resident #11 was asleep in bed; however, across from the foot of her bed, stood a large wardrobe, that had an outline of residue, from where a larger piece of furniture once stood. The Maintenance Assistant was interviewed on 10/16/14 at 11:30 am. He went into the room of Resident #11 to examine her floor. He observed that Resident #11's wardrobe was smaller then	F 253	housekeepers working in the patient areas. Each housekeeper was given a scraper to keep on their cart along with U1 cleaning solution. Each housekeeper was inserviced to spray the perimeter of the area upon entering the room, after letting the solution soak in the direct area they are to go behind with the scraper getting the black material up. 4. This will continue to be monitored by the Housekeeping Supervisor each day during inspections. At least 5 rooms are being inspected each day by the Housekeeping Supervisor. 5. Further, there are weekly tours being conducted by the Housekeeping Supervisor and the Nursing Home Administrator to include as least 3 rooms. 6. The results will be presented Monthly to Safety Committee (held each month) by the Housekeeping Supervisor and chaired by the Administrator.	

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F 253	Continued From page 2 her roommate's Resident #10 and that there was an outline on the floor from a former larger item. He commented that housekeeping handled these items and could remove the residue from the floor. On 10/16/14 at 1:42 pm, the Housekeeper Supervisor was interviewed. The regularly assigned housekeeper was off today. He stated that his department was contracted to clean in the facility and that every housekeeper was responsible for sweeping and mopping he rooms daily. Twice a week, two rooms are selected to have the floors stripped and waxed. On a daily basis, he performed quality consumer inspections before the shift ended. He continued by stating that at least once a month, each room was deep cleaned which entailed pulling the furniture away from the wall so that they can get behind it and clean the area. Each week, 2 rooms per floor, are selected to have the floors stripped and waxed. He presented a deep clean scheduled which illustrated that the room belonging to Residents #10 and #11 was last deep cleaned on 9/16/14. He then left to re-examine the rooms of Residents #3 and 11. He returned to say that the floor needed to be stripped and waxed. He shared that the room would be put on the schedule to be cleaned.	F 253		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical,	F 309		11/10/14

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F 309	Continued From page 3 mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed offer 1 of 1 sampled resident (Resident #4) who complained of pain, after falling, with indicated injuries, medication for pain. The findings included: Resident #4 was admitted to the facility on 1/14/14 with the following cumulative diagnoses: dementia, chronic pain and osteoporosis. On the last quarterly Minimum Data Set (MDS) assessment, dated 7/8/14, she was assessed as having severe cognitive impairment. A review was conducted on Resident #4's medical chart. The August, 2014 Medication Administration Report (MAR) indicated that she received Lidoderm patch for pain, Oxycodone, a narcotic for moderate to severe pain at night and Mobic, an anti-inflammatory medication every morning. Tylenol, a pain reliever and Oxycodone prn (as needed) were available on an as needed basis for pain management. The MAR also reflected that on 8/21/14 at noon, Resident #4 was evaluated for pain, on a scale of 1 to 10 and indicated that her pain level was at 3. The Nurse's Notes were reviewed for 8/21/14 at 1:00 pm. It read that Nurse #2 was notified by Nurse Aide (NA#1) that Resident #4 was laying	F 309	Resident #4 was medicated for pain per her scheduled pain medication orders. Resident #4 was medicated with Dilaudid in the Emergency Room. Post fall, the Director of Nursing assessed Resident #4 for pain. The resident denied being in pain at this time. She was transported to the Emergency Room were she was given Dilaudid for pain by the ER staff. The Director of Nursing stated, "Resident is noted to be lying in the bed alert and oriented to baseline....Denies pain at this time and no swelling to the left hip." Transcribed on 8/21/2014 at 15:58. The Director of Nursing's assessment was at approximately 15:00. The resident went to ER at 4:20pm. This Plan of Correction will address the "initial" pain assesment of Nurse #1 and #2 to ensure timeliness of using PRN medications. This is direct response to the resident's complaint of pain upon initial assessment. The Director of Nursing provided inservicing to include case review to all nursing personnel starting on 10/17/14.	

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F 309	Continued From page 4 on the floor in the day room. Upon entering the room, she was noted to lie on her left side on the floor. She complained of pain "all over" . She was alert and confused, which was noted to be her normal status. She told the nurse that she had hit her head on the floor. The nurse recorded that Resident #4 had no open areas or bruising with the initial assessment. The MAR revealed that the pain assessment, was not revisited after she fell from her wheelchair. A Physician's Telephone Order on 8/21/14 relayed that an order had been written for a portable x-ray due to a fall with complaint of pain. At 2:43 pm, the hips and pelvic area were x-rayed. At 3:58 pm, the x-ray results were available and showed that Resident #4 had an acute fracture to the left hip. She denied pain at that time and there was no swelling noted to the left hip. New orders were arranged from the physician to transport her to the emergency room (ER) for evaluation. At 4:20 pm, Resident #4 was transferred to the hospital. She was noted to be stable at the time of her transport. Nurse #1 was interviewed on 10/15/14 at 2:32 pm. She shared that she became aware that Resident #4 had fallen from Nurse #2. She went to her room to examine her on the bed and noticed that one of her legs were shorter than the other and heard her complain of pain. She commented that she asked her supervisor to assess Resident #4's injuries and he became concerned about her injury. A call was placed to the doctor for mobile x-ray services, however, she was off duty when the results returned. Nurse #2 was interviewed on 10/15/14 at 3:15	F 309	The Staff Development Coordinator will continue to ensure that the entire nursing staff receive this inservice. Residents will be assessed and medicated for pain, as needed, post fall. Licensed Nurse #1 and Licensed Nurse #2 were each provided one to one in-services on the following: post a resident fall to assess resident's for pain and to medicate for pain, as needed; to utilize PRN (as needed) physician's orders to medicate residents as needed for pain. Licensed Nurses were in-serviced to assess residents for pain, as needed, post fall. Licensed Nurses in-serviced to utilize PRN physician's orders to medicate residents PRN for pain. Licensed Nurses in-serviced to contact the resident's attending physcian, as needed, to obtain pain medication orders. Newly hired Licensed Nurses wil be in-serviced during their orientation on the following: post a resident fall to assess residents for pain and to medicate residents as needed for pain, and to contact the resident's attending physician, as needed, to obtain medication orders. For three months during Clinical Rounds Monday-Friday, the DON, ADON, or Nursing Supervisor will audit documentation of residents who have experienced a fall to validate the residents have received appropriate and timely pain management. Any Licensed Nurse who did not provide appropriate and timely pain management will be removed from his or her assignment and provided one to one in-servicing.	

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F 309	Continued From page 5 pm. She shared that she was on the unit, doing audits on 8/21/14 when NA #1 came to her to report that Resident #4 was on the floor in the day room. She went to examine her and it appeared that she had fallen from her wheelchair, which was still upright and nearby. She did not have any visible signs of injuries but indicated that she was in pain. She checked Resident #4's range of motion, and everything seemed to move okay. They got Resident #4 off the floor by using a mechanical lift and placed her in her wheelchair. Then she left the room to find Nurse #1. Nurse #2 mentioned that she was still on duty when the x-ray confirmed hours later that she had sustained a fractured hip. She did not recall if Resident #4 received any additional medication for pain management. The MAR did indicate that she received her Lidoderm and Mobic prior to her fall; however no other pain medication, intended for as needed, was offered. Administrative Staff #1 was interviewed on 10/16/14 at 4:35 pm and was asked if he knew why additional pain medication was not offered, when she reported pain and had a confirmed fracture. He responded that he didn't know the answer. He shared that if a patient was having pain and they have orders for pain management, "then we give it to them, on a case by case basis." The Hospital Records were reviewed and revealed that on 8/21/14 at 5:11 pm, Resident #4 was triaged in the emergency room. It was noted that her left leg was noticeably shorter, rotated and she had an abrasion to her left cheek. Due to her advance age, the family had elected to not	F 309	Results of the audits will be presented to the center's monthly Quality Assurance Committee for three months for review and further recommendation to assure compliance is sustained ongoing. The Director of Nursing will present the results of this Plan of Correction to the QA Committee chaired by the Medical Director (next meeting in 01/15).	

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F 309	Continued From page 6 have surgical repairs. She was found to be neurovascularly intact but expressed quite a bit of pain with movement of her hip and knee. In the ER she received 1.5 milligram (mg) of Dilaudid (narcotic for moderate to severe pain) as well as Zofran (used to treat nausea), yielding good results.	F 309		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, the facility failed to identify potentially hazardous conditions in 2 of 6 resident rooms (Residents #10 and #3) with observed long electrical cords on the floors. The findings included: 1. Resident #10's room was observed on 10/14/14 at 10:45 am. She was lying in bed with her wheelchair, parked at the foot of the bed, on her left. Underneath her bed, a long electrical cord, traveled from a wall outlet across from the foot of the bed, to the top of her bed. Upon interview, Resident #10 stated that she did get up during the day and used her wheelchair for mobility.	F 323	Resident #3 and #10 room cords were removed. The remaining extension was re-routed and pinned to the wall to avoid potential hazard. All other resident rooms were inspected on 10/17 for safety cords and none were found. Regarding the PTAC cords; each cord has been harnessed and tacked underneath the unit to avoid any potential harm to our residents, staff or visitors. The Maintenance Supervisor will continue monitoring through the Preventative Maintenance (PM) Program on a weekly basis. He will resolve and report any future occurences via the Monthly Safety Committee. Any hazards noted will be forwarded to the Quarterly QA meeting for	10/17/14

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F 323	Continued From page 7 Nurse #3 was interviewed on 10/15/14 at 4:00 pm regarding the electrical cords in room. He shared that it was everyone's responsibility to ensure that cords were not lying across the floor. The electrical cord to Resident #10's bed was then unplugged and plugged into an outlet near the head of the bed. The Maintenance Assistant was interviewed on 10/16/14 at 11:30 am. He mentioned that he became aware yesterday that the cord in Resident 10#s room needed to be rerouted to another outlet. He said that the cord was long enough, if it was kept in the intended position, underneath the over head bed light. However, he felt that when large equipment was brought into the room by staff, to transfer immobile residents out of their beds, the cord was unplugged from the outlet nearest the head of the bed, so that the bed could be moved over to make room for transfers. He moved the bed over, to ensure that the cord was not being stretched across the floor. The housekeeper was interviewed on 10/16/14 at 2:20 pm. She mentioned that they sweep and mops the floors in residents' rooms daily and that electrical cords were not allowed to sit in the middle of the floor. She commented that she would move the cords on the floor out of the way so that the resident didn't trip. 2. An observation of the room occupied by Resident #2 on 10/14/14 at 10:40 am revealed the air conditioner (AC) cord was fairly long (approximately 20"), looped in a circular fashion and was not secured to the floor or wall. The cord was in close proximity to the right front leg of a bedside commode.	F 323	discussion. ADDENDUM: (no residents were harmed by this finding) 1. During the survey, the surveyor showed the Maintenance Assistant a call bell cord that was tangled under the resident's bed. The Maintenence Asssistant immediately moved the bed over 3 feet and plugged the cord in out of the way behind the bed. 2. On 10/16, the Maintenance Director, Maintenance Assistant and the Director of Nursing inspected 100% of the residents rooms and no other cords were found or potential hazards. 3. The Nursing Home Administrator met with the Maintenance Director and added call bell cords to the daily preventive maintenance list to ensure regular checks. The Director of Nursing advised all Nursing staff in the 10/17 meeting and subsequent meetings to look for potential hazards while rounding in resident rooms. PTAC is Packaged Terminal Air Conditioning. Each PTAC cord was harnessed and attached to the wall in every resident room on 10/17 to avoid any possibility of a trip hazard.	

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F 323	Continued From page 8 A second observation was made on 10/16/14 at 11:30 am and the cord remained the same. As far as electrical cords in the rooms, nurse #3 had indicated on 10/15/14 at 4:00 pm, that everyone was responsible to ensure that they were not lying across the floor. The housekeeper was interviewed on 10/16/14 at 2:20 pm. She mentioned that they sweep and mops the floors in residents' rooms daily and that electrical cords were not allowed to sit in the middle of the floor. She commented that she would move the cord out of the way so that the resident didn't trip.	F 323		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to	F 356		11/10/14

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F 356	Continued From page 9 residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to post accurate daily nursing information for the two weeks reviewed. The findings included: On 10/16/14 at 5:45 pm, a record review was conducted of daily nursing hours for the periods 5/21/14 to 5/28/14 and 8/13/14 to 8/20/14 to determine sufficient staffing. None of the material contained resident census information. On 10/16/14 at 6:00 pm, administrative staff #2 was interviewed. She shared that she completed the daily staff nursing posting and was given the forms to use by the previous management and completed it based on the information asked. On the forms she stated that she counted nurse supervisors, regardless if they provided direct care and the admission nurse under the categories of licensed practical and registered nurses.	F 356	The center's posted nursing staffing information is currently reflective of the center name, the current date, the total number of actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift including: Registered Nurses, Licensed Practical Nurses, Certified Nursing Staff and resident census. The center is posting the nursing staffing information in a prominent location on the first floor which is readily accessible to residents and visitors in a clear and readable format at the beginning of each shift. Administrative Staff #2, and Nursing Supervisors were in-serviced on ensuring the center's posted nursing information is currently reflective of the center name, the current date, the total number of actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift including: RNs, LPNs, CNAs and	

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F 356	Continued From page 10	F 356	resident census; that they are posting the nursing staffing information in a prominent location on the first floor which is readily accessible to residents and visitors in a clear and readable format at the beginning of each shift NHA or HR will audit the center's posted staffing for accuracy and completion three times weekly for twelve weeks. Results of the audits will be presented to the center's monthly Performance Improvement Committee for three months and then forwarded to the Quarterly QA Committee to assure compliance is sustained ongoing. ADDENDUM: 1. The Staff Development Coordinator and/or Nursing Administrative Assistant are responsible for the daily nurse staff postings. 2. The Director of Nursing inserviced both the individuals in #1 above on the importance of maintaining the nurse staff postings. Further, the nursing staff were inserviced on reporting changes to the daily nurse posting to the Nursing Administrative Assistant to keep accurate records. 3. NHA is Nursing Home Administrator and HR is Human Resources.	