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

PRINTED: 12/08/2014 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345003	B. WING	No.	11/24/2014	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETIO	
F 514 SS=B	RECORDS-COMPL LE	ETE/ACCURATE/ACCESSIB	F 514	Residents #1, #2 and #3 have	e been lilius	
	standards and pract accurately document systematically organ.  The clinical record information to identified resident's assessment services provided; the	nust contain sufficient fy the resident; a record of the ents; the plan of care and ne results of any ning conducted by the State;		discharged from the facility. Resident #4 continues to recent arcotic pain medication, who documented on the Controlle Medication Utilization Reconvell as on his MAR when administered.	ed ed	
	by: Based on record re facility failed to docu- needed Opioid pain residents (Resident official medical reco  1) Resident #1 was facility was on 10/23 physician orders for	most recent admission to the 3/2014. A review of the Resident #1 dated		An audit was completed on tresidents in the facility receinarcotic medication. The Commedication Utilization Recocompared to the corresponding MARS to assess the licensed documentation of administer Narcotics.	ving ontrol rds were ng l nurses	
	medication) tablet 5 tablet by mouth ever A record review of F Administration Record from 11/6/2014 thro on 11/14/2014 rever administered 5 time 11/8/2014 at 0415,	Resident #1 's Medication ord (MAR) from a time period ugh Resident #1 's discharge aled a Norco tablet was s: 11/7/2014 at 1015, and 11/13/2014 at 0200.		Nursing staff have been in-so on the correct procedure for administration and document controlled substances within facility.	the tation of	
ABORATORY	DIRECTOR'S DR PROVIDE	NSUPPLIER REPRESENTATIVE'S SIGNATURE		Administration	(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 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: T7UR11

Facility ID: 923453

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		19 psriod 345003	B. WING _			C 11/24/2014	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 514			F 5	14			
	Medication Utilizatio	esident #1 ' s Controlled n Record revealed the					
		ed by signature removed 14		Carried Street, Street			
	11/14/2014: 11/6/20 1345, 11/7/2014 at M 0900, 11/8/2014 at 0 11/11/2014 at 0300, 11/12/2014 0600, 11 at 0200, 11/13/2014 and 11/14/2014 at 12 On 11/24/2014 at 12 Nurse # 6 revealed s documentation discr 's narcotic log (Cont Record) and MAR. N out the medications sheet and administe #6 revealed she sho narcotics in the MAR official documentatio On 11/24/2014 at 3:3 Director of Nursing r the resident official r individual] would loo	at 0800, 11/13/2014 at 0800, 11/13/2014 at 1330, 300.  1:00 PM an interview with the epancy between Resident #1 trolled Medication Utilization Nurse #6 reported she signed on the narcotic [Opioid] log red the medications. Nurse uld have documented the R and the MAR was the	B				
	were not part of the	official medical record. Her thursing staff document the	300				
	/	needed medications on the					
	10/29/2014. A review Resident #2 dated 1 Hydrocodone-Aceta	admitted to the facility on v of the physician orders for 0/29/2014 included minophen (Opioid pain 325 mg give 1 tablet by	8			u .	

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		345003	B. WING		C 11/24/		
	ROVIDER OR SUPPLIER EEK REHABILITATION	I CENTER	3	TREET ADDRESS, CITY, STATE, ZIP CODE 350 SILAS CREEK PARKWAY VINSTON-SALEM, NC 27103			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES  NOY MUST BE PRECEDED BY FULL  R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) . COMPLETION DATE	
F 514	mouth every 4 hour A record review of I time period from 11 revealed a Hydroco was administered 5 11/8/2014 at 0612, 11/10/2014 at 0938  A record review of I Medication Utilization ursing staff identif Hydrocodone-Aceta the dates of 11/6/2014 11/7/2014 at 0900, 0600, 11/8/2014 10 11/9/2014 at 1000, at 0215, 11/10/2014 11/11/2014 at 0200 11/12/2014 at MN,  On 11/24/2014 at 1 Nurse # 6 revealed documentation disc is narcotic log (Cor Record) and MAR, out the medications sheet and administ #6 revealed she short narcotics in the MA official documentation on 11/24/2014 at 3 Director of Nursing	Resident #2 's MAR from a /6/2014 through 11/12/2014 done-Acetaminophen tablet times: 11/7/2014 at 0358, 11/10/2014 at 0218, , and 11/11/2014 at 0231.  Resident #2 's Controlled on Record revealed the fied by signature removed 17 aminophen tablets between 014 and 11/12/2014: 11/6/2014 at 0900, 11/7/2014 at 0400, 11/8/2014 at MN, 11/8/2014 at 100, 11/8/2014 at 1700, 11/9/2014 at 1600, 11/10/2014 4 at 0900, 11/10/2014 at 2330, , 11/11/2014 at 0600 2:00 PM an interview with she cannot explain the crepancy between Resident #2 and 11/12/2014 at 0900 2:00 PM an interview with she cannot explain the crepancy between Resident #2 and the Medication Utilization Nurse #6 reported she signed so on the narcotic [Opioid] log itered the medications. Nurse and have documented the 's and the MAR was the	F 514	Ten Narcotic Pharmacy Man MARs and Controlled Medic Utilization Records will be reconciled weekly for 3 morthe Director of Nurses. Any discrepancies identified will investigated and resolved. It of the weekly audits will be to the QA Committee during monthly meetings to ensure continued compliance.	Results reported g the		
	individual] would lo logs (Controlled Me	nok for medication usage. The edication Utilization Record)					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/ÇLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SU COMPLET		
	345003		B. WING	Althoras -	11/24	/2014
	ROVIDER OR SUPPLIER	ON CENTER	3350	EET ADDRESS, CITY, STATE, ZIP COD SILAS CREEK PARKWAY STON-SALEM, NC 27103	ÞE	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES JENCY MUST BE PRECEDED BY FULL OR 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
F 514	expectation was t	page 3 hat nursing staff document the as needed medications on the	F 514			10
	10/18/2014. A rev Resident #2 date Hydrocodone-Ace give 1 tablet by m for pain.  A record review of time period from revealed a Hydro was administered 11/7/2014 at 050 at 1053, 11/15/20 11/16/2014 at 18 11/19/2014 at 08	1.4.				
	Medication Utiliza nursing staff iden Hydrocodone-Act the dates of 11/6/ at 0230, 11/6/201 11/6/2014 at 183 at 1700, 11/8/201 11/8/2014 at 130 at 2145, 11/9/201	of Resident #3 's Controlled ation Record revealed the tified by signature removed 42 etaminophen tablets between 42014 and 11/21/2014: 11/6/2014 4 at 0800, 11/6/2014 at 1340, 5, 11/7/2014 at 0500, 11/7/2014 4 at 0100, 11/8/2014 at 0800, 0, 11/8/2014 at 1730, 11/8/2014 at 0800, 11/9/2014 at 1400, 0, 11/10/2014 at 0800, 11/10/2014 at 0800, 11/10/2014 at 0800,				
	11/10/2014 at 13 11/11/2014 at 03 11/12/2014 at 11 11/12/2014 at 22 11/13/2014 at 20 11/14/2014 at 14 11/15/2014 at 11	00, 11/10/2014 at 1800, 00, 11/10/2014 at 1800, 00, 11/12/2014 at 0500, 00, 11/12/2014 at 1645, 35, 11/13/2014 at 0930, 13, 11/14/2014 at 0900, 00, 11/14/2014 at 2100, 00, 11/15/2014 at 1945, 00, 11/16/2014 at 0600,				

Mid.

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	INSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING		COMPLETED	
					С	
	345003		B. WING		11/24/2014	
NAME OF PI	ROVIDER OR SUPPLIER		- 100	EET ADDRESS, CITY, STATE, ZIP CODE		
SILAS CR	EEK REHABILITATIO	N CENTER		SILAS CREEK PARKWAY		
53) 100,000 100,00			WIN	STON-SALEM, NC 27103		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 514	Continued From pa	age 4	F 514			
		0, 11/16/2014 at 1830,			82	
		0, 11/17/2014 at 1000,				
		0, 11/18/2014 at 2045,				
		0, 11/19/2014 at 2200,				
		0, 11/20/2014 at 2200, and				
	11/21/2014 at 084	Control of the Contro				
		540 B				
	On 11/24/2014 at 3	3:16 PM an interview with			4	
		d she did not document on the				
	MAR out of habit.	Documentation of narcotics on				
		dication Utilization Record use			Party I am a second	
		tion to document. Nurse #9.A				
	revealed the MAR	was part of the official medical				
	record and the nar	rcotic log [Controlled Medication				
	Utilization Record]	was not.				
		3:27 PM an interview with the				
		g revealed the MAR was part of	The second second			
		Il medical record and where [an				
		ook for medication usage. The				
		ledication Utilization Record)				
	10.00	e official medical record. Her				
	A STATE OF THE PARTY OF THE PAR	nat nursing staff document the				
		as needed medications on the				
	MAR.					
	A) Resident #4 's	most recent admission to the				
		6/2014. A review of the				
		or Resident #4 dated 8/26/2014				
		ne (Opioid pain medication)			The second second	
		tablet by mouth every 6 hours.	The same of the sa			
	as needed for pair					
	A record review of	Resident #4 's MAR from and				
		1/9/2014 through 11/24/2014 n				
		odone tablet was administered				
		4 at 0521, 11/10/2014 at 0508,				
		2, 11/17/2014 at 1349, Februar				
		8, 11/22/2014 at 1638,				

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		345003	B. WING			C 11/24/2014	
A CONTRACTOR AND A CONT	ROVIDER OR SUPPLIER	CENTER SAME		STREET ADDRESS, CITY, STATE, ZIP CODE 3350 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 514	11/23/2014 at 0531, 11/24/2014 at 0100.  A record review of R Medication Utilizatio nursing staff identific Oxycodone tablets b 11/9/2014 and 11/24 11/9/2014 at 1215, 11/11/2014 at 0500, 11/13/2014 at 1600, 11/14/2014 at 0500, 11/18/2014 at 0445, 11/20/2014 0430, 11 at 1600, 11/23/2014 and 11/24/2014 at 1  On 11/24/2014 at 3::  Director of Nursing r the resident official r individual] would loo logs (Controlled Medwere not part of the expectation was that	esident #4's Controlled in Record revealed the ad by signature removed 19 between the dates of /2014: 11/9/2014 at 0500, 11/10/2014 at 0500, 11/13/2014 at 0515, 11/15/2014 at 0545, 11/17/2014 at 1400, 11/19/2014 at 0430, /21/2014 at 0430, 11/22/2014 at 0430, 11/23/2014 at 1400,	F 5*	14			

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