STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345367	A. BUILDING _____ B. WING _____	C 12/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS NURSING HOME	POST OFFICE BOX 40 FALCON, NC 28342

(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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to obtain a sputum culture from a tracheostomy (trach) for 1 of 2 (Resident #1) residents reviewed for ostomy care. The findings included: Resident #1 was admitted to the facility on 7/9/14 with medical diagnoses which included a neurological injury and respiratory arrest. The most recent quarterly Minimum Data Set (MDS) dated 10/13/14 documented the resident was severely cognitively impaired. An observation of ostomy care began was made on 12/22/14 at 11:55 am. During the observation, a foul odor was noted when Nurse #1 removed the inner cannula from Resident #1's tracheostomy site. Nurse #1 was questioned about the odor immediately following the ostomy care. Nurse #1 acknowledged the odor was from Resident #1's tracheostomy. Review of the medical record revealed an Medical Doctor order dated 11/10/14 that read in part "obtain sputum culture from trach." During an interview on 12/22/14 at 1:40 pm, the MDS Nurse stated she obtained the order to culture the trach because of the odor. The MDS Nurse further stated "the trach smelled bad" at	F 281	281 For the resident involved, corrective action has been accomplished by: 1. Resident #1: A culture of her tracheostomy was completed on December 23,2014. The culture showed only normal flora and no new orders were received from MD review (Exhibit One). Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: All residents were potentially affected by this alleged deficient practice. On January 11, 2015 an Order Listing History Report was printed for the previous month(Exhibit Two). From this report all cultures ordered were reviewed for completion and proper MD follow- up. Measures put in place or systemic changes made to ensure deficient practice does not occur: All Nurses and Medication Aides were in-serviced on the importance of completing MD orders by January 15,	1/14/15

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

Electronically Signed | 01/14/2015

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F 281	Continued From page 1 the time the order was received. In an interview on 12/22/14 at 2:05 pm, the MDS Nurse stated she was unable to provide documentation of the results of the sputum culture. She further stated she checked the computer system and she did not see where the test had been done. During an interview on 12/22/14 at 3:03 pm, Nurse #2 (that works 3pm-11pm shift Monday through Friday) stated she had noticed an odor to Resident #1's trach for about a month. She further stated she was aware of the order to obtain a sputum culture from the trach. Nurse #2 stated she did not know if the sputum culture was completed. In an interview on 12/22/14 at 4:41 pm, the Director of Nursing (DON) stated it was her expectation for the nursing staff to follow up on all physician orders. The DON further stated she expected the staff to notify the physician if an order was not followed for any reason.	F 281	2015 (Exhibit Three). In addition, daily orders will now be reviewed by the nurse managers for completion during the Daily Quality of Life Meeting. This includes, not only the order being carried out, but also that the results are relayed to the MD and any subsequent orders are completed. The facility has implemented a quality assurance monitor: The Culture Order Quality Assurance Monitor will be completed monthly by the Director of Nursing and reported to the Monthly Quality of Life Team at the Monthly Quality of Life Meeting initially for 3 months (Exhibit Four). For any month that the monitor reveals less that 100% compliance, the monitor will be extended an additional month and corrective action will be implemented as deemed necessary by the Monthly Quality of Life Team.	