PRINTED: 07/20/2015 FORM APPROVED OMB NO. 0938-0391

	PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMP		E SURVEY PLETED				
		345353	B. WING			C 06/26/2015	
	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		170	REET ADDRESS, CITY, STATE, ZIP CODE 00 PAMALEE DRIVE 1YETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 241 SS=D	INDIVIDUALITY The facility must promanner and in an elenhances each result recognition of his second recognition of his second recognition of his respect by leaving the treat 1 of 1 samples respect by leaving the lunch meal. (Resident # 72 was 4/23/2013 and read diagnoses which in muscles weakness abnormal posture at Review of the reside management evaluation revealed the reside indicated the reside indicated the reside indicated with mild calso indicated the rebowel and bladder with the transfers. The resident required extends the resident required exte	admitted to the facility on mitted on 3/10/2015 with cluded difficulty walking, and lack of coordination, and hypertension. ent's urinary incontinence ation dated 2/16/2015 and scored 1 point which ent was not a candidate for	F 2	241	The facility endeavors to always procare for residents in a manner and environment that maintains or enhance each resident's dignity and respect recognition of their individuality. The facility has policies and procedures designed to maintain these goals. It training is one of many component covered in ongoing training. It is the facility's intent to ensure all new employees are instructed regarding dignity policies and procedures. Reand family satisfaction surveys, resinterviews and observations, reside council meetings, consultant review various quality assurance measure examples of the many components utilized. 1. Corrective Action- CNA #1 was counseled by Director of Nursing (I on 6/22/15 regarding not providing incontinence care for Resident #72 noon on 06/22/15. CNA #1 was re-assigned to non-resident care duntil dignity re-training was provide the DoN on 06/23/15.	in an ances in full e Dignity s e dident ent ent ent es and s are dident et at ent ent ent ent ent ent ent ent ent en	7/17/15
					Starting 06/22/15, the DoN, Quality	•	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/17/2015

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	ULTIPLE CONSTRUCTION (X3) DATE S COMPL		E SURVEY PLETED
		345353	B. WING			C 26/2015
NAME OF I	PROVIDER OR SUPPLIER	\ \		STREET ADDRESS, CITY, STATE, ZIP C		20/2010
HIGHLAI	ND HOUSE REHABII	LITATION AND HEALTHCARE		1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 241	The resident 's ur Assessment (CAA' resident triggered total incontinence is diagnosed with a coronary artery disincontinent since a 2013. Resident we containment. Incoevery 2 hour and a Resident # 72 care the resident with a bladder incontinent and impaired mobile the goal as "the resident with a skin breakdown distrough next revieincluded: The resident perineal are	inary incontinence Care Area a) dated 5/21/2015 documented d due to inability to toilet and of bladder and bowel. Resident degenerative joint disease and sease. She has been admission to facility in ars briefs for protection and intinent care is managed by staff	F 2	Assurance (QA) Nurse, and Control (IC) Nurse conducte with all residents able to be regarding personal care into their feelings regarding dign Starting on 06/22/15, Admir QA Nurse, IC Nurse, MDS Noevelopment Coordinator (Social Worker (SW) increas observations of dining & inexperiences. Instructions to how to enhance the care exbeing provided, if appropriations observations. 2. Id of Others- Starting 06 DoN, IC Nurse, and QA Nur interviews with all residents interviewed regarding personegarding their feelings and other residents identified.	ed interviews interviewed eractions and hity. nistrator, DoN, Nurses, Staff SDC) and sed room care caregivers on experience are te, during 6/22/15, the rese conducted able to be onal care	
	at 12:00 Noon, lun where Resident # On 6/22/2015 at 1 observed to be lea while sitting in bed eating as she still The trays were als resident was aske resident stated that she was feeling its very uncomfortable.	al times revealed on 6/22/2015 ich was served on the A hall 72 resided. 2:41 PM, Resident # 72 was uning on one side of the bed i. Resident had just finished had food spillage on her table. To observed on the hallway. The d whether she was okay. The at she was not okay because thy in her buttocks and she was e sitting in bed while wet. The e had notified Nurse Aide (NA)		3. Measures- Starting on O Administrator, DoN, QA Nur MDS Nurses, SDC and SW observations of dining & inexperiences. Instructions to how to enhance the care exbeing provided, if appropriations observations. The DoN, SDC, QA Nurse a verbally started on 06/22/15 re-training. Formal in-service conducted on 06/23/15, 06/25/15 and 06/28/15. Recovered the importance of the observant for needed incoming the starting of the conducted on one of the conducted one of the conducted on one of the conducted one of the conducted on one of the conducted one of the condu	rse, IC Nurse, increased room care caregivers on experience are te, during and IC Nurse is staff re re-training 24/15, training peing	

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NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE REGULATORY OR LSC IDENTIFYING INFORMATION) F 241 Continued From page 2 # 1 who was her aide to change her before eating her lunch but she did not come back to change her brief. The resident also added she just ate her lunch while wet and NA # 1 came back and picked the tray but failed to come back to change her brief. The resident added she felt very sad, helpless and useless eating while wet and sitting in her bed wet for long period of time. On 6/22/2015 at 12:52 PM, NA # 1 was asked whether Resident # 72 had requested for her brief to be changed before eating her lunch and NA # 1 said that the resident was right that she had asked to be changed but she(NA # 1) was busy taking care of Resident # 72 is roommate. NA # 1 further stated even after Resident # 72 had finished eating her lunch she forgot to change the resident because she was still busy taking care of other residents in the hall. NA # 1 also reported		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY IPLETED
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG H 1 Who was her aide to change her before eating her lunch but she did not come back to change her brief. The resident also added she just ate her lunch while wet and NA # 1 came back and picked the tray but falled to come back to change her brief. The resident added she felt very sad, helpless and useless eating while wet and sitting in her bed wet for long period of time. On 6/22/2015 at 12:52 PM, NA # 1 was asked whether Resident # 72 had requested for her brief to be changed before eating her lunch and NA # 1 said that the resident was right that she had asked to be changed but she(NA # 1) was busy taking care of other residents in the hall. NA # 1 also reported				7. BOILB			c
STREET ADDRESS, CITY, STATE, ZIP CODE			345353	B. WING			
C(X4) ID REFEIX C(ACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED FROM TAG PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION (EACH CORRECTION (CROSS-REFERENCED TO THE APPROPPRIATE (DETION SHOULD BE (CROSS-REFERENCED TO THE APPROPPRIATE (CROSS-REFERENCED TO THE APPROPPRIATE (CROSS-REFERENCED TO THE APPROPPRIATE (CROSS-REFERENCED TO THE APPROPPRIATE	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 241 Continued From page 2 # 1 who was her aide to change her before eating her lunch but she did not come back to change her brief. The resident also added she just ate her lunch while wet and NA # 1 came back and picked the tray but failed to come back to change her brief. The resident added she felt very sad, helpless and useless eating while wet and sitting in her bed wet for long period of time. On 6/22/2015 at 12:52 PM, NA # 1 was asked whether Resident # 72 had requested for her brief to be changed before eating her lunch and NA # 1 said that the resident was right that she had asked to be changed but she(NA # 1) was busy taking care of Resident # 72 's roommate. NA # 1 further stated even after Resident # 72 had finished eating her lunch she forgot to change the resident because she was still busy taking care of other residents in the hall. NA # 1 also reported	HIGHI A	ND HOUSE REHARII	ITATION AND HEALTHCARE				
F 241 Continued From page 2 # 1 who was her aide to change her before eating her lunch but she did not come back to change her brief. The resident added she felt very sad, helpless and useless eating while wet and sitting in her bed wet for long period of time. On 6/22/2015 at 12:52 PM, NA # 1 was asked whether Resident # 72 had asked to be changed before eating her lunch and NA # 1 said that the resident was right that she had asked to be changed but she (NA # 1) was busy taking care of other residents in the hall. NA # 1 also reported	IIIOIILA	NO HOUSE REHABIE	TATION AND TIEAETHOAKE		FAYETTEVILLE, NC 28301		
# 1 who was her aide to change her before eating her lunch but she did not come back to change her. The resident also added she just ate her lunch while wet and NA # 1 came back and picked the tray but failed to come back to change her brief. The resident added she felt very sad, helpless and useless eating while wet and sitting in her bed wet for long period of time. On 6/22/2015 at 12:52 PM, NA # 1 was asked whether Resident # 72 had requested for her brief to be changed before eating her lunch and NA # 1 said that the resident was right that she had asked to be changed but she(NA # 1) was busy taking care of Resident # 72 had finished eating her lunch she forgot to change the resident because she was still busy taking care of other residents in the hall. NA # 1 also reported during all forms of resident interactions (dining environment, caregiver interaction, the importance of knocking on doors before entering; privacy and being observant were other aspects emphasized during the re-training sessions). As part of the QA process, dignity was one of the topics for the July monthly in-service training schedule. That training was presented for all clinical care staff (RNs, LPNs & CNAs) by the DoN, SDC and QA Nurse from 07/13/15 - 07/17/15. Any clinical staff member who did not receive in-service training by 7/17/15 will not be allowed to work until re-training has been completed.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
that she should have asked for assistance from other staff to help her with changing the resident but she was afraid that she was going to get in trouble. When NA # 1 was asked why she did not change the resident before she (the resident) started eating she stated her priority was feeding the roommate. She added she forgot to change the resident because she did not think the resident was wet. During an interview with Nurse # 1 on 6/22/2015 at 2: 00 PM, she stated that Nurse ' s aides at the facility were expected to change the residents as soon as they request to be changed. The Nurse # 1 added if the Nurse ' s Aide (NA) was unable to change a resident briefs then they were expected to ask for assistance from other staff member. Since Hospice contract in place, Hospice Director in-serviced their clinical care staff regarding dignity on 7/10/15 & 7/16/15. 4. Monitor- A Quality Assurance (QA) study was implemented under the supervision of the Administrator to monitor resident care, staff interactions and dignity. The DoN, SDC, QA Nurse, IC Nurse or Weekend RN Supervisor will utilize the QA tool "Survey QA Tool to Ensure Dignity". The monitoring will include observing incontinence care and dining experiences. At least five (5) residents will be reviewed weekly for four weeks; then weekly for three months or until resolved by QOL/QA committee. During an interview with the Unit Manager on	F 241	# 1 who was her ain her lunch but she of her. The resident all lunch while wet and picked the tray but her brief. The resid helpless and useled in her bed wet for led on 6/22/2015 at 12 whether Resident # to be changed before said that the resident asked to be changed taking care of Resident because of other residents in that she should have other staff to help in but she was afraid trouble. When NA change the resident because the roommate. She the resident was wet. During an interview at 2: 00 PM, she st facility were expect soon as they request added if the Nursichange a resident to ask for assistants.	de to change her before eating lid not come back to change lso added she just ate her d NA # 1 came back and failed to come back to change ent added she felt very sad, as eating while wet and sitting ong period of time. 2:52 PM, NA # 1 was asked # 72 had requested for her brief ore eating her lunch and NA # 1 ent was right that she had ed but she(NA # 1) was busy dent # 72 's roommate. NA # en after Resident # 72 had lunch she forgot to change the she was still busy taking care in the hall. NA # 1 also reported we asked for assistance from her with changing the resident that she was going to get in # 1 was asked why she did not at before she (the resident) estated her priority was feeding es added she forgot to change se she did not think the With Nurse # 1 on 6/22/2015 ated that Nurse * 1 on 6/22/2015 ated that Nurse * 2 sides at the set to be change the residents as est to be changed. The Nurse # 1 et 's Aide (NA) was unable to briefs then they were expected the form other staff member.	F 2	during all forms of resident into (dining environment, caregiver the importance of knocking on before entering; privacy and be observant were other aspects emphasized during the re-train sessions). As part of the QA process, digrone of the topics for the July min-service training schedule. The was presented for all clinical cata (RNs, LPNs & CNAs) by the Dand QA Nurse from 07/13/15 - Any clinical staff member who receive in-service training by 7 not be allowed to work until rebeen completed. Since Hospice contract in plact Director in-serviced their clinical regarding dignity on 7/10/15 & 4. Monitor- A Quality Assurant study was implemented under supervision of the Administrator resident care, staff interactions dignity. The DoN, SDC, QA Nu Nurse or Weekend RN Supervutilize the QA tool "Survey QA Ensure Dignity". The monitoring include observing incontinence dining experiences. At least five residents will be reviewed weeks; then weekly for three nuntil resolved by QOL/QA com	interaction, doors sing ing mity was onthly nat training are staff oN, SDC 07/17/15. did not /17/15 will training has e, Hospice al care staff 7/16/15. ce (QA) the r to monitor and rse, IC isor will Fool to g will care and e (5) kly for four nonths or mittee.	

STATEMENT OF DEF AND PLAN OF CORR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	СОМ	E SURVEY IPLETED
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NAME OF PROVIDE		ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	1 001	20/2013
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aides answ reside adder chang Mana about needs Durin on 6/2 expect facility reside DON be ch Nurse chang F 279 483.2 SS=D COM A faci to dev comp The final plan fobject medic needs asses The of to be higher psych	ering call light ent were dry not that Resider ged before shager also added responding to before meal gan interview 23/2015 at 12 ctation was for y to check resents' briefs balso stated thanged then the 's aides to sign the resident of th	were responsible for s and making sure the ot wet before meal times. She at # 72 brief should have been e ate her meal. The Unit of NA # 1 had been in serviced to the residents ' incontinent times. With the Director of Nursing 30 PM, she stated that her the Nurse 's Aides at the idents and change the efore eating their meals. The at when a resident request to be expectation was for the top what they were doing and to the control of the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the top what they were doing and the expectation was for the expectation was for the top what they were doing and the expectation was for the exp	F 24	corrective action initiated as appro-		7/17/15

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		345353	B. WING _			C 26/2015
	PROVIDER OR SUPPLIER	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	-	20/2010
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F 279	§483.10, including under §483.10(b)(t's exercise of rights under the right to refuse treatment	F 27	79		
	Based on staff int facility failed to de significant weight residents (Resider Findings included: Resident #62 was 02/27/15 and read resident's document hypertension, cere anemia, and osted The resident's modocumented his Founds, and his Mounds. A 04/28/15 hospital	admitted to the facility on Imitted on 04/28/15. The ented diagnoses included ebrovascular accident, chronic oporosis. Inthly Weight Report ebruary 2015 weight was 154 larch 2015 weight was 150 al Discharge Summary dent #62 was hospitalized from		It is this facility's philosophy are practice to use the results of the assessment to develop, review the resident's comprehensive of the facility has in place developolicies and procedures. The Interdisciplinary Care Plan Teatrained during their orientation processes for developing a comprehensive plan of care. To Consultant, other support adviprovide routine refresher trainin-services. Physician reviews, reviews, quality assurance mostaff training are examples of to components utilized. Interdisci Plans are developed for each and are designed to address problems, and offer approaches to meet specific goals.	ne v and revise care plan. oped written am are period the he Nurse sors ng and consultant nitoring and the various plinary Care resident, open and resident, open and revision of the various plinary Care resident.	
	documented his M pounds. The resident's mo documented his J pounds. Resident #62 lost 22.7% weight loss	nthly Weight Report lay 2015 weight was 127 nthly Weight Report une 2015 weight was 119 35 pounds or experienced a in approximately three months 5 when he weighed 154 pounds		1. Corrective Action- Resider weight interventions were re-at the Dietary Manager (DM) and Dietician (RD) on 06/25/15. Resident #62's individualized pwas amended on 6/26/15 by the Coordinator to include weight I incorporating the already in planand interventions.	Registered blan of care ne MDS oss,	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		E SURVEY PLETED
		345353	B. WING			06/2	26/2015
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	00/2	20/2010
				1	700 PAMALEE DRIVE		
HIGHLAI	ND HOUSE REHABILI	TATION AND HEALTHCARE		F	AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOSE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 279	Continued From pa	ge 5	F 2	279			
	and the first week in 119 pounds).	June 2015 when he weighed			2. Id of Others- All residents with loss was reviewed by the MDS Coordinator from 06/26/15 through		
		ciplinary Progress Note ent #62's weight dropped to			7/03/15. Starting on 07/05/15, the I of Nursing (DoN) re-audited care p those residents with a potential for loss or actual weight loss to ensure	lans for weight	
	weight loss was nev	#62's care plan reviewed ver identified as a problem.			where appropriate, weight loss goa interventions were addressed on the residents' plan of care.	ils and	
	(MDS) Coordinator for developing care After reviewing Res	stated she was responsible plans to address weight loss. sident #62's care plan, she dentify weight loss as a			Measures- The weight commit monitoring process was reviewed a revised by the DoN and Nurse Control	and	
	notified that the res weight loss. Accord this notification wou	ained she must not have been ident experienced significant ding to the MDS Coordinator, ald have come from the weight et weekly or from the nutrition			An in-service was conducted on 06 by the DoN for the Interdisciplinary (IDT) regarding monitoring process care plans to address weight loss concerns and any interventions util	Team and	
	significant weight lo review of Resident commented the res addressed weight ke	assessments which identified ass at 30 or 180 days. Upon #62's weights, she ident's care plan should have ass. She stated care plans address newly emerging			Weight committee will continue to reweekly and audit charts to ensure to weight loss care plans are in place indicated.	hat	
		Resident #62's weight loss,			 Monitor- Nurse Consultant will weight process revisions during the and August visits. 		
					A Quality Assurance (QA) study was implemented under the supervision DoN to monitor weight loss care play The DoN and Weight Committee was utilize the QA tool "Survey QA Tool Comprehensive Care Plans". The monitoring will include reviewing characteristics with weight loss to ensure weight loss care plans are in place	n of the ans. vill for narts of e	

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	Based on the reside assessment, the fac	HETER, PREVENT UTI,	F 2		will be done weekly for three month until resolved by QOL/QA committee. Findings will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriately appropriately and the submitted for review at the monthly Meeting.	ee. oriate.	7/17/15
	resident's clinical co catheterization was who is incontinent of treatment and servi infections and to re- function as possible	is not catheterized unless the condition demonstrates that necessary; and a resident of bladder receives appropriate ces to prevent urinary tract store as much normal bladder e.					
	Based on record reinterview and staff i provide incontinent resident who requemeal time but was I (Resident # 72) The findings include Resident # 72 was a second record record reinterview.	eview, observations, resident nterviews the facility failed to be care for 1 of 1 sampled sted to be changed before eft wet during lunch time. ed: admitted to the facility on lmitted on 3/10/2015 with			The facility endeavors to always princontinent care for residents to assappropriate treatment and services manner and in an environment that maintains or enhances each reside dignity and respect in full recognition their individuality. The facility has pound procedures designed to maintain these goals. Incontinence training is of many components covered in on training. It is the facility's intent to entered the services of the	sure in a int's on of colicies ain s one ugoing	

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F 315	diagnoses which i muscles weaknes abnormal posture Review of the resimanagement eval revealed the resident indicated the resident diagnosed with mild also indicated the bowel and bladder with the transfers resident required operson assist with the resident triggeres total incontinence is diagnosed with coronary artery disincontinent since a 2013. Resident we containment. Incompart of the resident with a bladder incontiner and impaired mobils the goal as "the resident distribution of the goal as "the resident distribution of the resident distribution of the resident distribution of the resident with a bladder incontiner and impaired mobils the goal as "the resident distribution of the resident distribut	ncluded difficulty walking, s, and lack of coordination, and hypertension. dent's urinary incontinence uation dated 2/16/2015 ent scored 1 point which lent was not a candidate for g program. mum Data Set (MDS) dated and Resident # 72 was alert and cognitive impairment. The MDS resident was incontinent of and required 1 person assist. The MDS also indicated the extensive assistance with 2 Activities of Daily Living(ADL). inary incontinence Care Area of dated 5/21/2015 documented do due to inability to toilet and of bladder and bowel. Resident degenerative joint disease and sease. She has been admission to facility in ars briefs for protection and intinent care is managed by staff	F3	all new clinical employees regarding incontinence pol procedures. Resident and satisfaction surveys, reside and observations, skills ch consultant reviews and variassurance measures are emany components utilized. 1. Corrective Action- CN/counseled by Director of Non 6/22/15 regarding not pincontinence care for Resinoon on 06/22/15. CNA #1 re-assigned to non-resider until dignity re-training was Director of Nursing (DoN). Starting on 06/22/15, the ADON, Quality Assurance (Confection Control (IC) Nurs Staff Development Coording Social Worker (SW) increased by the conservations of dining & in experiences concentrating care and incontinence care to caregivers on how to enexperience are being proviappropriate, during observations of dining & in experience and incontinence care to caregivers on how to enexperience are being proviappropriate, during observations of dining & in experiences. Starting 06/22/15 the DoN Nurse and IC Nurse conductors of other incording observations of other incording conductors of other incording observations of ot	icies and family ent interviews ecks, rious quality examples of the A #1 was lursing (DoN) roviding timely dent #72 at was nt care duties s conducted by on 06/23/15. Administrator, QA) Nurse, e, MDS Nurses, nator (SDC) and ased l-room care on personal e. Instructions hance the care ided, if ations. on 06/22/15, the urse, IC Nurse, V increased l-room care on SDC, QA ucted	

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	PROVIDER OR SUPPLIER	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 315	clean perineal are episode, check evincontinence. " Review of the meat 12:00 Noon, lur where Resident # On 6/22/2015 at 1 observed to be least while sitting in bedie eating as she still. The trays were also resident was asked resident stated that she was feeling its very uncomfortably resident added she and the lunch but she her. The resident she was her and her lunch but she her. The resident she was and usele in her bed wet for the bed wet for the changed bef said that the resident asked to be changed bef said that the resident her stated ever finished eating her residents of other residents."	a with each incontinence ery round as required for all times revealed on 6/22/2015 och was served on the A hall	F 3:	residents focusing on person incontinence care. From 06/23/15 to 07/09/15 D Nurse, and IC Nurse re-asse resident bladder assessment guides and care plans. 3. Measures- Starting on 06 Administrator, DoN, QA Nurse MDS Nurses, SDC and SW in observations of dining & in-reception of the care experiences. Instructions to thow to enhance the care expected being provided, if appropriate observations. The DoN, SDC, QA Nurse and verbally started on 06/22/15 or e-training. Formal in-service conducted on 06/23/15 06/24 and 06/28/15. Re-training continence of being observations incontinence care during all for resident interactions and being were some of the aspects enduring the re-training session. As part of the QA process, in care was added to the July modern in-service training schedule. Was presented for all clinical (RNs, LPNs & CNAs) by the and QA Nurse from 07/13/15 Any clinical staff member where ceive in-service training by not be allowed to work until modern completed.	oon, QA essed all ts, care 6/22/15 the se, IC Nurse, increased com care caregivers on cerience are e, during and IC Nurse staff e re-training f/15, 06/25/15 vered the int for needed forms of ing observant inphasized ins. continence inonthly That training care staff DoN, SDC i- 07/17/15. o did not 7/17/15 will	

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,		(X3) DATE SURVEY COMPLETED
	345353	B. WING		C 06/26/2015
	TATION AND HEALTHCARE	1	700 PAMALEE DRIVE	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLÉTION
other staff to help help help to the was afraid trouble. When NA change the resident started eating she is the roommate. She the resident because resident was wet. During an interview at 2: 00 PM, she stafacility were expect soon as they reque 1 added if the Nurs change a resident to ask for assistant to ask for assistant to ask for assistant and buring an interview 6/22/2015 at 3: 00 I aides at the facility answering call light resident were dry nesident were dry nesident were dry nedded that Resident changed before she Manager also added about responding to needs before meal. During an interview on 6/23/2015 at 12: expectation was for facility to check residents before the DON also stated the bechanged then the Nurse's aides to sides.	er with changing the resident that she was going to get in # 1 was asked why she did not to before she (the resident) stated her priority was feeding added she forgot to change see she did not think the with Nurse # 1 on 6/22/2015 ated that Nurse 's aides at the ed to change the residents as set to be changed. The Nurse # e 's Aide (NA) was unable to priefs then they were expected the from other staff member. with the Unit Manager on PM, she stated that Nurse 's were responsible for so and making sure the pot wet before meal times. She at # 72 brief should have been the attention at the end of the residents 'incontinent times. with the Director of Nursing 30 PM, she stated that her the Nurse 's Aides at the idents and change the effore eating their meals. The lat when a resident request to be expectation was for the top what they were doing and	F 315	Since Hospice contract in place, H Director(s) in-serviced their clinical staff regarding incontinence care observations on 7/10/15 & 7/16/15 4. Monitor- A Quality Assurance (study was implemented under the supervision of the Administrator to resident care, staff interactions and dignity. The DoN, SDC, QA Nurse, Nurse or Weekend RN Supervisor utilize the QA tool "Survey QA Tool Ensure Incontinent Residents Are Changed Timely and When Reque The monitoring will include observincontinence care. At least five (5) residents will be reviewed weekly fweeks; then weekly for three mont until resolved by QOL/QA committee. Findings will be given to the weekly Quality of Life- QA committee and corrective action initiated as approximately and the provided and corrective action initiated as approximately and the provided and corrective action initiated as approximately and the provided and corrective action initiated as approximately and the provided and th	monitor d IC will to Being ested". ing for four hs or ee.
_		F 325		7/17/15
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa other staff to help h but she was afraid a trouble. When NA a change the residen started eating she a the roommate. She the resident becaus resident was wet. During an interview at 2: 00 PM, she sta facility were expect soon as they reque 1 added if the Nurs change a resident b to ask for assistance During an interview 6/22/2015 at 3: 00 R aides at the facility answering call lights resident were dry n added that Residen changed before she Manager also adde about responding to needs before meal During an interview on 6/23/2015 at 12: expectation was for facility to check res residents' briefs be DON also stated the be changed then th Nurse's aides to s change the residen	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 other staff to help her with changing the resident but she was afraid that she was going to get in trouble. When NA # 1 was asked why she did not change the resident before she (the resident) started eating she stated her priority was feeding the roommate. She added she forgot to change the resident because she did not think the	A BUILDING 345353 B. WING BROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 other staff to help her with changing the resident but she was afraid that she was going to get in trouble. When NA#1 was asked why she did not change the resident before she (the resident) started eating she stated her priority was feeding the roommate. She added she forgot to change the resident because she did not think the resident was wet. During an interview with Nurse # 1 on 6/22/2015 at 2: 00 PM, she stated that Nurse 's aides at the facility were expected to change the residents as soon as they request to be changed. The Nurse # 1 added if the Nurse 's Aide (NA) was unable to change a resident briefs then they were expected to ask for assistance from other staff member. During an interview with the Unit Manager on 6/22/2015 at 3: 00 PM, she stated that Nurse 's aides at the facility were responsible for answering call lights and making sure the resident were dry not wet before meal times. She added that Resident # 72 brief should have been changed before she ate her meal. The Unit Manager also added NA # 1 had been in serviced about responding to the residents ' incontinent needs before meal times. During an interview with the Director of Nursing on 6/23/2015 at 12:30 PM, she stated that her expectation was for the Nurse's Aides at the facility to check residents and change the residents ' briefs before eating their meals. The DON also stated that when a resident request to be changed then the expectation was for the Nurse's Aides at the facility to check residents and change the resident.	ROVIDER OR SUPPLIER 345353 **ROVIDER OR SUPPLIER **ID HOUSE REHABILITATION AND HEALTHCARE** **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION) **COntinued From page 9 other staff to help her with changing the resident but she was afraid that she was going to get in trouble. When NA # 1 was asked why she did not change the resident because she did not think the resident because she did not think the resident because she did not think the resident was wet. During an interview with Nurse # 1 on 6/22/2015 at 2: 00 PM, she stated that Nurse 's aides at the facility were expected to ask for assistance from other staff member. During an interview with the Unit Manager on 6/22/2015 at 3: 00 PM, she stated that Nurse 's aides at the facility were expected to ask for assistance from other staff member. During an interview with the Unit Manager on 6/22/2015 at 3: 00 PM, she stated that Nurse 's aides at the facility were dry not wet before meal times. She added that Resident # 72 brief should have been changed before she at he remeal. The Unit Manager also added NA # 1 had been in serviced about responding to the residents' incontinent needs before meal times. During an interview with the Director of Nursing on 6/23/2015 at 12:30 PM, she stated that her expectation was for the Nurse' s Aldes at the facility to check residents and change the residents' briefs before eating their meals. The DON also stated that when a resident request to be changed then the expectation was for the Nurse' s Aldes at the facility to check residents and change the residents they are resident to be changed then the expectation was for the Nurse' s Aldes at the facility to check residents and change the resident the expectation was for the Nurse' s Aldes at the facility to check residents and change the resident the expectation was for the Nurse' s aides to stop what they were doing and change the residents.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	FIPLE CONSTRUCTION NG		ATE SURVEY DMPLETED
		345353	B. WING		0(C 5/ 26/2015
	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP C 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301		3/20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 325 SS=D	UNLESS UNAVOID Based on a resider assessment, the faresident - (1) Maintains acceptatus, such as boomuness the resident demonstrates that	DABLE It's comprehensive icility must ensure that a stable parameters of nutritional dy weight and protein levels, it's clinical condition this is not possible; and respectic diet when there is a	F 3.	25		
	by: Based on observa review the facility fa physician-ordered intervention for wei residents (Residen Findings included: Resident #62 was a 02/27/15 and readi resident's documen hypertension, cere anemia, and osteo The resident's mor documented his Fe	arge portions as an ght loss to 1 of 7 sampled t #62) reviewed for nutrition. admitted to the facility on mitted on 04/28/15. The nted diagnoses included provascular accident, chronic		The facility continually striv resident's nutritional status unless unavoidable through sources and programs both external including but not lir audits, weight records, dieta dietician audits, physician restudies, and other system postudies, and other system postudies are the Dietary Manager (DM) a Dietician (RD) on 06/25/15. Re-training was conducted and 07/07/15 for staff by the card accuracy and the impostudes.	is maintained in various in internal and mited to chart ary tracking, eviews, QA processes. Ident #62's e-assessed by and Registered on 06/25/15 e DM on tray	,
	Data Set (MDS) do	06/15 admission Minimum cumented his cognition was he was independent with ght was stable.		Resident #62's individualize was amended on 6/26/15 b Coordinator to include weig	ed plan of care y the MDS	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		PLETED
		345353	B. WING		06/2	: 26/2015
	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 325	A 04/28/15 hospital documented Resid 04/02/15 until 04/2 A 04/28/15 re-adm Assessment documented to the front soft diet with 120 constrained in the resident's more documented his Market pounds. A 05/22/15 physicic Form documented his Market pounds. A 05/22/15 physicic Form documented receiving large por A 05/22/14 Interdist documented a weat and Resident #62 his lunch and suppfurther weight loss A 05/24/15 quarter #62's short and long his decision making impaired, he required here weight loss Review of Resider weight loss was not the resident's more than the resident's more than the resident's more than the resident's more hundred and the resident's more than the resident t	al Discharge Summary dent #62 was hospitalized from 18/15. It comprehensive Nutritional mented Resident #62 was acility on a regular, mechanical cubic centimeters (cc) of liquid ment twice daily (BID). Inthly Weight Report ay 2015 weight was 127 In an's order and Diet Requisition Resident #62 was to start tions at lunch and supper. It is ciplinary Progress Note ekly weight meeting was held, had double portions added to be meals to help prevent It is MDS documented Resident me term memory were impaired, g skills were moderately red set-up assistance only with light was stable with no loss or gain in the last thirty or	F 325	incorporating the already in place and interventions. Resident #62 is being fed by staff. Resident #62 is weekly weights and will have a re-evaluation on 07/17/15 to see weights need to continue. 2. Id of Others- DM and RD audicharts and updated, if appropriate Meal Tracker System. A weight assessment was conducted MDS and the Director of Nursing from 06/26/15 through 7/03/15 to there were no other residents with significant weight change not receinterventions as planned/directed. On 06/26/15, DoN audited care post those residents with a potential folloss or actual weight loss to ensure where appropriate, weight loss gointerventions were addressed on residents; plan of care. The review revealed no other residents. 3. Measures- Re-training was con 06/25/15 and 07/07/15 for all of staff by the DM on tray card accute the importance of following the diets/portions. Clinical staff was regarding checking tray slips for a on 06/23/15, 06/24/15, 06/25/15 and 06/28/15. DM or their designee will conduct audits for tray accuracy. Audits we continue for at least 6 months or team determines that staff is followed.	ited all e, the cted by (DoN) ensure neiving clans for r weight re, hals and etrained accuracy and tray line ll until QA	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG	COMI	(X3) DATE SURVEY COMPLETED		
		345353	B. WING			C 06/26/2015	
	PROVIDER OR SUPPLIER	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	•	20/2010	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 325	A 06/10/15 physic #62's liquid nutritic 120 cc three times A 06/12/15 Interdigued coumented Resid 115 pounds. At 5:52 PM on 06/ was feeding supposed the staff took the tray slip document portions". However, amount of chicker vegetable blend a hall who received commented the staff took the trays to make supplements, likes and residents received consistency and point of the staff took the trays to make supplements, likes and residents received consistency and point of ground although his trays. He reported at the supposed to call to such as diet present supplements. Accepted to the supplements of ground although his trays. He reported at the supposed to call to such as diet present supplements. Accepted to the supplements of ground although his trays. He reported at the supposed to call to such as diet present supplements. Accepted to the supplements of ground although his trays and the supplements of ground although his trays and the supplements. Accepted to the supplements of ground although his trays and ground although his trays are ground although his trays and ground although his trays and ground although his trays and ground although his trays are ground although his trays and ground although his trays are grou	ian's order changed Resident onal supplement to 2-calorie of daily (TID). Sciplinary Progress Note dent #62's weight dropped to 24/15 nursing assistant (NA) #2 for to Resident #62 in his room. Sident would eat everything if time to feed him. The resident's feed he was to receive "large for, Resident #62 had the same in and dumplings and Capri is other residents on the same regular portions. The NA for the caller was sure residents received is and dislikes were honored, served the correct food ortion sizes. 25/15 the dietary manager lent #62 did not receive large I meatloaf or vegetables with the caller was but information on the tray slips cription, dislikes, and cording to the DM, the cook information which was called fed the plates, and repeated the on the caller as the plate was set the production line. He has not always sure there was of the plates before being	F 3.	card procedures (Month 1 days, 2 meals; Month 3- at least 4 Month 4- at least 3 days, 2 as needed); Month 5- at lemeals (random as needed 2 days, 2 meals (random as needed 2 da	t least 5 days, 2 days, 2 meals; 2 meals (random east 3 days, 2 d) and Month 6-as needed)). ted on 06/26/15 sciplinary Team g process and ght concerns zed. cess was ne DoN and ght data continue to be Veight weight change weight report ats, weekly ghts. All reight change, > 6 months will be s monitored. In will continue to addresses reight change ee will continue charts to ensure as are in place as altant will monitor during July and		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		345353	B. WING _			C 26/2015
	PROVIDER OR SUPPLIER ND HOUSE REHABILI	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	•	26/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 325	tray slips specified were to receive large explained some resportions of protein fon the meal tickets. received large portipromote wound healbumin and pre-altecommented he thouse provided to Resider loss. At 11:50 AM on 06/2 supposed to match plates when they sereported the staff were sidents received sidilikes were honor correct diet consisted documented on the	26/15 the DM stated when l'large portions" the residents per portions of all foods. He sidents only received large cods, but this would be noted. He reported residents ons to prevent weight loss, aling, and to improve low pumin levels. However, he sught the large portions of the tray slips against the et up resident meal trays. She as looking to make sure supplements, likes and ed, and residents received the encies and portion sizes as tray slips.	F 33	weekly and quarterly basis, t management nursing staff w review the effectiveness of a interventions in place to prevunavoidable weight change a MDS data is being entered c Findings will be given to the Quality of Life- QA committee corrective action initiated as Results of both clinical and will then be submitted for revmonthly QA Meeting.	rill be able to Ill rent and that the correctly. weekly e and appropriate. lietary audits	
F 371 SS=E	weights were obtainmonth, and it took a obtain weights for a She reported Resid amount of weight si 2015. 483.35(i) FOOD PR STORE/PREPARE/ The facility must - (1) Procure food froconsidered satisfac authorities; and	6/15 NA #4 stated monthly ned starting the first of each about three of four days to II residents in the building. ent #62 lost a considerable nce being hospitalized in April ROCURE, SERVE - SANITARY	F 3	71		7/17/15

	2 6/2015
	10,10
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 Continued From page 14 under sanitary conditions	
This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain egg salad made with mayonnaise at 41 degrees Fahrenheit or below during the operation of the kitchen trayline. Findings included: At 5:55 PM on 06/22/15 egg salad sandwiches were observed in a thick foil pan on a cart. There were no interventions in place to keep the sandwiches cold. At 5:57 PM on 06/22/15 a digital thermometer was used to check the temperature of the egg salad filling in the sandwiches. The egg salad registered 64.7 degrees Fahrenheit. At this time the dietary manager (DM) reported the egg salad was assembled around 3:00 PM on 06/22/15, and the sandwiches were stored in the walk-in refrigerator until the trayline began operation. He stated there were only three more carts left to go out to residents who ate in their rooms on different halls. Review of the facility's trayline temperature log revealed no temperature was documented on the egg salad as the 06/22/15 supper trayline began operation. In fact, there were no temperatures recorded on cold salads in the log during the month of June 2015 what so ever. It has been the policy and normal practice of this facility to store, prepare, distribute and serve food under sanitary conditions as reflected through the County Sanitation Inspections and outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The facility has policies and procedures designed to maintain these goals. Ongoing outside contractor audits. The fa	

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		345353	B. WING			C 06/26/2015	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		10/2010
nichi vi	ID HOUSE BEHABILI	TATION AND HEALTHCARE		17	700 PAMALEE DRIVE		
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE			F	AYETTEVILLE, NC 28301			
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F 371			F 3	71		- 1 - CC	
	eggs, mayonnaise, remarked the facilit almost all the time I sandwiches with an	nade its own egg salad. He reported it contained ggs, mayonnaise, relish, and black pepper. He emarked the facility kept egg salad made up lmost all the time because the residents enjoyed andwiches with and between meals. Once the			implemented on 06/23/15. Dietary s will prepare any cold foods/sandwid the day prior with a log for tempera and proper labeling/dating.	ches tures	
	trayline began operation, he commented it took about an hour to run all the meal carts out of the kitchen. At 10:55 AM on 06/26/15 the DM stated the PM assistant cook usually made up enough egg salad to last for a couple of days. He stated most of the time the egg salad sandwiches she				Verbal re-training with dietary staff on 06/22/15. Formal in-service train was conducted on 06/23/13 by the regarding proper prep/storage, chill process, tray service, cold and hot	ning DM ling	
					temperature monitoring and temper recording logs all cold/hot food item	rature ns.	
assemble At 11:03 /	At 11:03 AM on 06/2	not used until the next day. 06/26/15 the AM cook stated cold h mayonnaise were usually 10:30 AM, and used at the and supper meals. She reported d was usually disposed of at the			 Monitor- Temperature testing o tray line items and trays delivered to residents prior to serving will be completed by the cook and recorded 	0	
	prepared around 10 upcoming lunch and				the appropriate logs. The DM or designee will conduct	,a on	
		fresh was prepared the next			inspections of storage, preparation service of meals for appropriate temperature ranges.	and	
					Audits will continue for at least 6 mor until QA team determines that st following temperature guidelines: (I 1- at least 6 days, 2 meals; Month 2 least 5 days, 2 meals; Month 3- at I days, 2 meals; Month 4- at least 3 meals (random as needed); Month least 3 days, 2 meals (random as nand Month 6- 2 days, 2 meals (random needed)).	aff is Month 2- at least 4 days, 2 5- at needed)	
					Results of the inspections will be re and reviewed in the monthly facility meetings for the next 3 months.		

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	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		17	TREET ADDRESS, CITY, STATE, ZIP CODE 700 PAMALEE DRIVE AYETTEVILLE, NC 28301			
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F 371	Continued From page 16		F 3	71	Results of audits will be submitted f review at the monthly QA Meeting.	or		
F 425 SS=D		.60(a),(b) PHARMACEUTICAL SVC - F 425 CURATE PROCEDURES, RPH			7/17/15			
	drugs and biologica them under an agre §483.75(h) of this p	art. The facility may permit el to administer drugs if State y under the general						
	A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.							
	by: Based on observat Pharmacist, Pharm staff interviews the monitor the medica logs that were poste refrigerators for tem range for medicatio refrigerators. Findin	acist Nurse Consultant, and contracted pharmacy failed to tion refrigerator temperature ed on the doors of the apperatures that were out of ns stored in 2 of 3			The facility utilizes a clinical pharms provide the system and services of licensed pharmacists that are in accordance with state and federal guidelines related to drugs and biologicals, their records, labeling a storage. The pharmacy provides consultation on all aspects of the provision of pharmacy services in the	nd		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		20.22			С	
	345353	B. WING			06/26/2015	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILI	TATION AND HEALTHCARE		17	REET ADDRESS, CITY, STATE, ZIP CODE 00 PAMALEE DRIVE		
			FA	AYETTEVILLE, NC 28301		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		BE	(X5) COMPLETION DATE
"Medications requiritemperatures betwee degrees C (46 F) are thermometer to allow Under O, the policy conditions are moniful (the consultant phare taken if problems are Review of the Unit Consultant Phare taken if problems are Review of the Unit Consultant Phare taken if problems are Review of the Unit Consultant Phare taken if problems are Review of the Unit Consultant Phare taken if problems are Review of the Unit Consultant Phare taken if problems are Review of the Unit Consultant Phare taken if the Unit Dougle Phare taken in the Unit Dougle Phare t	ed 01/01/12 revealed under K, ing refrigeration or een 2 degrees C (36 F) and 8 re kept in a refrigerator with a w temperature monitoring." revealed, "Medication storage tored on a (monthly) basis by rmacist) and corrective action re identified." C Medication Refrigerator ated May 2015 revealed res for 05/16/15 through recorded. The log ature should be between 36 C Medication Refrigerator ated June 2015. D Medication Refrigerator ated June 2015. D Medication Refrigerator ated June 2015 revealed 4 respectively what regerator should be kept at. 15 Medication Refrigerator ated May 2015 revealed 4 respectively what regerator should be kept at. 15 Medication Refrigerator ated May 2015 revealed the temperature for excelled the temperature for excelled the temperature for excelled. There were five a temperature noted. Modication Room completed by the Pharmacy or Unit A revealed proper aintained (36-46 degrees). No compliance Reports were	F 4	125	facility. There are multiple internal a external checks and balances estal to monitor the various drug and bio systems. 1. Corrective Action- Any liquid va and medications that could have be potentially affected by the out of rar temperatures in the affected refrige were removed immediately by Qua Assurance (QA) Nurse and Directo Nursing (DoN). Vaccines and medications were ret to the pharmacy that evening. Phar replaced liquid vaccines and medications were removed with their next of the pharmacy that evening. Phar replaced liquid vaccines and medication refrigerators were checked thirty (30) minutes later, medication. Units were adjusted and rechecked thirty (30) minutes later, medication refrigerators were within recommended temperature range. Unit nurses re-checked all refrigeratemperatures every hour for the ne 24-hours to ensure temperatures will fluctuating. Findings reported to the With temperatures remaining within range, daily checks resumed per positive temperature was within range. Logareflected temperatures within recommended range. 3. Measures- A revised temperatures.	blished logical sccines een age erators lity r of urned macy ation elivery. The checked all all tor ext vere not e DoN. It olicy.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
						С	
		345353	B. WING			06/2	26/2015
	PROVIDER OR SUPPLIER ND HOUSE REHABILI	TATION AND HEALTHCARE		17	TREET ADDRESS, CITY, STATE, ZIP CODE 700 PAMALEE DRIVE AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		BE	(X5) COMPLETION DATE
F 425	In an interview on 0 verified the tempera refrigerator was for know where the Jui #2 indicated a refrig degrees was too high An observation on 0 the Unit D medicati was 25 degrees. The Nurse #3. In an interview on 0 stated she needed keep the refrigerator tem the medications should be refrigerator of Nursing was done for the Unidicated it was a perimeratures were In an interview on 0 Pharmacy Manager Nurse Consultants refrigerator logs more refrigerator should and 46 degrees. The refrigerator temperatures were was below freezing refrigerator should if it was unknown we temperatures were was no way to tell if freezing therefore to used. The Pharmacy tuberculins, insulins vaccines (pneumore either discarded or indicated 25 degrees)	ature log on the front of the May. She stated she did not the temperature log was. Nurse gerator temperature of 52 gh. D6/25/15 at 5:22 PM revealed on refrigerator temperature nis temperature was verified by 16/25/15 at 5:25 PM Nurse #3 to call maintenance and also or door closed. She stated if peratures were out of range ould not be used. 16/25/15 at 6:20 PM the stated no temperature log nit C refrigerator in June. She roblem that the refrigerator	F 4	125	was implemented to record correct action(s) if temperatures fluctuate of recommended range. Facility Quassurance (QA) Nurse and Infection Control (IC) Nurse will be responsil audit each medication refrigerator a weekly to ensure compliance. The shift nurse on each unit or designer remains responsible for recording a auditing the temperature logs to enappropriate ranges. DoN conducted training from 06/25 through 06/28/15 with nurses and medication aides on policies and procedures regarding checking and recording temperatures and steps if temperature is out of range. The pharmacy audit process was amended to ensure pharmacy RN consultant inspected all medication refrigerators and logs each month; reporting out of range findings to D designee and/or maintenance. An in-service was conducted with a pharmacy nurses and other appropharmacy staff by Pharmacy's Clin Services Director on 07/15/15. 4. Monitor- QA Nurse, IC Nurse of designee will randomly audit medic refrigerators and logs weekly for temperatures within range, comple recordings and corrective action, if appropriate, for the next three monensure effectiveness of the plan.	outside pality on ole to eat least third e eand sure oly 15 do take on, all oriate ical or their eation te log	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345353	B. WING _		C 06/26/2015	
	PROVIDER OR SUPPLIER	TATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	1 0011	23/2010
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 431 SS=D	Pharmacy Nurse Comonitor each medic monthly. She stated month unless the far about a unit. She in were available she questioned further, Consultant confirmed never been unavailate report the refrigerate as she did not monitor refrigerators. She in the maintained betwoe Pharmacy Nurse Conthact were kept outside used, especially 32 degrees as ice of the medications. 483.60(b), (d), (e) Example 12 to 12 to 12 to 13 to 14 to 15 to	16/26/15 at 3:05 PM the consultant indicated she did not cation room refrigerator dishe rotated the halls each acility had a particular concern dicated if the temperature logs checked them. When The Pharmacy Nurse ed the temperature logs had able. She stated she did not for temperature discrepancies are there was a problem since all the units' medication andicated medications should seen 36 and 46 degrees. The consultant stated medications ide the parameters should not if they had been stored below crystals may have formed in DRUG RECORDS, UGS & BIOLOGICALS Inploy or obtain the services of sist who establishes a system and disposition of all sufficient detail to enable and incin; and determines that drug or and that an account of all maintained and periodically als used in the facility must be not with currently accepted ales, and include the	F 42	DoN will provide a report to the fact Quality Assurance Committee (QA monthly for the next three (3) monthly for effectiveness of the plan a until satisfied that the desired outcome achieved.	ths to and/or	7/17/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED	
		345353	B. WING		06/26/2015	
	PROVIDER OR SUPPLIEI	LITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CO 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	-	20/2010
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 431	facility must store locked compartment controls, and perriphave access to the The facility must appermanently affixed controlled drugs lick Comprehensive E Control Act of 197 abuse, except which package drug distinct control distinct control act of 197 abuse, except which package drug distinct control act of 197 abuse, except which package drug distinct control act of 197 abuse, except which control act of 197 abuse, except which control act of 197 abuse, except which control act of 197 abuse.	h State and Federal laws, the all drugs and biologicals in ents under proper temperature nit only authorized personnel to e keys. provide separately locked, ed compartments for storage of sted in Schedule II of the prug Abuse Prevention and 6 and other drugs subject to en the facility uses single unit cribution systems in which the minimal and a missing dose can	F 4:	31		
	by: Based on observinterviews the factor at recommended medication refriger Review of the Unitemperature Logrecorded temperature Showed the temperature showed the temperature Logreperature Logrepera	ation, record review, and staff lity failed to store medications temperatures for 2 of 3 erators. Findings included: t C Medication Refrigerator dated May 2015 revealed stures for 05/16/15 through 21/15 through 05/24/15. No es were recorded. The log erature should be between 36 t C Medication Refrigerator dated June 2015. t D Medication Refrigerator dated May 2015 revealed 4 erator temperatures were not did not specify what		It is the policy and normal profacility to store medications recommended temperatures accordance with currently as professional principles. The internal and external checks established to monitor the vand biological systems. 1. Corrective Action- Any liand medications that could potentially affected by the outemperatures in the affected were removed immediately Assurance (QA) Nurse and Nursing (DoN).	at s in ccepted re are multiple s and balances arious drug iquid vaccines have been ut of range d refrigerators by Quality	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345353	B. WING			C 26/2015
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		20/2013
HIGHI AI	ND HOUSE REHARII	ITATION AND HEALTHCARE		1700 PAMALEE DRIVE		
IIIOIILAI	TO TIOUUE RETIABLE	TATION AND TEACHTOAKE		FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUT FAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		OULD BE	(X5) COMPLETION DATE
F 431	F 431 Continued From page 21		F 4	l31		
F 431	temperature the ref. The Unit D June 20 Temperature Log reshould be 36-46 de 06/01/15 was not recorded temperature no corrections to the Observations of the refrigerators showed were stored there: Derivative (PPD), whepatitis B Vaccines vaccines. Review of the Tuber Derivative (PPD) more vaccines. Review of the Tuber Derivative (PPD) more vaccines. Review of the Tuber Derivative (PPD) more vaccines. Review of the Uniter Administration literate product if exposed Review of the Uniter Administration literate product labels of manufacturers, it is stored in a refrigerate 46 F. Avoid freezing insulin that has been Review of the Pression should not multi-dose vials should not consider the Vaccines should be shou	frigerator should be kept at. 215 Medication Refrigerator evealed the temperature egrees. The temperature for ecorded. There were five ures less than 36 degrees with the temperature noted. The Unit C and Unit D the dothe following medications Tuberculin Purified Protein rarious insulins, Procrit, thes, and pneumococcal erculin Purified Protein transperse at 2 degrees to 8 to 35 to 46 degrees F to freeze (bold letters). Discard to freezing." The States Food and Drug ature revealed, "According to from all three U.S. insulin to recommended that insulin be ator at approximately 36 F to g the insulin. Do not use	F 4	Vaccines and medications were to the pharmacy that evening. replaced liquid vaccines and in that were removed with their in that were removed with their in All medication refrigerators were by maintenance to ensure prosperation. Units were adjusted rechecked thirty (30) minutes medication refrigerators were recommended temperature rate Unit nurses re-checked all refrigeratures every hour for the 24-hours to ensure temperature fluctuating. Findings reported With temperatures remaining range, daily checks resumed prange, daily checks resumed prefrigerator was checked and temperature was within range. 2. Id of Others- The remaining refrigerator was checked and temperature was within range. Significant temperature was within recommended range. 3. Measures- A revised temperatures fluctured frecommended range. Facility Assurance (QA) Nurse and Intercommended (IC) Nurse will be responded to recompliance. Shift nurse on each unit or design.	Pharmacy redication ext delivery. The checked per and ater, all within rige. In the control of the DoN. Within rediction of the DoN	
	the Unit C medicati	atures." 06/25/15 at 5:00 PM revealed on refrigerator temperature his temperature was verified by		remains responsible for record auditing the temperature logs appropriate ranges. DoN conducted training from 0	o ensure	

CLIVILI	TO I OIT WEDICAILE	A MEDICAID SERVICES			<u> </u>	VID IVO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245252	B. WING			С	
		345353	b. WING			06/2	26/2015
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	UD LIQUIDE DELLABILI	TATION AND LIEALTHOADE		17	700 PAMALEE DRIVE		
HIGHLAI	ND HOUSE REHABILI	TATION AND HEALTHCARE		F.	AYETTEVILLE, NC 28301		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX (EACH DEFICIENC)		/ MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD		COMPLETION
		SC IDENTIFYING INFORMATION)	TAG	i	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
					DEFICIENCY)		
F 431	Continued From pa	ne 22	-	431			
	· ·	_	, -	+01	H		
		06/25/15 at 5:03 PM Nurse #2			through 06/28/15 with nurses and		
		ature log on the front of the			medication aides on policies and		
		May. She stated she did not			procedures regarding checking and		
		ne temperature log was. Nurse			recording temperatures and steps	to take	
		gerator temperature of 52			if temperature is out of range.		
	degrees was too hig	gn. 06/25/15 at 5:22 PM revealed			The pharmacy audit process was		
		D medication refrigerator temperature			amended to ensure pharmacy RN		
	was 25 degrees. This temperature was verified by Nurse #3.				consultant inspected all medication	,	
		06/05/45 at 5:05 DM Nivra 42			refrigerators and logs each month;		
		06/25/15 at 5:25 PM Nurse #3			reporting out of range findings to D	OIN,	
		to call maintenance and also			designee and/or maintenance.		
		or door closed. She stated if			A series a series and series and series at series	. 11	
		peratures were out of range			An in-service was conducted with a		
	the medications she				pharmacy nurses and other appropriate		
		06/25/15 at 6:20 PM the			pharmacy staff by Pharmacy's Clin	ical	
		(DON) stated no temperature			Services Director on 07/15/15.		
		e Unit C refrigerator in June.					
		s a problem that the			4. Monitor- QA Nurse, IC Nurse of		
		atures were out of range.			designee will randomly audit medic	ation	
		06/25/15 at 6:38 PM the			refrigerators and logs weekly for		
		r indicated medication			temperatures within range, comple		
		l be kept between 36 degrees			recordings and corrective action, if		
		ne Pharmacy Manager stated a			appropriate, for the next three mon	ths to	
		ature of 32 degrees or less			ensure effectiveness of the plan.		
		and the medications in the					
	refrigerator should	not be used. He indicated that			DoN will provide a report to the fac	ility	
	if it was unknown w	hat the medication refrigerator			Quality Assurance Committee (QA)	
	temperatures were	(dates not recorded) there			monthly for the next three (3) mont		
	was no way to tell if	the temperatures were below			monitor effectiveness of the plan a	nd/or	
	freezing therefore t	he medications should not be			until satisfied that the desired outco	omes	
	used. The Pharmac	cy Manager stated any PPD,			are achieved.		
	insulins, Procrit, an	d vaccines (pneumococcal,					
		be either discarded or					
		rmacy. He indicated 25					
		old and 52 degrees was too					
	warm for the storage						
		6/25/15 at 11:35 PM Nurse #4					
		sponsibility of the 7-3 shift					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345353	B. WING		C 06/26/2015		
	PROVIDER OR SUPPLIER	ITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301	,		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 431	temperatures. He is should be kept bet indicated if he four temperature to be the gauge to make not working he wormedications could medications would temperatures regist not be used. In an interview on indicated the 11-7 medication refriger She stated the temperatures were the temperature ar log. In an interview on stated it was the far nurses to record the temperatures. In an interview on Supervising Nurse temperature were if the night shift nut temperature the destated the nurse or checking the refrig stated medication kept at 36-46 degr. In an interview on stated it was the refrig stated it was the refrigeratures. She temperature log wanurse did not correspond to the should be should	e medication refrigerator indicated the temperatures ween 40 and 45 degrees. He ad the medication refrigerator out of range he would check is sure it was working. If it was all notify the DON so the be moved. Nurse #4 stated the freeze if the refrigerator stered 25 degrees and should 106/25/15 at 11:43 PM Nurse #5 murses recorded the rator temperatures on the logs. It is peratures should be between at Nurse #5 stated if the out of range she would adjust and write the correction on the 106/26/15 at 8:30 AM Nurse #6 incility policy for the day shift are medication refrigerator are recorded daily. She indicated rese did not record the any shift nurse should. She in each shift was responsible for erators. The Supervising Nurse storage refrigerators should be	F 43				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			DATE SURVEY COMPLETED	
		345353				C 06/26/2015	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOUSE REHABILITATION AND HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 431	correct May 2015 to she was unable to p was her expectation medication refrigera the temperatures w	ge 24 emperature log, she indicated broduce it. She indicated it in that the nurses record the ator temperatures every day. If were not within 36-46 degrees to make corrections and note	F 4:	31			