STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345375	A. BUILDING _____ B. WING _____	C 06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTLAND MANOR HEALTH CARE CENTER	920 JR HIGH SCHOOL ROAD SCOTLAND NECK, NC 27874

(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 204 SS=D	483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency the State LTC ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents, as required at §483.75(r). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to include insulin on the discharge instructions for 1 or 3 residents, (Resident #1), reviewed for safe and orderly discharge. The findings included: Resident # 1 was admitted to the facility on 5/27/2015, with diagnoses to include diabetes, and gangrene toes on left foot. The resident ' s Minimum Data Set (MDS) assessment dated 6/3/2015, revealed his cognition to be severely impaired, and he required extensive assistance for activities of daily living. He had verbal behaviors and rejection of care. Physician Orders dated 5/27/2015 indicated insulin (an injection for diabetes) 2 units was to be administered three times daily with meals, and 10 units at bedtime. A physician order, dated 6/18/2015 indicated the resident may be discharged to home with home health, and 2 weeks of medicines called to	F 204	1. Upon notification of the missing medication for resident #1 from the assigned home health agency, the medication was called into the desired pharmacy. The home health agency picked up the medication for resident #1 on that day (June 20, 2015). 2. Social Services will initiate discharge plans for any resident that has a planned discharge to home or to another level of care. Discharge orders to be completed by a Licensed nurse and/or ADON with validation by a supervisory Licensed Nurse or DON prior to discharge. Additional discharge review by administrator on discharge orders prior to discharge. 3. The social services director, licensed nursing staff, ADON, and DON to review the policy regarding discharges as well as education related to how to complete all	7/10/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/09/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 204	Continued From page 1 pharmacy, based on current meds. Discharge Instructions dated 6/18/2015 listed 5 medications with dosage, which were called to the pharmacy for 2 weeks supply. Insulin was not documented in the medication list. A Discharge Evaluation and Plan revealed instructions were given to the resident and his wife prior to discharge for medications and wound care. On 6/30/2015 at 4:16 PM, an interview was conducted with the Director of Nursing. The DON stated on the day of the resident ' s discharge, she reviewed the discharge instructions with the resident. She then called the wife and reviewed the discharge instructions with her, including the medications. The DON documented the Discharge Instructions for Care, on 6/18/2015. She filled out the medications and dosages from the Doctors orders. She did not have a reason for not including the insulin and dosage on the discharge instructions. She stated it must have been an error.	F 204	tasks needed to execute a smooth transition for each planned discharge. The SDC will complete this education by July 10, 2015. 4. Ongoing audits by the administrator and/or DON for review of a well-documented and planned discharges. These audits will be weekly for four weeks, then monthly for three months. Data will be summarized and presented to the facility QAPI meeting monthly by the administrator or DON. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, and Environmental Services.	