STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING _____ B. WING _____	C 07/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, and resident and staff interviews the facility failed to provide adequate pain medication to 1 of 3 residents who required pain management. Resident #1 The findings included: Resident #1 was admitted to the facility 07/17/15 with diagnoses which included intractable lower back pain secondary to L1 fracture status post kyphoplasty on 07/16/15, osteoporosis, and chronic pain. The most recent Admission Minimum Data Set (MDS) dated 07/24/15 revealed she was alert and oriented. Resident #1 needed extensive assistance of 2 people for mobility, transfers as well as most activities of daily living. The MDS pain assessment revealed at the time of the assessment she had occasional pain and rated the pain 3 on a 10 point scale. Review of hospital discharge summary dated 07/17/15 revealed Resident #1 presented to the emergency department on 07/14/15 with compression fractures of Thoracic 12 and Lumbar 1. Resident underwent a kyphoplasty. Resident #1 ' s pain was so severe on presentation she was barely able to participate in physical therapy. She was evaluated by physical therapy and after kyphoplasty and	F 309	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. 1. Resident #1 did not experience harm as a result pain management. On July 18, 2015, Resident #1 received Tylenol 500mg two tablets by mouth as ordered at 8:00 AM, 12:00 noon and 4:00 PM. On July 18, 2015 the RN Supervisor conducted a pain assessment on Resident #1 after receiving Tylenol 500mg two tablets administered three times during the shift and slight pain was noted. Oycodone/Acetaminophen 5/325 mg was administered by mouth on July 18, 2015 at 4:30 PM. Licensed Nurses continued to monitor Resident # 1¿s level of pain and effectiveness of pain management with effectiveness noted. A follow up	8/21/15

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

Electronically Signed | 08/21/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING _____ B. WING _____	C 07/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 309	Continued From page 1 recommendation was made for discharge to short-term rehab. The discharge summary further read that Resident #1 ' s pain level the day of her discharge was reported as a 6 on a 10 point scale. Review of hospital medication administration records revealed prior to discharge from the hospital on 07/17/15 Resident #1 received Oxycodone (pain medication) at 9:53 AM and at 4:24 PM. She also received Morphine (pain medication) at 12:52 PM. Discharge medication orders from the hospital for Resident #1 included Acetaminophen (Tylenol Extended Strength Rapid Release) 500 mg (milligrams) tablet - 2 tablets oral every 6 hours as needed for headache and Oxycodone-acetaminophen 5mg-325 mg every four hours as needed for pain. Review of the Nursing Admission Information form dated 07/17/15 revealed Resident #1 had no pain at that time (7:00PM). Further the nurse's note attached to this form revealed the physician orders had been faxed to the pharmacy. This form was signed by Nurse #2. Review of Nurses Notes dated 07/18/15 at 2:00 PM read, "Patient alert lying in bed with complaints of pain. No medications have arrived from pharmacy yet. Patient given 2 Tylenol 500 mg at 8:00 AM, 12:00 (noon), and 3:00 PM. Tylenol does not seem to be alleviating the pain. Pharmacy has been called 3 times this shift, awaiting delivery." Review of facility Medication Administration Record dated 07/18/15 revealed Resident #1 received Tylenol Extra-Strength 500 mg 2 tablets at 11:37 AM and at 2:07 PM. Further review revealed Resident #1 received Oxycodone at 7:33 PM and at 9:48 PM. An interview was conducted on 07/29/15 at 10:39	F 309	appointment was scheduled for Resident #1 for August 17th, 2015 to assess healing, status post Kyphoplasty. 2. Narcotic Back up kit was established on August 6, 2015. As of August 6, 2015, All Licensed staff was educated on the policy and procedure for obtaining Narcotics from the back up kit. DON and/or ADON will be responsible for reordering to maintain par level. 3. As of August 1, 2015, DON and SDC re-educated all licensed staff regarding the policy and procedure for ordering new and refill medications from the Pharmacy. All newly hired Licensed Staff will be educated during orientation. DON, ADON and/or designee will audit using a QI tool all new narcotic orders, residents¿ pain assessment, medication administration and effectiveness to include obtaining medications from the narcotic back up kit Monday through Friday times three months. 4. DON and/or Designee will report audit results of QI monitoring to the monthly Quality Assurance Performance Improvement Committee for three months for continued compliance and/or revision. Any issues or identified trends will be addressed to ensure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING _____ B. WING _____	C 07/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 309	Continued From page 2	F 309		

AM with Resident #1. Resident #1 stated it is not going well. She stated they put cement in her back last Wed as there was a broken vertebrae. Stated she could not move. Resident #1 stated she had been at an assisted living. Resident #1 stated they did not always keep up with her pain sometimes they say they will be back and then they do not come back for a long time and sometimes never.

On 07/29/15 at 11:38 AM an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated Resident #1 was having quite a bit of pain when she was first admitted. She stated she was still having pain and that her pain is chronic. She stated her pain is getting better and is more controlled. She has been referred to a pain specialist and an orthopedist. The ADON stated Resident #1 was admitted on a Friday evening and they did not have an emergency supply of medications but they were working on getting that into place. She stated she had not had problems receiving medications from the pharmacy in the past but that she had just started working at the facility and Resident #1 was only her second admission. She stated there should always be backup medication in place and they are working at getting that into place.

An interview was conducted on 07/29/15 at 12:02 PM with Nurse #1. Nurse #1 stated she worked Saturday 07/18/15. She stated Resident #1 was in pain and asking for her pain medication. She stated there had been problems in the past getting medications from the pharmacy. Nurse #1 stated usually they would call the backup pharmacy and they will send the medications. She stated this did not work on Saturday when they were trying to get Resident #1's pain medication. She stated she did not know why the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING _____ B. WING _____	C 07/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 309	Continued From page 3	F 309		

pharmacy had not sent the medication or why it had not been delivered. Nurse #1 stated if it is after 5:00 PM when a patient is admitted you have to call the pharmacy and tell them you have to have this medication tonight. Nurse #1 further stated there are some medications the facility keeps on hand in their backup but not narcotics.
An interview was conducted at 12:21 PM with the Director of Nursing (DON). The DON stated when ordering medications from the pharmacy the cut off time is 5:00 PM. She stated if you do not get the order in by 5 PM then you call the on-call pharmacist to send the medication from the backup pharmacy. She stated Resident #1 came into the facility on a Friday evening. She stated she was given Tylenol around the clock. She stated when Resident #1 was admitted her pain was controlled but then the pain became worse. The DON further explained that the backup pharmacy would not send the narcotic on Saturday morning because the medication had already been dispatched from the main pharmacy. The DON stated she had recognized it was a problem not having backup medication in house. She stated she has formulated a Performance Improvement Plan to get a safe box to get narcotics as a backup in house. She has contacted the pharmacy company and is in the process of starting the process.
A telephone interview was conducted on 07/29/15 at 2:49 PM with Nurse #2 who admitted Resident #1 to the facility. She stated that when she admitted Resident #1 did not exhibit any symptoms of pain. Nurse #2 stated that while she completed the assessment for Resident #1 another nurse faxed the medication orders to the pharmacy. She stated normally if medications are needed immediately for a resident when they are admitted after hours the backup pharmacy would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345162	A. BUILDING _____ B. WING _____	C 07/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GASTONIA CARE AND REHABILITATION	416 N HIGHLAND STREET GASTONIA, NC 28052

(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 309	Continued From page 4 be called. A telephone interview was conducted on 07/29/15 at 1:07 PM with Nurse #3. Nurse #3 stated she was the supervisor on Saturday 07/18/15. She stated she was notified around 10:00 AM that Resident #1 was in pain. She stated the resident was given Tylenol. She stated the resident was still restless but the family was in and she could not sleep. She stated Resident #1 came in the night before and she did not know if the night nurse faxed the medications or not. She stated she called the pharmacy around 10:00 AM or a little after. Nurse #3 stated they told her they could not send the medications because they had already been filled by the main pharmacy. Nurse #3 stated if there is a resident in pain who is admitted on Friday evening the nurse needs to call the backup pharmacy and they will send the meds that night. She stated she did not know if the nurse called the backup pharmacy for the medications A telephone interview was conducted on 07/29/15 at 1:16 PM with the Pharmacist. The Pharmacist stated the facility is working to get the medication backup narcotics in place. He stated they had been working on this for about a week and a half. He further stated it is a slow process and can take up to a month to get everything into place.	F 309		