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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345557	A. BUILDING _____ B. WING _____	C 08/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA HEALTH & REHAB CENTER	3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412

(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 360 SS=D	483.35 PROVIDED DIET MEETS NEEDS OF EACH RESIDENT The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to provide a well-balanced breakfast meal to one of one residents to meet the dietary need of that resident. Findings included: Resident #3 was admitted to the facility on 3/31/15 with diagnoses including Diabetes Mellitus. The Admission Assessment dated 3/31/15 indicated that Resident #3 was alert, disoriented, and responsive. Review of the physician's orders revealed that Resident #3 was on a mechanical soft thin consistency diet. Review of the medical records revealed Resident #3 was participating in Adult Day Services outside of the facility 2-4 days a week. The Resident was transported to the Adult Day Services in the morning and back to the facility in the afternoon. The facility ' s resident sign out sheet documented that Resident #3 was picked up between 8:05 to 8:15 AM by Adult Day Service on 4/2/15, 4/3/15, 4/6/15, 4/7/15, 4/8/15, and 4/9/15. Review of the computerized meal consumption	F 360	Resident #3 is no longer in the facility. All residents who have scheduled transportation prior to breakfast are at risk for the alleged deficient practice. The transportation coordinator will communicate to nursing and dietary of residents transporting prior to scheduled breakfast. All staff were reeducated on the process of resident's transporting out of the facility prior to breakfast. DON/Designee will audit 100% of residents who transport prior to breakfast.	9/9/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen Sherwell — TITLE: NHA — (X6) DATE: 9/1/15

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.

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F 360	Continued From page 1 documentation revealed that Resident #3 was " not available " when the question was asked what percent of the breakfast meal was eaten. Review of the Medication Administration Record (MAR) revealed the Resident received sliding scale insulin based on the finger stick blood sugar before meals. The records revealed that only one out of six days did the Resident receive insulin without eating breakfast prior to leaving the facility to go to the Adult Day Service. In an interview on 8/13/15 at 8:25 AM, Nursing Assistant (NA) #3 stated that on 4/9/15 she had been told by a nurse to have Resident #3 ready by 8 AM to be transported to the Adult Day Service Facility. The NA stated she did not have breakfast prior to leaving the facility. The NA stated the term " not available " on the meal consumption documentation on 4/9/15 meant that Resident #3 had been not eaten breakfast at the facility prior to leaving. She further stated that the staff had to assist the resident in eating her meals. In an interview on 8/13/15 at 9:39 AM, NA #4 stated that on 4/1-3/15 and 4/6/15 she had been told by the nurses to have Resident #3 ready by 8 AM to be transported to the Adult Day Service Facility. The NA stated that the term " not available " on the meal consumption documentation on 4/1-3/15 and 4/6/15 meant that Resident #3 had not eaten breakfast prior to leaving the facility. The NA further stated she had not informed the nurses that Resident #3 did not eat breakfast because they were aware that she was to leave at 8 AM and the facility did not serve breakfast that early in the morning.	F 360	100% of residents transporting prior to scheduled breakfast will be audited daily for 1 week. 3days a week for 3 weeks. And then weekly x5 weeks. DON will report findings to the QA Committee monthly for the duration of the audit and will review recommendations.	9/9/15

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F 360	Continued From page 2 In an interview on 8/13/15 at 12:45 PM Nurse #--1 stated Resident #3 was diabetic and received insulin at 7:30 AM based on her finger stick blood sugar level. The Nurse stated that the Resident did not have breakfast prior to leaving the facility and had not communicated that fact with the Adult Day Service Facility. In an interview on 8/13/15 at 9:56 AM, the Dietary Manager stated at the time of Resident #3 ' s stay at the facility, breakfast was served around 8-8:15 AM. The Manager stated the facility would provide an early breakfast if the nurses filled out a diet slip and communicated the need. The Manager revealed that cereal and yogurt were always available to the nurses in the early AM. The Dietary Manager further stated the dietary slips for Resident #3 did not mention an early breakfast meal was needed. A Nurse who took care of Resident #3 at the Adult Care Service Facility was interviewed on 8/11/15 at 2:08 PM and stated that the Adult Care Service Facility only serves a lunch meal and a morning and afternoon snack. The Nurse stated that the Adult Care Service Facility had noted that the resident was diabetic, on insulin, and not being served breakfast prior to coming to their program. The Nurse stated that the Resident had not had any hypoglycemic episodes on the days when breakfast had not been served. The Nurse stated that their expectation is that the facility where the Resident is residing would give the breakfast and dinner meals and those expectations are reviewed with the facility prior to admission when a verbal report is given to verify if the facility can meet the resident ' s needs. The Administrator stated in an interview on	F 360		

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F 360	Continued From page 3 8/13/15 at 3:50 PM that the facility had an admission interview with the Adult Care Service Facility prior to a resident coming to the facility. The Administrator thought the Adult Care Service Facility had the ability to serve meals especially since they pick up residents to come to the facility at different times of the day. The Administrator stated that the nurses should have communicated with the kitchen that an early breakfast was needed and with the Adult Care Service Facility if breakfast had not been served.	F 360		
F 368 SS=E	483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below. The facility must offer snacks at bedtime daily. When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview and record review, the facility failed to offer an evening snack for 21 of 25 residents	F 368	Meal times have been changed to 0800 for breakfast and 6pm for dinner. All residents are at risk for the alleged practice for not receiving meals during this time frame. Dietary and nursing was in serviced on meal times of no more than 14 hours between dinner and breakfast. Administrator or designee will monitor the start time of dinner and breakfast. Daily for 7 days/ 3x week for 3 weeks/ and weeklyx8 weeks. Date of compliance Sept 9th 2015 Admin will report findings to the QA committee for review and findings.	9/9/15

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F 368	Continued From page 4 reviewed (Resident numbers 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26). There was a fifteen hour gap between the evening meal and breakfast. Findings included: On 8/10/2015, during a continuous observation from 7:30 PM to 11:30 PM, a sign was posted in the nurse ' s station stating breakfast was at 8:00 AM and dinner was at 5:00 PM. At 8:21 PM, staff from dietary brought a cart with snacks to the Magnolia Hall nourishment room. The cart contained 6 packages animal crackers, 7 packages peanut butter crackers and 2 packages of single serve cookies. A staff member was seen bringing small cans of soda to the nourishment room. On 8/10/2015 at 9:23 PM, Res. # 26 stated she does not get a bedtime snack, but that would be a good idea. She further stated " dinner comes early, and it is a long time until breakfast ". On 8/10/2015 at 10:15 PM, in an interview, Nurse Assistant (NA) #1 stated she asked all of her residents if they wanted a snack. NA #1 indicated that most residents wanted water, but a few wanted crackers or ginger ale. NA #1 stated that she did not know what the facility policy was, but she always asked if they wanted a snack. On 8/10/2015 at 10:30 PM, in an interview, NA #2 stated that some people went to bed early and wanted a snack early. Some people went to bed and did not want to be awakened for snack. The NA stated that some people wanted snack late. The NA stated that there was always yogurt, crackers, etc. available. She also stated that she offers snacks to everyone on the hall. On 8/10/2015 at 10:18 PM, the snacks that were observed on the nourishment room counter were 6 packages of animal crackers, 4 packages of peanut butter crackers, and 1 package of single	F 368		

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F 368	Continued From page 5 serve cookies. Staff were not observed passing snacks. On 8/12/2015 at 10:30 AM, in an Interview, the Certified Dietary Manager (CDM) stated he realized there was a 15 hour gap between supper at 5 PM and breakfast at 8 AM. He stated not all residents get an evening snack. On 8/13/2015 at 8:15 AM, breakfast trays were observed being brought to Magnolia Hall. At 5:10 PM, supper trays were observed arriving on the Magnolia Hall. Resident #26 was admitted 8/4/2015 with diagnoses of Congestive Heart Failure, Arial fibrillation(flutter type heart beat), and diabetes. The admission Minimum Data Set (MDS) dated 8/11/2015 noted Resident #26 to be cognitively intact. Resident #26 was on a low concentrated sweets, regular texture, thin consistency diet. On 8/10/2015 at 10:15 AM, Resident #26 stated that she was never offered an evening snack. Resident #21 was admitted 12/24/2014 with diagnoses of acute bronchitis, Chronic Kidney Disease Stage III, hip fracture. The annual MDS dated 6/28/15 noted Resident #21 to be cognitively intact. Resident #21 was on a regular, regular texture and thin consistency diet. On 8/12/2015 at 10:30 AM Resident #21 stated she was never offered an evening snack. Resident #19 was admitted 2/5/2014 with diagnoses of lumbar disc degeneration, anxiety, dysphagia and diabetes. The annual MDS dated 9/10/2014 noted Resident #19 was cognitively intact. Resident #19 was on a low concentrated sweets, regular texture, and thin consistency diet. On 8/12/2015 at 4:40 PM Resident #19 stated she was never offered an evening snack. Resident #15 was admitted 4/1/2013 with diagnoses of elevated white blood cell count,	F 368		

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F 368	Continued From page 6 anxiety and dysphagia (difficulty swallowing). The annual MDS dated 3/13/2015 noted Resident #15 to be cognitively intact. Resident #15 was on a regular diet, regular texture and thin consistency. On 8/12/2015 at 10:45 AM, Resident #15 stated she was never offered an evening snack. Resident #13 was admitted 1/8/2015 with diagnoses of hypertension, bipolar, nerve pain and weakness, and bladder disorder. The annual MDS dated 1/14/2015 noted Resident #13 to be cognitively intact. Resident #13 was on a no added salt diet with regular texture and thin consistency. On 8/12/2015 at 10:50 AM, Resident #13 stated she was never offered an evening snack Resident #23 was admitted 8/2/2013 with diagnoses of spinal stenosis, cardiac pacemaker, Chronic Kidney Disease, diabetes. The annual MDS dated 8/10/2015 noted Resident #23 to be cognitively intact. Resident #23 was on a regular, regular texture, thin consistency diet. On 8/12/2015 at 11:00 AM, Resident #23 stated she was never offered an evening snack. Resident #8 was admitted 6/27/2013 with diagnoses of post-surgical aftercare, lumbar disc degeneration, and difficulty walking. The annual MDS dated 6/18/2015 noted Resident #8 to be moderately impaired for cognition. Resident #8 was on a regular diet with regular texture, and thin consistency. On 8/12/2015 at 11:55 AM, Resident #8 stated that she was never offered an evening snack. Resident #14 was admitted 7/3/2013 with diagnoses of post-surgical aftercare, heart failure, morbid obesity and diabetes. The annual MDS dated 7/27/2015 noted Resident #14 to be cognitively intact. Resident #14 was on a low concentrated sweets, regular texture, and thin consistency diet. On 8/12/2015 at 2:20 PM,	F 368		

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F 368	Continued From page 7 Resident #14 stated she was never offered an evening snack. Resident #20 was admitted 11/24/2014 with diagnoses of blood in stool, leukemia, and Congestive Heart Failure. The admission MDS dated 12/1/2014 noted Resident #20 to be cognitively intact. Resident #20 was on a reduced sodium, regular texture, thin consistency diet. On 8/12/2015 at 2:30 PM, Resident #20 stated that she was never offered an evening snack. Resident #12 was admitted 7/5/2015 with diagnoses of dementia, depression, diabetes and epilepsy. The admission MDS dated 7/11/2015 noted Resident #12 to be cognitively intact. Resident #12 was on a low concentrated sweets diet with regular texture and thin consistency. On 8/12/2015 at 2:50 PM, Resident #12 stated that she was never offered an evening snack. Resident #18 was admitted 8/3/2015 with diagnoses of acute respiratory failure, Chronic Kidney Disease Stage I, and a fractured vertebra. The admission MDS dated 8/10/2015 noted Resident #18 to be cognitively intact. Resident #18 was on a cardiac diet with regular texture. On 8/12/2015 at 2:45 PM, Resident #18 stated that she was never offered an evening snack. Resident #11 was admitted 7/24/2015 with diagnoses of cerebral artery occlusion, anxiety, and diabetes. The admission 5 day MDS dated 7/31/2015 noted Resident #11 to be cognitively intact. Resident #11 was on a renal diet with regular consistency. On 8/12/2015 at 2:50 PM, Resident #11 stated he was never offered an evening snack. Resident #9 was admitted 8/14/2015 with diagnoses of heart failure, acute kidney failure, and pneumonia. The admission MDS dated 8/11/2015 noted Resident #9 to be cognitively intact. Resident #9 was on a renal diet with	F 368		

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F 368	Continued From page 8 regular texture and thin consistency. On 8/12/2015 at 3:15 PM, Resident #9 stated she was never offered an evening snack. Resident #17 was admitted 12/23/2013 with diagnoses of stroke with inability to move on one side, dysphagia (difficulty swallowing), depression and aphasia (difficulty speaking). The annual MDS dated 12/28/2014 noted Resident #17 to be moderately impaired for cognition. Resident #17 was on a regular diet with regular texture and thin consistency. On 8/12/2015 at 3:45 PM Resident #17 stated he was never offered an evening snack. Resident #22 was admitted 5/31/2015 with diagnoses of dementia, abnormal gait, and conversion disorder. The admission MDS dated 6/7/2015 noted Resident #22 to be cognitively intact. Resident #22 was on a regular diet. On 8/12/2015 at 4:00 PM, Resident #22 stated that she was never offered an evening snack. Resident #16 was admitted 6/15/2015 with diagnoses of acute pancreatitis and post-surgical aftercare. The admission 5 day MDS dated 6/4/2015 noted Resident #16 to be cognitively intact. Resident #16 was on a cardiac diet, puree level I texture and thin consistency. On 8/12/2015 at 4:05 PM, Resident #16 stated she was never offered an evening snack. Resident #10 was admitted 8/9/2015 with diagnoses of ankle joint replacement, and diabetes. The Social Worker stated on 8/12/2015 at 3:00 PM, that Resident #10 was cognitively intact. Resident #10 was on a low concentrated sweets, regular texture, and thin consistency diet. On 8/12/2015 at 4:10 PM, Resident #10 stated she was never offered an evening snack. Resident #24 was admitted 4/2/2015 with dxiagnoses of viral enteritis (stomach upset), rheumatoid arthritis, and depression. The	F 368		

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F 368	Continued From page 9 admission 5 day MDS dated 4/9/2015 noted Resident #24 to be cognitively intact. Resident #24 was on a regular diet,regular texture, and thin consistency. On 8/12/2015 at 4:15 PM, Resident #24 stated she was never offered an evening snack. Resident #25 was admitted 7/31/2015 with diagnoses of Chronic Pulmonary Disease, diabetes and heart failure. The admission MDS dated 8/6/2015 noted Resident #25 to be cogntively intact. Resident #25 was on a low concentrated sweets, regular texture, and thin consistency diet. On 8/12/2015 at 4:40 PM, Resident #25 stated he was never offered an evening snack. Resident #7 was admitted 7/3/2015 with diagnoses of Congestive Heart Failure, diabetes, and acute blood clot in a vein. The 5 day admission MDS dated 7/10/2015 noted Resident #7 to be cognitively intact. Resident #7was on a regular diet, of regular texture, and thin consistency. On 8/12/2015 at 5:00 PM, Resident #7 stated she was never offered an evening snack. Resident #5 was admitted 7/31/2015 with diagnoses of End Stage Renal Disease, epilepsy, and disorder of calcium metabolism. The admission 5 day MDS dated 8/7/2015 noted Resident #5 to be cognitively intact. Resident #5 was on a renal diet with regular texture and thin consistency. On 8/12/2015 at 5:10 PM, Resident #5 stated that she was never offered an evening snack. On 8/13/2015 at 2:26 PM, the Administrator stated that every resident who is allowed, would get food. She indicated diabetic residents may have an order for something diffferent, but anyone who is on a snack appropriate diet should be offered an evening snack.	F 368		

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F 388 SS=D	483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure an initial visit was completed by the facility physician for one of one residents sampled for physician visits (Resident #2). Resident #2 was admitted 4/14/2015 with diagnoses of acute respiratory failure, diabetes, atrial fibrillation (flutter type heartbeat), and congestive heart failure. The admission 5 day Minimum Data Set (MDS) dated 4/21/2015 noted Resident #2 to be cognitively intact and needed extensive assistance for all Activities of Daily Living (ADLs) with the physical assistance of one person. A review of records revealed Resident #2 was seen by the Physician Assistant (PA) on 4/24/2015 for the initial visit. The progress note of the exam was reviewed.	F 388	Resident #2 is no longer in the facility. All newly admitted residents are at potential risk for this deficient practice. A full audit of all newly admitted residents will be audited by the administrator or designee for 1 month. Our physician was reeducated on his regulatory responsibility on all new admits. Administrator will report findings to the QA committee for review and findings.	9/9/15

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F 388	Continued From page 11 On 8/11/2015 at 4:30 PM in an interview, the facility physician stated he did not know the initial visit must be by the physician. A review of record revealed the physician was hired 10/4/2014. On 8/13/2015 at 2:30 PM in an interview, the Administrator stated her expectation was the physician know he must see a new resident on the initial visit. The Administrator indicated the Quality Assurance committee had reviewed this with the physician. The committee notes were reviewed.	F 388		