STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345072	A. BUILDING _____ B. WING _____	C 04/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINA RIVERS NURSING AND REHABILITATION CENTER	1839 ONSLOW DRIVE EXTENSION JACKSONVILLE, NC 28540

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to follow physician orders by administering thin liquids to a resident with orders for thickened liquids for 1 of 5 residents observed (Resident #13). Findings include: Resident #13 was admitted to the facility on 01/17/17 with diagnoses which included dysphagia (difficulty in swallowing) and encephalopathy (damage to the brain). A review of Resident #13's admission Minimum Data Set (MDS) dated 01/24/17 indicated Resident #13 was severely cognitively impaired and required supervision when eating. The MDS indicated Resident #13 was receiving Speech Therapy services. A review of Resident #13's Care Plan, last updated 02/02/17, indicated Resident #13 was to receive nectar thick liquids related to her cognitive impairment. A review of Resident #13's physician's orders revealed a physician's order dated 02/22/17 which indicated Resident #13 was to continue	F 281	Resident #13 was given medications on 4/26/27 by nurse #1, with thin liquid when resident had order for Nectar thick liquids. Resident #1 was assessed on 4/26/17 for aspiration by the Director of Nursing (DON) with no issues noted. The MD for resident #1 was notified on 4/26/17 by the DON with no new orders given. Resident #1 RP was notified on 4/27/17 by the DON. A 100% of residents with thickened liquid orders were reviewed for information on the Medication Administration Record (MAR) for the ordered consistency and a note was placed on front of the residents MAR with ordered thickened liquids, Nectar or Honey on 4/26/17, to include resident #13, by the facility consultant. Residents on ordered thickened liquids, to include resident #13, care plans were reviewed and care guides updated, as needed, completed on 4/26/17 by the MDS nurse. Inservice initiated on 4/26/17 by the DON for 100% of all licensed nurses, to include	5/16/17

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

Electronically Signed | 05/18/2017

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F 281	Continued From page 1 nectar thick liquids. During a medication administration observation on 04/26/17 at 8:30 a.m., Resident #13 was observed to swallow her oral medication with a cup of thin liquid (water) provided to her by Nurse #1. During an interview with Nurse #1 on 04/26/17 at 11:20 a.m., Nurse #1 stated she had known Resident #13 had been on thickened liquids but had become nervous during the observation and had forgotten to administer Resident #13's medication with nectar thick liquids. During an interview with the Director of Nursing (DON) on 04/26/17 at 11:40 a.m., the DON stated it was her expectation the nursing staff follow physician orders.	F 281	nurse #1, and med aides on the need to follow professional standards on making sure that you are giving the correct liquid consistency with medication administrations per the MAR, completed on 05/12/2017, to include nurse #1. All newly hired licensed nurses and medication aides will be inserviced on the need to follow professional standards on making sure that you are giving the correct consistency of liquids during medication pass per the MAR during orientation by the Staff Facilitator. 100% of all licensed nurses, to include nurse #1, and med aides will complete a medication pass audit, to include residents on thickened liquids, including resident #13, to ensure that residents are receiving correct thickened liquids with medication administration by the DON, QI nurse and the Staff Facilitator and completed on 05/16/2017 using the Medication Pass Audit Form, completed on 05/16/2017. Medication pass audits will be completed, to include residents ordered thickened liquids, to include resident #13, with 4 licensed nurses, to include nurse #1, and/or medication aides weekly for 8 weeks and then monthly for 1 month, to include all shifts and weekends, by the DON, QI Nurse and Staff Facilitator using the Medication Pass Audit Form. The licensed nurse and medication aides will be immediately re-trained by the DON, QI Nurse, or Staff Facilitator for any areas of concern. The DON will review and initial the Medication Pass Audit Form for completion and to ensure all areas of	

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F 281	Continued From page 2	F 281	concerns were addressed weekly X's 8 weeks and monthly X's 1 month. The Executive QI committee will meet monthly and review audits of the Medication Pass Audit Form and address any issues, concerns, and/or trends as well as make changes as needed to include continued frequency of monitoring monthly x 3 months.	