STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221 SS=E	483.10(e)(1), 483.12(a)(2) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). 42 CFR §483.12, 483.12(a)(2) The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms. (a) The facility must- (1) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility utilized quarter length side rails positioned in the middle section of each side of the bed without considering them to be a	F 221	Side rail assessments were completed by 8/23/17 for the eight residents referenced in the 2567 (residents #8, #12, #34, #52, #95, #101, #140, and #158), by the "Side	9/5/17

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

Electronically Signed | 08/24/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 1 restraint and without a medical symptom for 8 of 8 residents (Residents #8, #12, #34, #52, #95, #101, #140, and #158) reviewed for physical restraints. The findings included: 1. Resident #8 was admitted to the facility on 8/6/14 with diagnoses that included dementia, anxiety, depression, insomnia, and repeated falls. The significant change Minimum Data Set (MDS) assessment dated 7/4/17 indicated Resident #8's cognition was significantly impaired. She was assessed as dependent on two or more staff with bed mobility and transfers. Resident #8 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #8 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body). A review of Resident #8's medical record revealed there had been no side rail risk assessments completed. Additionally, there was no mention of the use of side rails on Resident #8's plan of care. An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails. An interview was conducted with Nurse #3 on 7/31/17 at 3:04 PM. She stated Resident #8 had bilateral quarter length side rails and was not capable of getting out of bed on her own. An observation was conducted on 7/31/17 at 5:09	F 221	Rail QA Team" that was created to monitor side rail compliance. Members of the Side Rail QA Team consist of: the Director of Nursing (DON), Quality Assurance Nurse (QA Nurse), Unit Manager, Minimum Data Set Coordinator (MDS Coordinator), Care Plan Coordinator (CPC), Therapy Manager, and Nursing Home Administrator (NHA). The Side Rail QA Team completed side rail assessments for 100% of current residents in the facility between 8/9/2017 and 8/11/2017. The initial assessments and interventions were documented in the Electronic Medical Record (EMR). On 9/1/2017, the NHA, DON, and a Corporate Representative, utilizing the guidance of NC DHHS and upcoming CMS regulation(s), met and determined that side rails would be physically removed from all resident beds at this time. Sire rails were removed by Maintenance staff on 9/1/2017. Side rails were physically removed from all beds within the facility by 9/1/17. The Side Rail QA Team will monitor quality measures (pressure ulcers, falls, falls with major injury, loss of mobility, etc.), weekly for 3 months and monthly for 9 months, to ensure resident safety, quality of care, and mobility due to the removal of side rails. Depending on the results of aforementioned monitoring, the facility will implement additional interventions, safe-guards, and may reconsider the decision to remove all side rails based on resident acuity and individualized need(s).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 2 PM of Resident #8 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #8 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.) An observation was conducted on 8/2/17 at 4:15 PM of Resident #8 sleeping in bed in her room. Resident #8's bilateral quarter length side rails remained in the middle section of the bed. An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length rails. An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 indicated she was familiar with Resident #8. She stated Resident #8 was not able to get out of bed without assistance. NA #2 indicated she was unsure why Resident #8's bilateral quarter length side rails were positioned in the middle section of the bed. She stated she thought the side rails might have been used as an intervention so Resident #8 was unable to roll out of bed. She revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.	F 221	At this time, the facility intends to maintain a restraint free presence; additionally, resident safety and quality of care remain top priorities. Side rail assessments (if side rails are utilized) will be completed using the aforementioned EMR assessment tool; this will be completed only if side rail use is warranted (medically unavoidable after other interventions have been documented and approved/ordered by a physician). Additionally, residents that require side rails will receive side rail assessments upon a significant change assessment, and at least every quarter thereafter to determine if side rail use remains indicated. Side rails will be used in the least restrictive manner possible. Education will be provided to staff and family members where indicated. To ensure ongoing compliance, at least three members of the Side Rail QA Team (members listed in paragraph 1) will meet weekly for 3 months, then monthly for 12 months to ensure side rail removal has been effective and that no adverse effects have occurred as related to resident quality outcomes, specifically related to the removal of side rails. At these meetings, the Side Rail QA Team will record quality measure monitoring as it relates to side rail use, using the “Side Rail Audit Tool,” that has been created. The team will use the Side Rail Assessments (where medically indicated), quality measures, and nurse’s notes to determine progress with side rail compliance and resident outcomes on the “Side Rail Audit Tool.” The DON, MDS	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 3 An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 indicated she was familiar with Resident #8. She stated Resident #8 was not able to get out of bed without assistance. She reported she was unsure why Resident #8's bilateral quarter length side rails were positioned in the middle section of the bed. She indicated she thought the side rails were in that position because Resident #8 was at risk for falls and they prevented her from falling out of bed. NA #3 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position. An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 indicated she was familiar with Resident #8. She confirmed Resident #8 was unable to get out of bed without assistance. She revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed. An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the	F 221	Coordinator, or QA Nurse will report any procedural adjustments that need to be made as related to side rails at the quarterly Executive QA Meetings for 12 months from the date of corrective action. The next Executive QA Meeting is scheduled October 17, 2017. The facility alleges full compliance with this plan of correction as of 9/5/2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 4	F 221		

resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #8 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length rails or in the top section of the bed as assist rails. She stated the quarter length rails positioned in the center section of the bed had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 5	F 221		

not been considered restraints since they were only quarter length rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #8. She stated Resident #8 was not able to get out of bed without assistance. She reported Resident #8 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #8 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 7/4/17 that indicated Resident #8 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 6	F 221		

she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #8 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted on 8/3/17 at 11:35 AM with the DON of the model of Resident #8's bed with the bilateral quarter length side rails positioned in the center section of the bed (as they were observed on Resident #8's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 7	F 221		

to be a restraint.

2. Resident #12 was admitted to the facility on 7/9/12 with diagnoses that included Alzheimer's and a history of falling.
The quarterly Minimum Data Set (MDS) assessment dated 5/24/16 indicated Resident #12's cognition was significantly impaired. She was assessed dependent on two or more staff for bed mobility and transfers. Resident #12 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #12 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #12's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #12 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #12 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 8	F 221		

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident ' s bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 9	F 221		

the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #12 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 10	F 221		

placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #12. She stated Resident #12 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #12 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #12 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #12 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 5/24/17 that indicated Resident #12 had no physical restraints was reviewed with the MDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 11	F 221		

Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #12 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #12's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #12's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with DON on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 12	F 221		

8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail to be a restraint.

3. Resident #34 was admitted to the facility on 3/26/15 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and a history of falling.

The quarterly Minimum Data Set (MDS) assessment dated 6/29/17 indicated Resident #34's cognition was significantly impaired. She was assessed as requiring extensive assistance of two or more staff with bed mobility and transfers. Resident #34 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #34 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #34's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 13	F 221		

PM of Resident #34 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #34 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 14	F 221		

position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #34 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 15	F 221		

rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #34. She stated Resident #34 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #34 had a pad alarm (used to alert staff of attempts to get out of bed without assistance).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 16	F 221		

She reported Resident #34 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #34 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 6/29/17 that indicated Resident #34 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #34 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #34's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #34's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 17	F 221		

bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail to be a restraint.

4. Resident #52 was admitted to the facility on 7/27/09 with diagnoses that included dementia, anxiety, and depression.

The quarterly Minimum Data Set (MDS) assessment dated 6/1/17 indicated Resident #52's cognition was significantly impaired. She was assessed as requiring extensive assistance of two or more staff with bed mobility and transfers. Resident #52 was dependent on staff for locomotion on and off the unit. The assessment indicated Resident #52 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 18	F 221		

A review of Resident #52's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #52 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #52 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 19	F 221		

how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #52 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 20	F 221		

the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working atthe facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 21	F 221		

residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #52. She stated Resident #52 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #52 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #52 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #52 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 6/1/17 that indicated Resident #52 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #52 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 22	F 221		

section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #52's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #52's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail to be a restraint.

5. Resident #95 was initially admitted to the facility on 1/15/15 and most recently readmitted on 7/13/15 with diagnoses that included dementia, depression, and a history of falling.

The significant change Minimum Data Set (MDS) assessment dated 5/30/17 indicated Resident #95's cognition was significantly impaired. He was assessed as requiring extensive assistance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 23	F 221		

of two or more staff with bed mobility and transfers. Resident #95 was independent with locomotion on the unit and required the extensive assistance of one staff with locomotion off the unit. The assessment indicated Resident #95 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #95's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #95 sleeping in bed in his room that was located in the facility's cognitively impaired unit. Resident #95 had bilateral quarter length side rails on his bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 24	F 221		

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident ' s bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 25	F 221		

no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #95 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 26	F 221		

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #95. She stated Resident #95 was not able to get out of bed without assistance and he was at risk for falls. She indicated Resident #95 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #95 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #95 was unable to move his side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 5/30/17 that indicated Resident #95 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 27	F 221		

she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #95 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #95's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #95's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 28	F 221		

to be a restraint.

6. Resident #101 was admitted to the facility on 8/6/14 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and repeated falls.

The quarterly Minimum Data Set (MDS) assessment dated 7/4/17 indicated her cognition was significantly impaired. She was assessed as requiring extensive assistance of one staff with bed mobility and extensive assistance of two or more staff with transfers. Resident #101 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The assessment indicated Resident #101 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #101's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #101 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #101 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 29	F 221		

and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known how it was decided what position each resident ' s side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident ' s bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 30	F 221		

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #101 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 31	F 221		

that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #101. She indicated Resident #101 had a floor mat alarm (used to alert staff of attempts to get out of bed without assistance). She stated Resident #101 had tried to get up unassisted in the past. She reported Resident #101 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She stated Resident #101 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #101 was unable to move her side rail

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 32	F 221		

independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 7/4/17 that indicated Resident #101 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #101 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #101's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #101's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 33	F 221		

the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail to be a restraint.

7. Resident #140 was admitted to the facility on 10/31/16 and readmitted on 4/6/17 with diagnoses that included Alzheimer 's, anxiety, depression, insomnia, and repeated falls.

The quarterly Minimum Data Set (MDS) assessment dated 7/13/17 indicated her cognition was significantly impaired. She was assessed as requiring extensive assistance of one staff for bed mobility and the limited assistance of one staff for transfers. Resident #140 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The assessment indicated Resident #140 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 34	F 221		

A review of Resident #140's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #140 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #140 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 35	F 221		

how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #140 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 36	F 221		

in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 37	F 221		

residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #140. She stated Resident #140 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #140 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #140 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #140 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 7/13/17 that indicated Resident #140 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #140 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 38	F 221		

section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #140's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #140's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the facility had not considered this length of a side rail to be a restraint.

8. Resident #158 was admitted to the facility on 4/30/17 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and a history of falling.

The most recent Minimum Data Set (MDS) assessment dated 5/28/17 (a thirty day MDS assessment) indicated Resident #158's cognition was significantly impaired. She was assessed as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 39	F 221		

requiring extensive assistance of one person with bed mobility and transfers. Resident #158 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The assessment indicated Resident #158 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one ' s body).

A review of Resident #158's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #158 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #158 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 40	F 221		

side rail risk assessments since all residents had the same quarter length side rails.
An interview was conducted with Nursing Assistant (NA) #2 on 8/2/17 at 4:30 PM. NA #2 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with NA #3 on 8/2/17 at 4:35 PM. NA #3 revealed she had not known how it was decided what position each resident's side rails were to be placed. She indicated she just kept the side rails in the position they were in and had not moved them into a different position.

An interview was conducted with Nurse #3 on 8/2/17 at 4:40 PM. Nurse #3 revealed she had not known how it was decided where to position the side rails on each resident's bed. She indicated the staff kept the side rails in the same position from day to day and had not repositioned them. Nurse #3 stated there were no side rail risk assessments. She additionally stated there was no documentation in the medical record that indicated where the side rails were to be positioned on each resident's bed.

An interview was conducted with the Quality Assurance (QA) Nurse on 8/2/17 at 4:55 PM. She confirmed all residents in the facility had quarter length side rails. The QA Nurse indicated the side rails were utilized for positioning and if the resident was able to position themselves they had side rails on the beds. She stated if the resident was not cognitively intact then the resident was assessed to see what was safest for them. She indicated this assessment was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 41	F 221		

documented. The QA Nurse reported there was no documentation of side rail assessments and there were also no evaluations of risk for the side rails. She revealed she had worked at the facility for over two years and the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails. The bilateral side rails that were positioned in the middle section of the bed for Resident #158 was reviewed with the QA Nurse. She revealed she had not known any of the side rails on the beds in the cognitively impaired unit had been positioned in the middle section of the bed. She stated she needed to follow up on this to provide additional information.

A follow up interview was conducted with the QA Nurse on 8/3/17 at 8:10 AM. She indicated there were 12 double occupancy rooms on the cognitively impaired unit and presently 23 residents resided on the unit. She stated 21 of the 23 resident beds had the quarter length side rails positioned in the center section of the bed. The QA Nurse reported this was how that model of the bed was made. She explained that the quarter side rail was able to be turned into the "up" position by rotating it toward the head of the bed which then made the side rail an assist rail that was located at top section of the bed. She indicated they had been utilizing this type of bed since she began working at the facility (over 2 years ago). The QA Nurse was unable to explain how the staff determined if the side rails were placed in the middle section of the bed as quarter length side rails or in the top section of the bed as assist rails. She stated the quarter length side rails positioned in the center section of the bed had not been considered restraints since they were only quarter length side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 42	F 221		

An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #158. She stated Resident #158 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #158 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #158 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #140 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse. The MDS assessment dated 5/28/17 that indicated Resident #158 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 43	F 221		

resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. The MDS Nurse indicated Resident #158 was able to reach over to the side rail when in bed.

An interview was conducted with the DON on 8/3/17 at 11:30 AM. The beds with bilateral quarter length side rails positioned in the center section of the bed were reviewed with the DON. The DON stated she had not thought the quarter length side rails were positioned in the center section of the bed.

An observation was conducted with the DON on 8/3/17 at 11:35 AM of the model of Resident #158's bed with the bilateral quarter length side rails positioned in the middle section of the bed (as they were observed on Resident #158's bed). Measurements of the bed were obtained by the DON. The bed was approximately 79 inches in length from the top end of the mattress to the bottom end of the mattress. The quarter length side rail was approximately 26 inches in length and was positioned with 26.5 inches of open area from the top end of the side rail to the top end of the mattress and 26.5 inches of open area from the bottom end of the side rail to the bottom end of the mattress. The quarter length side rail was attached to the bed frame per the manufacturer's instructions.

A follow up interview was conducted with the DON on 8/3/17 at 11:39 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint. She indicated there was no formal assessment for side rails at the facility since all side rails were quarter length side rails and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 221	Continued From page 44 facility had not considered this length of a side rail to be a restraint.	F 221		
F 278 SS=E	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement.	F 278		9/5/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 45 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews, the facility failed to code the Minimum Data Set (MDS) accurately in the areas of physical restraints for 8 of 8 residents (Residents #8, #12, #34, #52, #95, #101, #140, and #158) and vision for 2 of 3 residents (Residents #150 and #158) reviewed. The findings included: 1. Resident #8 was admitted to the facility on 8/6/14 with diagnoses that included dementia, anxiety, depression, insomnia, and repeated falls. The significant change Minimum Data Set (MDS) assessment dated 7/4/17 indicated Resident #8's cognition was significantly impaired. She was assessed as dependent on two or more staff with bed mobility and transfers. Resident #8 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #8 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body). A review of Resident #8 ' s medical record revealed there had been no side rail risk assessments completed. An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails. An interview was conducted on 7/31/17 at 3:04 PM with Nurse #3. She stated Resident #8 had bilateral quarter length side rails and was not capable of getting out of bed on her own.	F 278	The MDS assessments referenced in the 2567 for residents #8, #12, #34, #52, #95, #101, #140, and #158 have been modified/coded correctly as of 9/5/17 by the Minimum Data Set (MDS) nurse. The MDS nurse made significant corrections of prior assessments for the above residents. The MDS assessment for resident #150 was modified/coded correctly, related to corrective lenses (“no” was changed to “yes”). Resident #158 received a quarterly assessment on 8/4/2017 and the MDS has been verified accurate for vision devices. As of 9/5/17, all MDS assessments in the facility are coded correctly for side rail usage (including restraints) and vision devices. Additional education was provided, by the Director of Nursing to the MDS Department, to appropriately assess side rails as restraints. Education provided was from “The Long Term Care Survey” book specific to side rails and restraints; additional education was provided from the RAI manual specific to the coding of MDS assessments related to restraints. The Director of Social Work and Social Work Assistant were educated by the Corporate Executive Assistant for the proper coding of vision devices on MDS assessments. A 100% in-service has been completed by the Director of Nursing to ensure MDS Staff accurately assess residents for restraints and that MDS	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 46 An observation was conducted on 7/31/17 at 5:09 PM of Resident #8 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #8 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.) An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length rails. An interview was conducted with NA #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #8. She stated Resident #8 was not able to get out of bed without assistance.	F 278	assessments, care plans, CAAs, and progress notes match specific to restraint use. A 100% in-service has been completed by the Corporate Executive Assistant to ensure Social Workers accurately assess residents for vision devices and that MDS assessments, care plans, CAAs, and progress notes match the residents function related to vision devices. The MDS Coordinator will log MDS responses for MDS assessments using the “MDS Restraint Audit Tool” that has been created, to ensure MDS assessments are coded accurately; the Director of Nursing will audit this tool to ensure accurate coding and compliance as related to restraint use. Additionally, the facility created an audit tool, the “Vision Devices Audit Tool” to ensure vision devices are properly assessed and coded on the MDS assessment. The Director of Social Work or Social Work Assistant will complete the log, which will be audited by the Corporate Executive Assistant to ensure accurate MDS coding for vision devices. The MDS Restraint Audit Tool and the Vision Devices Audit Tool will be used to ensure MDS assessments are completed accurately, specifically in reference to restraint use and vision devices. The above listed QA tools (for side rails/restraints and vision devices) will be completed for all MDS assessments for the next 6 months from the date of corrective action. The Director of Nursing and Executive Assistant will use the audit tools to ensure MDS Assessments are	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 47 She reported Resident #8 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #8 was unable to move her side rail independently. An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The significant change MDS assessment dated 7/4/17 that indicated Resident #8 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS. A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately. 2. Resident #12 was admitted to the facility on 7/9/12 with diagnoses that included Alzheimer's and a history of falling. The quarterly Minimum Data Set (MDS) assessment dated 5/24/16 indicated Resident #12's cognition was significantly impaired. She was assessed dependent on two or more staff for bed mobility and transfers. Resident #12 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #12	F 278	coded accurately prior to being locked and transmitted; any discrepancies will be reported to the MDS Coordinator, prior to transmission of MDS assessments. The MDS Coordinator and/or Director of Social Work will report any findings of miscoded MDS assessments (related to restrain use and vision devices) at the quarterly Executive QA Committee meetings for 6 months from the date of corrective action. The next Executive QA Committee meeting is scheduled October 17, 2017. The facility alleges full compliance with this plan of correction as of 9/5/2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 48	F 278		

had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #12's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #12 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #12 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 49	F 278		

residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #12. She stated Resident #12 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #12 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #12 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #12 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The quarterly MDS assessment dated 5/24/17 that indicated Resident #12 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 50	F 278		

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

3. Resident #34 was admitted to the facility on 3/26/15 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and a history of falling.

The quarterly Minimum Data Set (MDS) assessment dated 6/29/17 indicated Resident #34's cognition was significantly impaired. She was assessed as requiring extensive assistance of two or more staff with bed mobility and transfers. Resident #34 was dependent on one staff for locomotion on and off the unit. The assessment indicated Resident #34 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #34's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #34 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #34 had bilateral quarter length side rails on her bed. The quarter length

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 51	F 278		

side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #34. She stated Resident #34 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #34 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #34 was able to hold onto the side rail and take some of the strain off of the staff when she was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 52	F 278		

repositioned in bed. She indicated Resident #34 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The quarterly MDS assessment dated 6/29/17 that indicated Resident #34 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

4. Resident #52 was admitted to the facility on 7/27/09 with diagnoses that included dementia, anxiety, and depression.

The quarterly Minimum Data Set (MDS) assessment dated 6/1/17 indicated Resident #52's cognition was significantly impaired. She was assessed as requiring extensive assistance of two or more staff with bed mobility and transfers. Resident #52 was dependent on staff for locomotion on and off the unit. The assessment indicated Resident #52 had no physical restraints (defined as any manual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 53	F 278		

method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #52's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #52 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #52 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 54	F 278		

dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #52. She stated Resident #52 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #52 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #52 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #52 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The quarterly MDS assessment dated 6/1/17 that indicated Resident #52 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 55	F 278		

8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

5. Resident #95 was initially admitted to the facility on 1/15/15 and most recently readmitted on 7/13/15 with diagnoses that included dementia, depression, and a history of falling.

The significant change Minimum Data Set (MDS) assessment dated 5/30/17 indicated Resident #95's cognition was significantly impaired. He was assessed as requiring extensive assistance of two or more staff with bed mobility and transfers. Resident #95 was independent with locomotion on the unit and required the extensive assistance of one staff with locomotion off the unit. The assessment indicated Resident #95 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #95's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #95 sleeping in bed in his room that was located in the facility's cognitively impaired unit. Resident #95 had bilateral quarter length side rails on his bed. The quarter length

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 56	F 278		

side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #95. She stated Resident #95 was not able to get out of bed without assistance and he was at risk for falls. She indicated Resident #95 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #95 was able to hold onto the side rail and take some of the strain off of the staff when she was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 57	F 278		

repositioned in bed. She indicated Resident #95 was unable to move his side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The significant change MDS assessment dated 5/30/17 that indicated Resident #95 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

6. Resident #101 was admitted to the facility on 8/6/14 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and repeated falls.

The quarterly Minimum Data Set (MDS) assessment dated 7/4/17 indicated her cognition was significantly impaired. She was assessed as requiring extensive assistance of one staff with bed mobility and extensive assistance of two or more staff with transfers. Resident #101 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 58	F 278		

assessment indicated Resident #101 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #101's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #101 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #101 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 59	F 278		

stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #101. She indicated Resident #101 had a floor mat alarm (used to alert staff of attempts to get out of bed without assistance). She stated Resident #101 had tried to get up unassisted in the past. She reported Resident #101 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She stated Resident #101 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #101 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The quarterly MDS assessment dated 7/4/17 that indicated Resident #101 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 60	F 278		

the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

7. Resident #140 was admitted to the facility on 10/31/16 and readmitted on 4/6/17 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and repeated falls.

The quarterly Minimum Data Set (MDS) assessment dated 7/13/17 indicated her cognition was significantly impaired. She was assessed as requiring extensive assistance of one staff for bed mobility and the limited assistance of one staff for transfers. Resident #140 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The assessment indicated Resident #140 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #140's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 61	F 278		

An observation was conducted on 8/2/17 at 4:15 PM of Resident #140 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #140 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 62	F 278		

#140. She stated Resident #140 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #140 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #140 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #140 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments. The quarterly MDS assessment dated 7/13/17 that indicated Resident #140 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.

8a. Resident #158 was admitted to the facility on 4/30/17 with diagnoses that included Alzheimer's, anxiety, depression, insomnia, and a history of falling.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 63	F 278		

The most recent Minimum Data Set (MDS) assessment dated 5/28/17 (a thirty day MDS assessment) indicated Resident #158's cognition was significantly impaired. She was assessed as requiring extensive assistance of one person with bed mobility and transfers. Resident #158 required the extensive assistance of one staff for walking in the room, walking in the corridor, locomotion on the unit, and locomotion off the unit. The assessment indicated Resident #158 had no physical restraints (defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body).

A review of Resident #158's medical record revealed there had been no side rail risk assessments completed.

An interview was conducted on 7/31/17 at 2:51 PM with Nurse #2. She stated all residents in the facility had quarter length side rails.

An observation was conducted on 8/2/17 at 4:15 PM of Resident #158 sleeping in bed in her room that was located in the facility's cognitively impaired unit. Resident #158 had bilateral quarter length side rails on her bed. The quarter length side rails were positioned in the middle section of each side of the bed. (Each quarter side rail was approximately 26 inches in length and there was opening of approximately 26.5 inches from the top end of the side rail to the top end of the mattress and 26.5 inches from the bottom end of the side rail to the bottom end of the mattress.)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 64	F 278		

An interview was conducted on 8/2/17 at 4:25 PM with the Director of Nursing (DON). She stated all residents in the facility had quarter length side rails. She revealed the facility had not utilized side rail risk assessments since all residents had the same quarter length side rails.

An interview was conducted with Nursing Assistant (NA) #4 on 8/3/17 at 9:30 AM. She stated she normally worked on the cognitively impaired unit. She reported the majority of the residents on the cognitively impaired unit were dependent on staff for ADL (Activities of Daily Living) care. NA #4 was asked how she determined what position to place each resident's side rails and she indicated she kept the side rails in the position they were always in and had not moved them to a different position. She reported most of the side rails for the residents on the cognitively impaired unit were positioned as quarter length side rails in the center section of the bed. She stated this side rail positioning made it easier on the staff to turn the residents. NA #4 indicated she was familiar with Resident #158. She stated Resident #158 was not able to get out of bed without assistance and she was at risk for falls. She indicated Resident #158 had a pad alarm (used to alert staff of attempts to get out of bed without assistance). She reported Resident #158 was able to hold onto the side rail and take some of the strain off of the staff when she was repositioned in bed. She indicated Resident #140 was unable to move her side rail independently.

An interview was conducted with the MDS Nurse on 8/3/17 at 11:02 AM. She indicated she was the lead MDS Nurse and she was responsible for the accurate completion of MDS assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 65	F 278		

The MDS assessment dated 5/28/17 that indicated Resident #158 had no physical restraints was reviewed with the MDS Nurse. She was asked what information she utilized to code the MDS for physical restraints. The MDS Nurse stated the facility had not utilized a side rail risk assessment, so she assessed the side rails by seeing if the resident was able to reach over to the side rail. She stated if the resident was able to reach over to the side rail she had not coded the side rail as a physical restraint on the MDS.

A follow up interview was conducted with DON on 8/3/17 at 11:42 AM. She stated her expectation was for all side rails to be assessed on an individual basis to determine if they were a restraint and for the MDS to be coded accurately.
8b. Resident #158 was admitted to the facility on 4/30/17 with multiple diagnoses including Alzheimer ' s disease. The admission Minimum Data Set (MDS) assessment dated 5/7/17 indicated that Resident #158 had severe cognitive impairment and she has adequate vision. The assessment further indicated that Resident #158 was not wearing any corrective lenses. The 30 day MDS assessment dated 5/28/17 revealed that Resident #158 had impaired vision and she was not wearing any corrective lenses.

On 8/2/17 at 10:45 AM. Resident #158 was observed up in wheelchair and she was wearing eye glasses.

On 8/3/17 at 9:10 AM, Nurse #3, assigned to Resident #158, was interviewed. She stated that Resident #158 was wearing eye glasses.

On 8/3/17 at 9:11 AM, Nursing Aide (NA) # 5, assigned to Resident #158, was interviewed. She

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 66	F 278		

stated that Resident #158 was wearing eye glasses.

On 8/3/17 at 9:12 AM, Resident #158 was observed in bed. Her eye glasses was observed at bedside.

On 8/3/17 at 9:40 AM, the Social Worker (SW) #1 was interviewed. She stated that the SW was responsible for completing section B (vision) of the MDS assessment. She stated that she coded the resident as having no corrective lenses because during her assessment the resident was not wearing eye glasses and the resident was able to read the regular print on the newspaper. She further stated that she did not ask the staff if the resident was wearing eye glasses or not. The SW had no explanation as to why the resident was coded impaired vision when the resident was able to read regular print.

On 8/3/17 at 11:31 AM, the Director of Nursing (DON) was interviewed. The DON stated that she expected the MDS assessments to be accurate.

9. Resident #150 was admitted to the facility on 3/22/17. Cumulative diagnoses included dry eye syndrome of bilateral lacrimal glands and macular degeneration.

A social worker progress note dated 4/5/17 stated Resident #150 wore glasses and had difficulty identifying objects.

A consult eye evaluation for Resident #150 dated. 5/8/17 stated Resident #150 was referred for dry eye syndrome and age related macular

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 278	Continued From page 67	F 278		

degeneration. The consult stated to continue with over the counter reading glasses.

A Significant Change Minimum Data Assessment (MDS) dated 5/24/17 stated Resident #150 had impaired vision and did not wear any glasses.

A social worker note dated 5/25/17 stated Resident #150 had impaired vision and was not able to read regular print but could read large print. The note stated Resident #150 said he did not have glasses.

A Care Area Assessment (CAA) for vision dated 5/26/17 stated Resident #150 was triggered for visual function. He wore glasses and could see large prints in magazines.

On 8/2/17 at 10:30AM, Resident #150 was observed sitting in his wheelchair at the nursing station. Resident #150 was wearing glasses.

On 8/3/17 at 8:00AM, an interview was conducted with NA#1 who provided care routinely for Resident #150. She stated Resident #150 had reading glasses and wore them most of the time.

On 8/3/17 at 9:02 AM, an interview was conducted with Social Worker #1 who stated she did not remember if she reviewed the MDS for vision before completing the CAA. She stated the CAA should contain the same information as the MDS. She stated it must have been a typographical error on the CAA.

On 8/3/17 at 11:31 AM, an interview was conducted with the Director of Nursing who stated she expected the MDS to be accurate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 68	F 280		
F 280 SS=D	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280		9/5/17

483.10
(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:

(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.

(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

(iv) The right to receive the services and/or items included in the plan of care.

(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.

(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--

(i) Facilitate the inclusion of the resident and/or resident representative.

(ii) Include an assessment of the resident's strengths and needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 69 (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the	F 280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 70 comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, resident and staff interviews, the facility failed to review and revise the care plan for dialysis site for one of one residents reviewed for dialysis (Resident #123) and for vision for one of three residents reviewed for vision (Resident #150). The findings included: 1. Resident #123 was admitted to the facility on 1/18/17 and last readmitted on 6/22/17. Cumulative diagnoses included: dependence on renal dialysis and end stage renal disease. A history and physical dated 1/19/17 indicated Resident #123 had a diagnosis of end stage renal dialysis (ESRD) on dialysis. Resident #123 had been recently hospitalized for a clotted left AVF (arteriovenous fistula used for dialysis). A thrombectomy (surgical procedure used to remove blood clots) was attempted by internal radiology but resulted in rupture requiring stent. Ultimately the AVF was not salvageable and a right chest dialysis catheter was placed on 1/11/17. A Significant Change/ 5 day Minimum Data Set dated 6/29/17 indicated Resident #123 was moderately impaired in cognition. Dialysis was checked as having been received during the assessment period. A Care Area Assessment (CAA) for ADL (activities of daily living) dated 6/30/17 stated Resident #123 received dialysis 3 x week and had both an AV(arteriovenous) graft to left upper	F 280	On 8/24/2017, the Minimum Data Set Coordinator reviewed and updated care plans for specific residents mentioned in the 2567 for: dialysis services (resident #123 "right" arm AV shunt was changed to "left" arm AV shunt) and for vision devices (resident #150 "contacts" was changed to "glasses"). An audit was completed on 8/24/2017, by the Minimum Data Set Coordinator, for all other residents receiving dialysis services and for residents that require vision devices to ensure accurate plan of care. No additional adjustments were necessary for residents receiving dialysis services and vision devices. Care plans will continue to be updated by the Care Plan team, which includes: Minimum Data Set Coordinator, Care Plan Coordinator, Director of Social Work, Director of Activities, or Certified Dietary Manager and Front Line Staff, as needed. The Care Plan team will continue to hold care plan meetings for residents and/or resident's representative, weekly. Care plan meetings are scheduled for residents upon admission, at least quarterly, and more frequent as needed. Residents and/or resident representative are not required to attend. The Director of Social Services will maintain a log of care plan meetings that are offered to residents; the log is created by the Concierge.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 71 arm and a dialysis catheter to the right upper chest due to ESRD. A care plan updated on 7/12/17 stated Resident #123 had a diagnosis of end stage renal disease and had a dialysis catheter in the right upper chest and AV shunt to left arm. On 7/11/17 a new fistula was placed to the right arm. Interventions included, in part, 7/3/17 assess AV fistula for bruit and thrill. Assess AV fistula site for signs and symptoms of infection. On 7/31/17 at 3:11 PM, an interview was conducted with Resident #123. Resident #123 stated she went to dialysis three times a week. She was observed to have a dialysis catheter in the right upper chest area, an AV fistula in the left upper arm and a bandage on the right upper arm just above the elbow area. Resident #123 said she had a new area under the bandage that was going to be used for dialysis. On 8/2/17 at 3:30 PM, an interview was conducted with Nurse #1 who stated the dialysis center stated the left AV shunt clotted in February and the left AV shunt did not have a thrill or bruit. Dialysis used the dialysis catheter for treatments. She said the dialysis center stated they checked the new AV site located in the right arm on 8/2/17 and staff should now begin checking for thrill and bruit in the right arm and not to do blood pressures in the right arm. On 8/2/17 at 3:40 PM, an interview was conducted with the MDS Nurse. She reviewed the care plan for Resident #123 the care plan and stated the care plan should have been revised and updated. The references to the left AV fistula should have been removed at the time it was no	F 280	Accommodations will be made to ensure residents are aware of their current plan of care. A check list, the "Care Plan Audit Tool" has been created to ensure care plans are completed accurately and reflect current information that is consistent with the coding on the resident's MDS assessment. The MDS Coordinator or Care Plan Coordinator will complete the tool; the tool will be used to monitor and prevent care plan discrepancies for at least 12 months (weekly for 3 months, then monthly for 9 months). The Care Plan Team (members listed above) will audit and record care plan adjustments. The MDS Coordinator will report findings of the audits to the Executive QA committee at quarterly meetings for the duration of the audits (12 months). The next scheduled Executive QA Committee meeting is scheduled October 17, 2017. The facility alleges full compliance with this plan of correction as of 9/5/2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 72	F 280		

longer functional. All interventions that referred to the left AV shunt should have been removed.

On 8/3/17 at 11:31 AM, an interview was conducted with the Director of Nursing who stated she expected the care plan to be accurate and contain accurate information regarding Resident #123.

2 Resident #150 was admitted to the facility on 3/22/17. Cumulative diagnoses included dry eye syndrome of bilateral lacrimal glands and macular degeneration.

A consult eye evaluation for Resident #150 dated. 5/8/17 stated Resident #150 was referred for dry eye syndrome and age related macular degeneration. The consult stated to continue with over the counter reading glasses.

A Significant Change Minimum Data Assessment (MDS) dated 5/24/17 stated Resident #150 had impaired vision and did not wear any glasses.

A social worker note dated 5/25/17 stated Resident #150 had impaired vision and was not able to read regular print but could read large print. The note stated Resident #150 said he did not have glasses.

A Care Area Assessment (CAA) for vision dated 5/26/17 stated Resident #150 was triggered for visual function. He wore glasses and could see large prints in magazines.

A Care plan dated 5/26/17 stated Resident #150 had a new diagnosis of macular degeneration. He was at risk for further vision problems.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 280	Continued From page 73 Interventions included, in part, to assist resident with placement of contacts. Assure contacts were clean and in good repair. On 8/2/17 at 10:30 AM, Resident #150 was observed sitting in his wheelchair at the nursing station. Resident #150 was wearing glasses. On 8/3/17 at 8:00 AM, an interview was conducted with NA#1 who provided care routinely for Resident #150. She stated Resident #150 had reading glasses and wore them most of the time. She stated Resident #150 did not have/ wear contacts. On 8/3/17 at 8:20 AM, an interview was conducted with the MDS Coordinator who stated the Social Worker developed the care plan for Resident #150 and she signed off on the care plan. She stated Resident #150 did not have contacts and that should not have been included in the interventions. It was overlooked. On 8/3/17 at 11:31 AM, an interview was conducted with the Director of Nursing who stated she expected the care plan to be accurate and contain accurate information regarding Resident #150.	F 280		
F 356 SS=C	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name.	F 356		8/24/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 356	Continued From page 74	F 356		

(ii) The current date.

(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed vocational nurses (as defined under State law)

(C) Certified nurse aides.

(iv) Resident census.

(2) Posting requirements.

(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to residents and visitors.

(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 356	Continued From page 75 required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to post an accurate daily staff posting with all required information for 4 of 4 days reviewed (7/31/17 through 8/3/17). The findings included: During the initial tour of the facility on 7/31/17 at 10:25 AM the daily staff posting indicated there were 5 Registered Nurses (RNs) for a total of 40 hours, 11 Licensed Practical Nurses (LPNs) for a total of 132 hours, and 32 Certified Nurse Aides for a total of 230 hours. This posting had not separated the number of staff and the total hours by shift. On 8/3/17 at 10:05 AM a review was conducted of the daily staff posting from 7/31/17 through 8/3/17 compared to the nurse staffing sheets from the same dates. The postings from all fours dates had not separated the number of staff and the total hours worked by shift. Additionally, the RN total staff numbers and RN total hours worked on the daily staff postings were inaccurate based on the daily staff schedules. An interview was conducted with the Front Office Manager (FOM) on 8/3/17 at 10:10 AM. She indicated she was responsible for completing the daily staff posting. She stated she had been completing this task for several months. She stated the form she utilized combined all shifts and separated the number of staff and total hours worked by discipline. She confirmed the number of staff and the total hours worked were not separated by shift. The FOM stated she posted the daily staffing each morning and had not	F 356	The Staffing Hours Posting Form was adjusted to reflect nursing staff hours, per shift on the posting form. The Staffing Hours Posting Form was revised and re-posted immediately following an interview with the surveyor on 8/3/2017. Staffing hours have been posted daily, using the revised form since 8/3/2017 to include: facility name; the current date; the total number and the actual hours worked by RNs, LPNs, and CNAs; and resident census, per shift. The facility adjusted the process for posting staffing hours. The Staffing Hours Posting Form has been revised. The Concierge (Receptionist) will post hours as provided from the Staffing Coordinator. Staffing hours for Saturday, Sunday, and Monday, will be posted prior to the close of business on Friday. Staffing hours for Tuesday, Wednesday, Thursday, and Friday will be posted the prior day at to the close of business. Holiday hours will be posted in advance, as necessary. Hours will be adjusted, as necessary, to reflect the most current staffing hours and facility census. Staffing hours for each day will be maintained for at least 18 months, per the facility record retention policy and federal regulation. Staffing hours posting will be reviewed by the Administrator, who will be responsible for ensuring compliance with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 356	Continued From page 76 revised/updated the posting if there were changes to the census or to the staffing numbers. She also stated she posted the daily staffing on Fridays at the end of her work day for the entire weekend and this posting was not revised/updated over the weekend if changes had occurred. An interview was conducted with the Administrator on 8/3/17 at 10:30 AM. He revealed RN staff who had not provided direct care were regularly included in the RN number of staff and RN staff hours worked. He stated that the MDS Nurses, Quality Assurance Nurse, and Nurse #1 (Unit Manager) were all included in the staffing numbers regardless of whether or not they had not provided direct care to residents. An interview was conducted with the Director of Nursing (DON) on 8/3/17 at 11:29 AM. She indicated her expectation was for the daily staff posting to be completed accurately and as required.	F 356	this area, weekly for 6 months to ensure daily staffing hours were posted, maintained, and accurate. Any findings of un-posted or incorrectly posted staffing hours will be corrected and reported in the Executive QA Committee meetings for the duration of weekly reviews. The next Executive QA Committee meeting is scheduled October 17, 2017. The facility alleges full compliance with this plan of correction as of 8/24/2017.	
F 371 SS=D	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 371		8/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 371	Continued From page 77 (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to date the thickened juices when opened in 1 of 1 refrigerator observed in the kitchen. Finding included: On 7/31/17 at 10:30 AM, initial tour of the kitchen was conducted. The following were observed stored in the refrigerator: ¼ full of 48 ounce (oz.) honey thick orange juice dated 7/7/17 2/3 full of 48 oz. honey thick orange juice dated 7/18/17 2/3 full 48 oz. honey thick apple juice dated 7/18/17 ¾ full 48 oz. honey thick apple juice dated 7/14/17 ½ full 46 oz. honey thick grape juice dated 7/18/17 The manufacturer's instruction written on the cartoon of the thickened juices indicated to date when opened and to discard 10 days after opening. Interview with the Executive Chef was conducted	F 371	Juices were opened for breakfast meal service on 8/3/2017; opened and unlabeled items were labeled following surveyors notification to the facility on 8/3/2017. Following an inspection of the kitchen by facility staff and the consultant Registered Dietician on 8/16/2017, all opened food items were found to be dated and labeled properly. The facility has implemented a more frequent process for monitoring the kitchen; the kitchen will be audited by the Administrator and a dietary management representative on a weekly basis, for the remainder of the calendar year. The Administrator and/or designee will then audit the kitchen at least monthly with a dietary management representative, unless otherwise directed by the corporate expectation. To prevent future problems in the identified dietary areas, the facility initiated a 100% re-training in-service with dietary	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 371	Continued From page 78 on 7/31/17 at 10:35 AM. The Chef stated that the dates written on the boxes were delivery dates and not opened dates. He further stated that he did not know that the thickened juices had to be dated when opened and discarded 10 days after opening. He added that he was always going by the expiration date. Interview with the Dietary Manager (DM) was conducted on 8/3/17 at 10:50 AM. The DM stated that they had not been dating the thickened juices when opened and she did not know that the thickened juices had to be discarded 10 days after opening.	F 371	personnel for dating and labeling of food items and other potentially deficient practice(s). This in-service was directed by the facility's executive chef. Retraining and monitoring of compliance will be under the direction of a newly formed QA Team, the "Dietary Experience QA Team." Representatives on this Committee include the Administrator, Executive Chef, Dietary Manager, a Dietary employee, Consultant Registered Dietician, and COO. A minimum of 3 of the representatives of this group will meet weekly, through the calendar year, to complete a kitchen round/inspection. The group will then meet monthly to complete a kitchen round/inspection and to monitor compliance with this plan of correction for 12 months. The facility formed the aforementioned QA team to address the issues identified in the survey. A minimum of 3 of the representatives of this group will meet weekly to complete a kitchen round/inspection and to monitor compliance with this plan of correction. Documentation will be completed at that time to validate compliance. Any areas identified during these weekly rounds will be brought back to the QA team and will be addressed as/when needed. This QA team which will be chaired by the NHA will report to the Executive QA Committee. The next Executive QA Committee meeting is scheduled October 17, 2017. The facility alleges full compliance with this plan of correction as of 8/30/2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 520 SS=E	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality	F 520		9/5/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 520	Continued From page 80 deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility ' s Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor these interventions that the committee put into place following the 8/31/16 recertification survey. The recited deficiencies were in the areas of assessment accuracy (F278), posted nurse staffing (F356), and food safety (F371). The deficiencies were cited again on the current recertification survey of 8/3/17. The continued failure of the facility during two federal surveys of record show a pattern of the facility ' s inability to sustain an effective Quality Assessment and Assurance Program. The findings included: This tag is cross referenced to: 1. F278 - Based on observation, record review, and staff interviews, the facility failed to code the Minimum Data Set (MDS) accurately in the areas of physical restraints for 8 of 8 residents (Residents #8, #12, #34, #52, #95, #101, #140, and #158) and vision for 2 of 3 residents (Residents #150 and #158) reviewed. During the recertification survey of 8/31/16, the facility was cited F278 for failing to accurately code the MDS assessment in the area of Preadmission Screening and Resident Review (PASRR) level II. On the current recertification survey of 8/3/17 the facility failed to code the MDS accurately in the areas of restraints and vision. 2. F356 - Based on observation, staff interview,	F 520	Areas of deficient practice as identified during the most recent annual survey in the areas of F278, F356, and F371 have been corrected. New Quality Assurance Teams and Tools have been created (MDS Restraint Audit Tool, Vision Devices Audit Tool, Staffing Hours Posting Form, and Dietary Experience QA Team) were created, where needed to both obtain and maintain regulatory compliance of the areas cited specific to F278, F356, and F371. Quality Assurance efforts have improved as evidence by an increase of Quality Assurance teams and Quality Initiatives (MDS Restraint Audit Tool, Vision Devices Audit Tool, Staffing Hours Posting Form, and Dietary Experience QA Team) specific to F278, F356, and F371. This increase is intended to not only obtain regulatory compliance but to prevent regulatory non-compliance issues in the areas referenced in this plan of correction. Moving forward, the Nursing Home Administrator will proactively start the process of assessing and determining the need for additional QA/QI efforts as outlined in Phase 2 of the CMS Requirements of Participation. The Administrator will complete and document a facility assessment of strengths and weaknesses no later than November 27,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 520	Continued From page 81 and record review, the facility failed to post an accurate daily staff posting with all required information for 4 of 4 days reviewed (7/31/17 through 8/3/17). During the recertification survey of 8/31/16, the facility was cited F356 for failing to post the staffing information for 1 of 5 days of the survey conducted on 8/27/16 to 8/31/16. On the current recertification survey of 8/3/17 the facility failed to accurately post a daily staff posting for 4 of 4 days. 3. F371 - Based on record review, observation and staff interview, the facility failed to date the thickened juices when opened in 1 of 1 refrigerator observed in the kitchen. During the recertification survey of 8/31/16, the facility was cited F371 for multiple food items not dated or dated and had expired and brown-soiling on the kitchen floor. On the current recertification survey of 8/3/17 the facility failed to date the refrigerated thickened liquids. An interview was conducted with the Administrator on 8/3/17 at 11:15 AM. The Administrator stated he was the head of the facility ' s Quality Assurance Committee. The Administrator indicated the committee consisted of the Administrator, Director of Nursing (DON), Medical Director, Minimum Data Set (MDS) Coordinator, Admissions Director, Social Worker, and Pharmacist. He stated the committee met monthly. The Administrator indicated he was aware assessment accuracy and staff posting were repeat citations from the 8/31/16 recertification survey. The Administrator stated the implemented previous survey plan of correction included an MDS assessment checklist	F 520	2017. The documented results of this facility assessment, including resulting QAPI efforts, will be communicated to the corporate board managing the facility by the end of November 2017. At that time, the corporate team will review, direct, and provide approval of the final version of the facility assessment for 2017. This should occur at a minimum of annually starting with November 2017 unless documented or directed otherwise by the Executive QA Team or regulatory entities. The facility alleges compliance with this plan of correction as of 9/5/2017.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345330	A. BUILDING _____ B. WING _____	C 08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GRAYBRIER NURS & RETIREMENT CT	116 LANE DRIVE TRINITY, NC 27370

(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 520	Continued From page 82 to be used for a year. A new staff posting tool would be completed by the receptionist from the Staff Coordinator ' s information. The weekend and Monday staff roster would be completed and posted prior to close of business on Friday. There was a retraining, in-service for 100% of dietary personnel in the areas of deficient practice. The Administrator and Dietary manager were to audit the kitchen once a week for a quarter then monthly thereafter. A dietary quality assurance group was formed and three of its members were to monitor compliance with the plan of correction.	F 520		