PRINTED: 11/01/2017 FORM APPROVED OMB NO. 0938-0391

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throwa CF of I CF of I An F 157 SS=H (IN	TIAL COMMENTS	5	F 000	F 157- NOTIFY OF CHANGES (INJURY/ DECLINE ROOM)	
(A) resphy (B) medet staclir (C) a reconstruction (D) res	ough 10/20/17. Sis identified at: R 483.13 at tag F H R 483.25 at tag F H extended survey 3.10(g)(14) NOTIFICATION (14) Notification of A facility must immosult with the residensistent with his observed to accident involutes in injury and lental, or psychosoterioration in health at a significant chall ental, or psychosoterioration in health at a complication:  A need to alter traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advance a new for A decision to traced to discontinuatment due to advanced to a decision to traced to discontinuatment due to advanced to a decision to traced to discontinuatment due to advanced to a decision to traced to discontinuatment due to advanced to a decision to traced to discontinuatment due to advanced to a decision to traced to a decision to trace	f Changes.  nediately inform the resident; dent's physician; and notify, r her authority, the resident en there is-  lving the resident which has the potential for requiring n;  nge in the resident's physical, cial status (that is, a th, mental, or psychosocial areatening conditions or	F 157	This plan of correction represents Brunswick Cove Living Center's allegation of compliance. The submission of the following plan of correction does not constitute an admission or agreement by the provider as to the truths of th	ad e he to an
LABORATORY DIKE			1		1

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MMEM11

Facility ID: 923043

ADMINISTRATOR

11-17-17

STATEMENT OF DEPLOYMENT BONNESS ON A BUILDING OF PROVIDER SUPPLIES AND PLAN OF COMPLETE CONTRUCTION A BUILDING COMPLETE CONTRUCTION ABOUNT OF THE PROVIDER SEA NO ARE CORRECTION.  A BUILDING COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND COMPLETE CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  AND CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  A SUBJECT CONTRUCTION OF THE PROVIDER SEA NO ARE COMPLETED.  A SUBJECT CONTRUCTION OF THE PROVIDER SEASON OF CONTRUCTION OF THE PROVIDER SEASON OF THE PRO	0=111	OT OTT MILDIONATE &	MEDIO/ ND OCITATOCO				OIVID NO.	0930-0391
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F 157 Continued From page 1 (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in \$483.15(c)(2) is available and provided upon request to the physician, and the resident and the resident representative, if any, when there is.  (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is.  (ii) A change in room or roommate assignment as specified in §483.10(e)(3) or (B) A change in resident inghts under Federal or State law or regulations as specified in paragraph (e)(10) of this section.  (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:  Based on Medical Director (MD) interview, Physician Assistant (PA) interview, and record review the facility failed to notify the MD of results from the Doppler ultrasound he ordered on 08/26/17 and failed to notify the mordered on ordered on observable refusal of a vascular consult which he ordered resulting in the inability of treatment options to be discussed with 1 of 1 sampled residents (Resident #4) before the resident experienced an above-the-knee amputation (AKA) after being hospitalized on 10/111/17. The facility also failed to infirm the physician for 1 of 2 sampled residents (Resident goalent for the process of the resident such that or the resident such that are not of a critical value are placed in a communication book that is located at early interview, and record review the facility failed to notify the ordered on 08/26/17 and failed to notify the ending the process of the resident such that are not of a critical value are placed in a communication book that is located at early stationer. For the physical process and procedures were changed:  1			NTER .		14	.78 RIVER ROAD		
(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.  (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-  (A) A change in room or roommate assignment as specified in §483.10(e)(6), or  (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.  (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). This REQUIREMENT is not met as evidenced by:  Based on Medical Director (MD) interview, and record review the facility failed to notify the MD of results from the Doppler ultrasound he ordered on 08/26/17 and failed to notify the PM of resident experienced an above-the-knee amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents. (Resident #4) before the amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents. (Resident #4) before the resident experienced an above-the-knee amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents. (Resident #4) before the amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents. (Resident #4) before the amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents. (Resident #4) before the amputation (AKA) after being hospitalized on 10/11/17. The facility also failed to inform the physician for 1 of 2 sampled residents.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	1X	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION
#10) with orders for vascular consults that they were unable to schedule the resident's appointment for venous surgical consultation. Findings included:  Licensed Nurse will fax the results to the Physician/Practitioner's office.	F 157	(ii) When making noti (14)(i) of this section, all pertinent informati is available and provi physician.  (iii) The facility must a resident and the resident and record in §483.  (B) A change in room as specified in §483.  (B) A change in resident of the section (iv) The facility must represent the address (in phone number of the This REQUIREMENT by:  Based on Medical Disphone number of the This REQUIREMENT by:  Based on Medical Disphosician Assistant (in and record review the MD of results from the ordered on 08/26/17 six days of resident in which he ordered residents (in the resident experienced amputation (AKA) aft 10/11/17. The facility physician for 1 of 2 significant in the resident of the school appointment for vendapointment	fication under paragraph (g) the facility must ensure that on specified in §483.15(c)(2) ded upon request to the  also promptly notify the dent representative, if any,  or roommate assignment 10(e)(6); or ent rights under Federal or ns as specified in paragraph  record and periodically mailing and email) and resident representative(s).  is not met as evidenced  arector (MD) interview, PA) interview, staff interview, e facility failed to notify the e Doppler ultrasound he and failed to notify the PA for refusal of a vascular consult ulting in the inability of the discussed with 1 of 1	F	157	acceptable plan of correction for the deficiency cited.  Based on the root cause analysis findetermined a more comprehensive of the process for reporting diagnostic and laboratory test results to the comprehensive of the Physician and/or Practitioner and the Physician when scheduled approact been successfully made was made and birector of Nursethe comprehensive assessment and the results the following process a were changed:  Reporting Lab and Diagnostic results the critical value are placed in a commodo that is located at each nurse? Physician/Practitioner's will sign/in sheet attesting they have reviewed along with the date of the review. Physician/Practitioner will leave the in the communication book.  The licensed staff nurse will check communication book during his/h determine if the results have been the Physician/Practitioner. For the been reviewed, the licensed nurse the results to the Medical Records onto the Medical Record. Results by the Physician/Practitioner will communication book until reviewed Physician/Practitioner. If more the without Physician/Practitioner reviewed. If the results of the results without Physician/Practitioner reviewed.	ndings, we eleassessment of the specific testing preporting to cointments eleded. The sing completed based on and procedulation is station. In the series of the result of the reviewed on the series of the the series of the ser	ent  o had e eted ures  of a  The esult ts, eet  by ve rd le eed he

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		345318	B. WING			10/	20/2017
	ROVIDER OR SUPPLIER	NTER .		1478	EET ADDRESS, CITY, STATE, ZIP CODE RIVER ROAD NABOW, NC 28479		
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F 157	admitted to the facility documented diagnoss vascular disease (PV diabetes, nicotine dependent of the facility documented diagnoss vascular disease (PV diabetes, nicotine dependent of the facility dischemic leg (leg with blood), arterial occlusty gangrene of the right right AKA.  A 08/26/17 physician Physician #1 who been effective the early part documented, "He (Refective the early part documented, "He (	realed Resident #4 was y on 08/14/17 with es that included peripheral D), polyneuropathy, bendence, and e system. The resident was lity on 10/17/17 following agnoses that included inadequate supply of ion (blockage), dry lower extremity (RLE), and  progress note (written by came the facility's MD of September 2017) esident #4) now c/o ral foot pain. He has NIDDM and diabetes mellitus) and ripheral artery disease) with ordered Lyrica (medication abetic neuropathy) and tudies with ABI's es)." The physician's mented, "Peripheral Pulses: (pulse across the top of the the left and the right. e across the back of the the left and plan documented,	F	157	<ul> <li>When labs or other diagnostic ter the Lab Liaison checks each order the lab/test was completed and be are obtained.</li> <li>All Licensed Nurses and Lab Liaison trained regarding the updated possible trained as implemented a possible trained as ordered or as scheduled Physician must be notified via the DON, ADON or Administrator. The betreated as a Critical Lab/Diagn per the facility scale of triage.</li> <li>The monitoring procedure to explan of correction is effective and deficiency cited remains corrected compliance with regulatory required.</li> <li>The DON or designee will audit at weekly for 3 weeks to assure the Physician/Practitioner acknowled results. Then 5 charts every other weeks.</li> <li>The DON or designee will audit all scheduled to assure they have be and/or if not the Physician was not be done once weekly for 3 weeks.</li> <li>The results of the audit will be rediscussed in the monthly Quality Meeting.</li> </ul>	to assure to assure that that speed and/or irements. I least 5 chapter that the speed and/or irements. I appoint ren schedutified. The viewed and and and and a that speed	edure.  when  taff, ol will tion  at the cific in  marts  ot of r 2  ments alled nis will  d

September 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		345318	B. WING		10/20/2017
		ATEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479  PROVIDER'S PLAN OF CORRECTION	(X5)
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F 157	index was 0, and ther the right proximal fem Popliteal artery, right and right posterior tib results were not found 10/19/17).  PA #2's 09/25/17 progressident #4's medica not electronically sign until 10/22/17) docum for clarification on a variety that the resident had leg pain. The station has discovered a low the resident's chart documented, "I revalue the 08/28/17 LE Dopp might need to send had lemergency department surgeon for further experience of the object of the 10 might need to send had lemergency department surgeon for further experience of the 10 might need to send had lemergency department surgeon for further experience of the 10 might need to send had lemergency department surgeon for further experience of the 10 might need to send had lemergency department surgeon for further experience of the 10 might need to send had lemergency department with a variety of the 08/28/17 order, writh the 10 might need to this appointment with the 10 might need to this appointment with the 10 might need to this appointment with the 10 might need to the 10 might ne	at #4's right ankle brachial re was no flow detected in noral (thigh) artery, right anterior tibia (ankle) artery, ia artery. (These ultrasound d in the resident's chart on gress note (not present in al record on 10/19/17, and ned by PA #2 nented, "Nursing is asking rerbal order given earlier to PA #1) for a Doppler US resident's lower extremities. If the verbal order was a station nurse informed her been reporting intermittent nurse now informs me she had 08/28/17. PA #2 riewed with him the results of coler study, and told him that I im to the hospital ED nenty today, or to a vascular valuation." (This was the land had reviewed his 08/28/17 and had reviewed his 08/28/17 and the by PA #2, documented being referred for ascular surgeon, and results ound were to accompany opointment.	F 15	4. The title of the person responimplementing the acceptable placorrection.  Revision of the Policy/ Process tith Diagnostic Testing" will be assign Administrator.  The development of the Physicial communication book and update communication sheets have been the DON and medical Records Cleethe DON and medical Records Cleethe Administrator and Jon Work training for the licensed nurse's a The Administrator and DON has enursing and transportation staffing policy for making appointments a appointment has been completed.	cled "Lab and ed to the assigned to erk. ill conduct the nd Lab Liaison. Educated the egarding the nd ensuring the
	scheduled for Reside	nt #4 on 10/05/17, and the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _			C 0/20/2017	
	ROVIDER OR SUPPLIER	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479			
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F 157	"Communication she patient's foot swoller on right foot. Wound not complaining of p A 10/10/17 2:30 PM "Resident is up in w. (with name of vasculation not sign paperwork is surgeon) permission alert and oriented."  A 10/11/17 2:30 PM "Resident's foot has to (name of vasculating agreed to be sent to to feel pulse in (right PA #2's 10/11/17 progressident #4's medianot electronically signification nurse paged that I see him today discoloration; especification in the station nurse to compute the footPrior to compute the footPrior to groom, the station nurse veral days ago. Frefused to allow (name several days ago. Frefused to SNF (skilled been informed of (Richard treatment). When I described to the swolled been informed of (Richard treatment).	An nurse's note documented, set made to see dr (doctor) in and black and blisters found deferral also made. Patient ain in foot."  nurse's note documented, (c. Resident refused care lar surgeon). Resident would giving (name of vascular in to give care. Resident is  nurse's note documented, as gotten worse since the visit of surgeon)'s office. Resident the hospital todayUnable is foot."	F1	57			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION  G		TE SURVEY  MPLETED  C
		345318	B. WING			10/20/2017
	ROVIDER OR SUPPLIER	ENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479		10/20/2017
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F 157	for distal pulses in the illicit pedis or poster below the knee is counable to palpate a right leg"  A 10/17/17 hospital documented, "The pulse power of attorney) from putation. The part procedure. He was The AKA wound with the pulse formation. He was 10/17/17 in a stable at 5:12 PM on 10/18 MD, stated he was 10/17/17 in a s	ne right foot. He is not able to ior tibia pulses. His right leg old. His left leg is warm. I am femoral (thigh) pulse in the  Discharge Summary patient was admitted on igrene of RLE up to mid-calf. With HCPOA (health care or right above knee attent underwent the above hemodynamically stable was clean, dry and intact. It is of infection or hematoma discharged back to SNF on medical condition"  2/17 Physician #1, the facility's mot notified of the resident's he only took on medical director around first of and he was not exactly sure still yhad in place at that time or and test results. He sed two PAs who were more allity and residents, and they at and lab results. He stated with abnormal lab results or if about results. After reviewing 1/17 Doppler results, he stated have seen a vascular surgeon on as possible", so treatment been discussed with the mented if nothing was done,	F 15	57		
	The MD explained to Doppler were "poor"	start losing parts of his legs. he results of the 08/28/17 " with the resident's right lower				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG		ATE SURVEY OMPLETED
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		10/20/2017
BRUNSWI	CK COVE NURSING CE	NTER		1478 RIVER ROAD WINNABOW, NC 28479		
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F 157	should have had the decide if options suc or bypasses could ha #4's right foot and let he had seen incident circulation was enhal some improvement in the reported the treat save the resident's for the reviewed by the physical supposed to be initial medical record.  At 11:20 AM on 10/20 (DON) stated once lareviewed by the physical supposed to be initial medical record.  At 11:20 AM on 10/2 working with/for the record working with/for the record of the first time here were faint pedawarth to the resident warmth to the reside documented on the solower extremity was pulses). He stated the warm that time there warms to hall no response to hall no response to hall no response to hall no response to hall not response to	on or vascular specialist opportunity to assess and h as laser treatment, stents, ave possibly saved Resident g. The MD commented that its in which if the proximal need then there could be in the distal circulation also. It is the distal circulation also distal circulation also distal circulation also distal circulation also distal circulation. It is the distal circulation also distal circulation al	F 1	57		
	foot. He reported or	n 10/11/17 the resident's toes e now black, and the right foot				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345318	B. WING		10	C 0/20/2017	
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CO 1478 RIVER ROAD WINNABOW, NC 28479			
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F 157	According to PA #2, knee down was "ice 10/11/17 he was told vascular consult on resident to the ED or would not comment almost a month betwand the first review of (because the MD or 08/26/17, and he wa that time). The PA rests which he order facility for him to revibuilding on Mondays However, he comme ordered the resident' he was not sure what to make sure the lab obtained and available At 1:10 PM on 10/20 (DON) stated mobile to the facility. She recollected, and there among the faxes, this medical records to for they could sign off or might be generated the respective physicians reported she handled	the no pulses in the right foot. The resident's leg from the cold". PA #2 stated on that Resident #4 refused his 10/05/17 and so he sent the in 10/11/17. The PA stated he on the apparent gap of the reen the 08/28/17 Doppler of Doppler results on 09/25/17 dered the Doppler on so not working for the MD at reported lab/test results from the ew when he was in the rew when he was in the rew when he was not the one who is Doppler on 08/26/17, and it system the MD had in place of the for review.  If the Director of Nursing lab/test results were faxed reported when faxes were were mobile lab/test results so information was given to prove the form the results.  If the Medical Records responsibility to retrieve them to the nurses who in	F 15				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	CORRECTION	IDENTIFICATION NUMBER:	1 ' '	ECONSTRUCTION  G	` '	OMPLETED
		345318	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	I	10/20/2017
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F 157	Continued From paç	ge 8	F 15	57		
	12/29/16. Review o Minimum Data Set ( peripheral vascular cerebral vascular ac	s admitted to the facility on f Resident #10's Quarterly MDS) revealed diagnoses of disease, diabetes, and scident (CVA). Resident #10 re and had 3 arterial/venous				
		oses listed in Resident #10's ded venous insufficiency and				
	September 2017 rev	cation Record - Treatments for vealed Resident #10 was e daily treatments for venous nd left lower legs.				
		cian's Telephone Order dated n order to send Resident #10 gical consult.				
	Transportation Aide resident appointmer schedule an appoin consult for Resident indicated she was u appointment becaus needed to speak wibefore an appointme TA stated she had le Resident #10's Resthe surgeon's office the RP or the surge Resident #10's RP approached the RP of the appointment.	0/19/17 at 11:30 AM the (TA), who also scheduled hts, stated she called to tment for a venous surgical #10 on 09/05/17. She hable to schedule the se the surgeon's office th Resident #10's family ent could be scheduled. The eft several messages for ponsible Party (RP) to contact but had not heard back from on's office. She indicated visited often but she had not to ask about the scheduling The TA stated she had made				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _			C 10/20/2017	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP C 1478 RIVER ROAD WINNABOW, NC 28479		10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 157	could be scheduled with the office. She the Physician that requested consult.  In an interview on Director of Nursing member was unabe consult she expect physician within a different physician appropriate.  In an interview on #10's Physician #1 the surgical consult scheduled. He indorder for an outsid he needed the assign provide the resider stated when he wrobe carried out right been notified that the scheduled. He have been sent to he could have order instead.  In a telephone interesident #10's RP surgical consult has been told when it with the physician the appositated that she had be sent to any partindicated it would it Resident #10 to ar	see if the consult appointment d following the initial contact e indicated she had not notified there was a delay in getting the	F 1	57			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		DATE SURVEY COMPLETED
		345318	B. WING		C 10/20/2017
	ROVIDER OR SUPPLIER	NTER	,	STREET ADDRESS, CITY, STATE, ZIP CODE  478 RIVER ROAD  NINNABOW, NC 28479	10/20/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL 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 157	the DON stated that followed up to make consults were sched indicated if there was appointment the TA v DON stated the TA h Resident #10's venoscheduled.	ew on 10/20/17 at 1:06 PM there was not a nurse who sure appointments or uled and completed. She is an issue with making an would let her know. The ad not informed her that us consult had not been	F 157	F 223- FREE FROM ABUSE/ INVOLUNTARYSECLUSION	Completion
F 223 SS=D	neglect, misapproprisand exploitation as dincludes but is not lincorporal punishment any physical or chemicat the resident's set 483.12(a) The facility (a)(1) Not use verbal abuse, corporal puniseclusion; This REQUIREMEN' by:  Based on observation interviews and recomprevent the misapproprial in the set of	right to be free from abuse, ation of resident property, efined in this subpart. This nited to freedom from involuntary seclusion and nical restraint not required to ymptoms.  I must-  I, mental, sexual, or physical shment, or involuntary  T is not met as evidenced  The property of the	F 223	1. The plan correcting the specific deficiency The plan should address the processes that to the deficiency cited.  Per the CMS 2567 - Resident # 5 was admitted the facility on 11/19/16 with diagnoses that included Osteoarthritis and Neuropathy. The Administrator became aware on 10/2/17 that forty-one Oxycodone 5mg tablets belonging to Resident # 5 were missing along with the narcotic count down sheet for the missing medication. The label for Oxycodone belong to Resident #5 had been removed from a narcotic count down sheet, placed on a medication card containing Lexapro 10mg tablets then placed in the narcotic drawer in place of the Oxycodone 5 mg tablets. Eighter (18) pills had been popped out from the mislabeled card and forty one (41) Oxycodon mg tablets were missing along with the documentation sheet.	d to e t to f
	Resident #5 was adr 11/19/16 with diagno	nitted to the facility on ses that included		2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited.	C

CLIVILIN	STON WEDICARE &	MEDICAID SERVICES				OMR MC	<i>).</i> 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		345318	B. WING _				C / <b>20/2017</b>
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 10/	20/2017
					B RIVER ROAD		
BRUNSWI	CK COVE NURSING CEI	NTER			INABOW, NC 28479		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 223			F 2	23	The Administrator immediately		
	Osteoarthritis and Ne	uropathy.			investigation on 10/2/17, as wel		
	D - 1 - 1 - 1				the local law enforcement. A 24		
		rly Minimum Data Set dated			Report was filed on 10/3/17 and		orking
	08/28/17 revealed that				report on 10/5/17 to DHSR. Loc		
		cognition and required most activities of daily			enforcement completed an inve		
		ing Hospice Services. He			drug diversion, but a report was because the investigation was st		
		ded pain medication during			nurses who had worked and pas		
		back period and described			to Resident # 5 were suspended		CIOTI
		with a rating of "4" on a			testing had been completed. All		ent
		he assessment interview.			for the alleged nurse tested neg		-6-
					The alleged nurse refused the dr		and
	Review of the Octobe				was terminated immediately (10	/5/17).	
		d showed physician orders					
		1) tablet by mouth every 4			A new process for accounting fo		
		pain and Oxycodone 5mg (2)			developed by the Administrator		or of
		ry 4 hours as needed for			Nursing. The process is as follow	s:	
	severe pain.				A (A)		
	Record review of a fa	cility letter addressed to a			A new "Narcotic Count Sheet" w  Tagged the anything of severity		
		t office, dated 10/05/17,			record the number of narcotic ca each medication cart with a corr		on
		10/02/17 the Administrator			prescription number.	alating	
		orty-one Oxycodone 5mg			<ul> <li>At the beginning/end of each ship</li> </ul>	ft the off c	roing *
		Resident #5 were missing		ľ	and on-coming staff nurses will o		
		ic count down sheet for the			number of pills per card to the n	•	
		The facility filed a 24-Hour			on the Controlled Drug Record.		
	Initial Report on 10/03	3/17 and a 5-Working Day			count is then recorded on the Co		
		the Department of Health			Record and signed by both nurse		8
	and Human Services.				• Then the nurses will compare th		f
					narcotic cards to the number red	orded on t	he
		cted with the Administrator			Narcotic Count Sheet. The numb		
		M she revealed that a label			drug records is then recorded as		
		belonging to Resident #5 om a narcotic count down			number of narcotic cards. This co		
		edication card containing			completed for each medication of	art.	
		s and then placed in the					1
		ice of the Oxycodone 5mg					
	tablets. She renorted	that on the mislabeled card					
		popped out. She stated					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345318	B. WING		10/20/2017	
	ROVIDER OR SUPPLIER  ICK COVE NURSING (	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 223	missing along with said that as soon a missing narcotics of investigation and cenforcement. She had worked and pa#5 were drug testes uspended or term.  In an interview con 10/18/17 at 8:59 Al investigation of dru an open case and until the investigation reported that Nurse polygraph test thre also reported that I Urine Drug Screen.  In an interview with AM he reported that In urine Drug Screen.  In an interview with AM he reported that in an arcotics at change to Resident #5 did (indicating that it we said he also notice tampered with. He contained in the minternet pill identified Lexapro 10mg not immediately called facility to look at the reported that Resid medication card county and that was placed use. He said the A (ADON) kept the minurse #7 reported.	Dxycodone 5 mg tablets were the documentation sheet. She is she was made aware of the in 10/02/17 she began an ontacted local law reported that all nurses who assed medication to Resident d, and others were either	F 223	<ul> <li>Any discrepancies in the count or suspicions of drug diversion will be either the Director of Nursing or immediately. Neither staff nurse leave the facility until the discrepresolved.</li> <li>Licensed nurses will be educated (Narcotic counting process) by DO</li> <li>3. The monitoring procedure to eplan of correction is effective and deficiency cited remains corrected compliance with regulatory requipation.</li> <li>At least 2 times a week for one moved weekly thereafter, the DON or decompare the number of Controlled Records, the number of narcotic of number recorded on the "Narcotic to the list of narcotics dispensed in the Pharmacy provides this list wood Administrator.</li> <li>The results of the audit will be read iscussed in the monthly Quality Meeting.</li> <li>4. The title of the person responsing implementing the acceptable placorrection.</li> <li>The Administrator and Director of the Administrator and Director of the Administrator.</li> </ul>	e reported to Administrator is allowed to ancy is on the new ON/ designee ensure that the distance that specific distance will distance will distance to the count Sheet" by Pharmacy, eekly to the dissurance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (2)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ION	(X3) DATE SURVEY COMPLETED	
		345318	B. WING			C 10/20/2017	
	ROVIDER OR SUPPLIER  CK COVE NURSING CE	NTER .		STREET ADDRE 1478 RIVER RE WINNABOW			20/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION FACH CORRECTIVE ACTION SHOULD BE COSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 223	drawer prior to 09/30/ The ADON was called on 10/18/17 at 12:07 both times. The ADO In an interview with the 10/18/17 at 10:20 AM examined the mislabe said that there was not at the pharmacy. He filled in a separate rostamped by the pharm filling the prescription on the card to indicate medication. He report on the mark narcotic coursed "C" and it is not stechnician. He stated knew it was the Oxyolabel that was placed of medication by som 483.12(b)(1)-(3) PROMISTREATMENT/NE §483.12 The resident abuse, neglect, misal property, and exploits subpart. This includes freedom from corpora seclusion and any photor required to treat the 483.12(b) The facility implement written points.	edication cards in the locked /17.  d on 10/17/17 at 10:59 and PM. Messages were left on did not return either call.  The Pharmacy Manager on I he reported that he eled medication card. He of way that it was mislabeled stated that all narcotics are on at the pharmacy, macist and the technician in, and marked with a red "C" is it was a controlled intended that the pharmacy did into down sheet labels with a tamped by a pharmacist or a did that was how the pharmacy odone count down sheet on the Lexapro bubble pack is on the Lexapro bubble pack is one at the facility.  THIBIT:  THIGHECT/MISAPPROPRIATN  The has the right to be free from peropriation of resident ation as defined in this is but is not limited to all punishment, involuntary ysical or chemical restraint the resident's symptoms.		MISA defice the pertinegle experiments the value of the value of the value of the reference	4- PROHIBIT MISTREATMENT/ NAPPROPRIATION  The plan correcting the specific deficiency. The plan should address processes that lead to the deficiency cited.  The CMS 2567 - The facility dected Resident #4 who deficience an above the knee deficiency cited.  The CMS 2567 - The facility dected Resident #4 who deficience and above the knee deficience and failing the stently document assessment of the cite of the resident experience of the cite of the resident experience of the cite of the resident experience of the cite o	le to f	Completion Date 11/18/17

SELECTION OF THE SELECT					OIVID NO	7. 0930-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	107	LUIZUTI	
	ICK COVE NURSING CE	NTER .		147	8 RIVER ROAD NNABOW, NC 28479			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 224	Continued From page exploitation of resider resident property,  (b)(2) Establish policic investigate any such as (b)(3) Include training §483.95, This REQUIREMENT by: Based on observation interview, Physician Aresident interview, stareview the facility negresidents (Resident #above-the-knee ampurprovide vascular consconsistently document resident experienced.  Record review reveal admitted to the facility documented diagnose vascular disease (PV diabetes, nicotine depreadmitted to the facility documented to the facility documented diagnose vascular disease (PV diabetes, nicotine depreadmitted to the facility documented immunereadmitted to the facility documented immunereadmitted to the facility dischemic leg (leg with blood), arterial occlus	es and procedures to allegations, and as required at paragraph is not met as evidenced in, Medical Director (MD) assistant (PA) interview, aff interview, and record lected 1 of 1 sampled 4) who experienced an utation (AKA) by failing to sultation and failing to assessment of the extremity (RLE) before the the AKA. Findings included:  ed Resident #4 was a on 08/14/17 with the extra included peripheral D), polyneuropathy, bendence, and as system. The resident was agnoses that included inadequate supply of ion (blockage), dry		224		acceptake deficiency andings, we assess mustic testir redering proceed to a result of the result of the result of the result of the reviewed see that he will forward to review main in the first to find the result of the result of the result of the result of the review main in the first to find the review main in the first to find the	e ent ng The leted n lures of a The esult lts, neet by ave ard ile wed the	
	right AKA.  A 08/26/17 physician Physician #1 who bed effective the early par documented, "He (Re	t of September 2017)		on a material and a second of the second of	Licensed Nurse will fax the results to Physician/Practitioner's office.  • When labs or other diagnostic tests the Lab Liaison checks each order to the lab/test was completed and b) to are obtained.	o the s are orde o assure a	a)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345318	B. WNG		C	
	ROVIDER OR SUPPLIER		S 1	TREET ADDRESS, CITY, STATE, ZIP CODE 478 RIVER ROAD VINNABOW, NC 28479	10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 224	(non-insulin depenevidence of PAD (gdiminished pulses, for management of bilateral leg arteria (ankle-brachial indiphysical exam doc Dorsalis Pedis Pulse (pulsed): decreased of Popliteal Pulse (pulsed): decreased physician's Assess "Pain in both feet:  A 08/26/17 physicianty of the pain in both feet:  A 08/26/17 physicianty of the pain in both feet:  A 08/26/17 physicianty of the pain of	dent diabetes mellitus) and peripheral artery disease) with I ordered Lyrica (medication of diabetic neuropathy) and	F 224	<ul> <li>All Licensed Nurses and Lab Liaiso trained regarding the updated pol procedure.</li> <li>The Administrator and Director of also conducted a root cause analy concerning the assessment of resi based on those results implement following process changes:</li> <li>Any resident with a peripheral or arterial diagnosis will be assessed Wound Care team weekly unless the Physician has ordered anything of specifically. These assessments we completed in addition to the rout admission, weekly skin assessment daily assessment completed by the Staff Nurses. The assessment will palpating pedal pulses, observation color, palpating skin temperature.</li> <li>Any adverse assessment results owill be reported to the Physician/Practitioner.</li> <li>All licensed staff nurses will be into by the DON and/or designee on cassessment related to Peripheral Arterial Vascular disease.</li> <li>The monitoring procedure to ensure plan of correction is effective an specific deficiency cited remains and/or in compliance with regurequirements.</li> <li>The DON and/or Administrator we the charts of resident's with a pevascular arterial diagnosis weekly weeks to assure the Wound Tear completed and documented a weassessment.</li> </ul>	icy/ inursing risis dents and red the  vascular by the the ther vill be ine nts and re Licensed linclude on of skin . In changes  -serviced rare and and  re that the d that corrected latory  vill monitor ripheral or y for 2 m has	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 224	STAT Doppler for Resident #2's 09/25/17 progresident #4's medicanot electronically signantil 10/22/17) documfor clarification on a variety the station nurse by (ultrasound) study of It is my understanding given by (PA #1) after that the resident had leg pain. The station has discovered a LE chart dated 08/28/17. reviewed with him the Doppler study, and to send him to the hosp department) today, or further evaluation." (documentation in Resident #4 was consultation with a variety of the 08/28/17 ultrast the resident to this appointment with the	on notice documented the sident #4 was canceled eady performed."  gress note (not present in all record on 10/19/17, and hed by PA #2 hented, "Nursing is asking erbal order given earlier to PA #1) for a Doppler US resident's lower extremities. In the the verbal order was a station nurse informed her been reporting intermittent nurse now informs me she Doppler in the resident's PA #2 documented, "I are results of the 08/28/17 LE held him that I might need to head to held the	F 224	<ul> <li>The DON and/or designee will ass least 2 residents with a peripheral vascular arterial diagnosis weekly weeks and compare the assessment to the Wound Team assessment alicensed nursing staff assessment accuracy. Any discrepancies found addressed with the individual staff.</li> <li>The results of the audit will be revant discussed in the monthly Quant Assurance Meeting.</li> <li>The title of the person responsimplementing the acceptable plant correction.</li> <li>The Administrator and Director of Nursing</li> </ul>	for 2 nt results nd for d will be f person. iewed lity	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345318	B. WING		1,	C 0/20/2017	
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479		10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 224	A 10/09/17 12:00 PM "Communication she patient's foot swollen on right foot. Wound not complaining of patient's foot support of the patient's foot support of the patient's foot support of the patient and oriented."  A 10/11/17 2:30 PM "Mesident is up in w/w (with name of vascul not sign paperwork gargeon) permission alert and oriented."  A 10/11/17 2:30 PM "Mesident's foot hat to (name of vascular agreed to be sent to to feel pulse in (right note and this 10/11/10 only ones in the medicumented informator the pulses in the repair of the pulses in the repair	I nurse's note documented, et made to see dr (doctor) and black and blisters found I referral also made. Patient ain in foot."  nurse's note documented, c. Resident refused care ar surgeon). Resident would iving (name of vascular to give care. Resident is  nurse's note documented, s gotten worse since the visit surgeon)'s office. Resident the hospital todayUnable of foot." (A 10/09/17 nurse's 7 nurse's notes were the ical record which tion about the appearance of esident's foot).  gress note (not present in all record on 10/19/17, and ned by PA #2 nented, "(Resident #4's) me this morning to request because of sudden skin ally involving his toes on his oing into (Resident #4's)	F 224				
	transported to (name several days ago. H refused to allow (nar examine him; so (fac back to SNF (skilled	se informed me that he was of vascular surgeon)'s office owever, (Resident #4) ne of vascular surgeon) to cility) transporter brought nursing facility). I had not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _		1	C 0/20/2017	
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479		1 10/20/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 224	treatment. When I er (facility) wound care r for distal pulses in the illicit pedis or posterio below the knee is cold unable to palpate a fer right leg"  A 10/11/17 hospital H documented, "His ri insensate. There is r (loss of blood supply) onto the distal leg. Ti cellulitis or erythema ischemia. He has no able to provide a time occurred, and there is data sent from the ca candidate for revascu. The degree of ischemextremity is severe ar option is an amputation. A 10/17/17 hospital Edocumented, "The pa 10/11/17 for dry gang Discussion was had upower of attorney) for amputation. The pati procedure. He was hThe AKA wound was There were no signs formation. He was di (skilled nursing facility medical condition"  At 4:07 PM on 10/19/ first shift Nursing Ass	stered (Resident #4's) room, nurse was already checking eright foot. He is not able to in tibia pulses. His right leg d. His left leg is warm. I am amoral (thigh) pulse in the story and Physical ght foot is black, is so motor. The ischemia extends for the entire foot here was no evidence of but simply terminal. Doppler signals. He is not eline as to when the events is no information from the re facility. He is not a considered the right lower and terminal, and his only on"	F 2	224			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	345318	B. WING			C 0/20/2017	
NAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP C 1478 RIVER ROAD WINNABOW, NC 28479		0/20/2017	
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deteriorated phy the resident was sometimes would not even feed hi walk during the whospital. However resident never considered the level stated in early sometimes were stated in early sometimes regident and bit the resident's right darker/blacker, a went out to the had blisters on it these changes to the second state of the surgeon. She is her that when she surgeon's office, sign the release she commented refused to be see the resident out resident would be doctors. She stomplain of pair out of his bed or 3 weeks before.	1/17 the resident gradually sically and mentally. He reported a mumbling, not making sense, d not even talk, sometimes could mself, stayed in bed, and did not week before going out to the ver, the NA commented the complained of pain. The NA vel of care required by Resident seased. According to NA #9, he ident bed baths on first shift. He eptember the resident's feet had ackened areas, two weeks later that foot was getting and the week that the resident to spital the resident's right foot the commented he reported	F 22	24			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345318	B. WING _		1	0/20/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
BRUNSW	ICK COVE NURSING	CENTER		WINNABOW, NC 28479			
(X4) ID PREFIX TAG	(EACH DEFICIE	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 224	September 2017, what system the far for notification of lareported he super familiar with the far mainly looked at the PAs called him they had question. Resident #4's 08/2 the resident shoul immediately, "as soptions could have resident. He completed the mainly completed that the sure should have had the decide if options or bypasses could "4's right foot and he had seen incided circulation was ensome improvement He reported the tresident."  At 10:07 AM on 10 observed Resider have documented and feet, and the the resident's right in coloration.	medical director around first of and he was not exactly sure acility had in place at that time ab and test results. He vised two PAs who were more cility and residents, and they est and lab results. He stated in with abnormal lab results or if a sabout results. After reviewing 28/17 Doppler results, he stated do have seen a vascular surgeon as possible", so treatment to been discussed with the immented if nothing was done, if start losing parts of his legs. If the results of the 08/28/17 for with the resident's right lower ely occluded. However, he ageon or vascular specialist the opportunity to assess and such as laser treatment, stents, if have possibly saved Resident leg. The MD commented that tents in which if the proximal hanced then there could be not in the distal circulation also. The interest is a season of the state of the season of this legs only thing she noticed was that the foot became gradually darker in the distal care gradually darker	F 2	224			
		ne new MD (Physician #1) on orted this MD was Resident #4's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		345318	B. WING_				20/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1	
DDUNOW	01/ 00/E NUBONO 05	NED		1	478 RIVER ROAD		
BKON2MI	CK COVE NURSING CE	NIEK		٧	VINNABOW, NC 28479		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 224	Continued From pag	e 21	F	224			
	physician prior to ass	suming his new role on					
		g to PA #2, he first saw					
	Resident #4 on 09/2	5/17 in conjunction with the					
	hall nurse's concern	over appearance of the					
	resident's right leg ar	nd foot. He stated 09/25/17					
		had reviewed the 08/28/17					
	, ,	commented on 09/25/17					
	,	al pulses and there was					
		nt's feet and toes. (PA #1					
		same day the resident's right cool to touch and without					
		ne resident was lethargic					
	, ,	s his baseline. He reported					
	_	s no blackness to the toes.					
		e resident again on 10/11/17					
		urse's concerns about					
		arance of the resident's right					
	foot. He reported or	n 10/11/17 the resident's toes					
	on his right foot were	now black, and the right foot					i
	had gotten worse wit	th no pulses in the right foot.					
		the resident's leg from the					
		cold". PA #2 stated on					
		that Resident #4 refused his					
		10/05/17 and so he sent the					
		n 10/11/17. The PA stated he					
		on the apparent gap of					
		reen the 08/28/17 Doppler of Doppler solution of Doppler results on 09/25/17					
	(because the MD ord						
		s not working for the MD at					
		reported lab/test results from					
	·	ed were left in a box in the					
		ew when he was in the					
		, Wednesdays, and Fridays.					
		ented he was not the one who					
	ordered the resident	s Doppler on 08/26/17, and					
	he was not sure wha	t system the MD had in place					
		/test results he ordered were					
	obtained and availab	ole for review.					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _	B. WNG		C 10/20/2017	
	ROVIDER OR SUPPLIER  CK COVE NURSING CE	ENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1478 RIVER ROAD WINNABOW, NC 28479			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 224	had pain at a level of going out to the hosy staff members about and would or could remembers that he had (Pain was only docu 08/23/17, 08/24/17, Nurses Notes between 09/2 sporadic nurse's not 10/11/17 did not document of the respectation of the reappearance and pull in the nurse's notes.  At 1:38 PM on 10/20 (Resident #4 before there were no Dopples she reviewed it on 0 09/25/17 Resident # cold, and his right for She also commente in the right lower extra after examining Resknew the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had the hall nurse if she (immediate) Dopplet got to a vascular document of the resident had	20/17 Resident #4 stated he f 10 daily in the weeks before cital. He reported he told this pain, but became silent, not identify those staff d communicated his pain to. In mented by the staff on and 09/01/17 in Daily Skilled en 08/14/17 and 09/20/17. It is notes in the medical 11/17 and 09/26/17, and les between 09/27/17 and ument the presence of pain).	F2	224			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345318	B. WING		C 10/20/2017	
	ROVIDER OR SUPPLIER	ENTER	1	TREET ADDRESS, CITY, STATE, ZIP CODE 478 RIVER ROAD VINNABOW, NC 28479		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 224	thought she checked lower extremities may they were consistent reported she should and appearance of the notes, but did not also commented she thout was checking the puriouse's note docume pulses in Resident #10/11/17).  At 4:25 PM on 10/26 call, Nurse #11, who 7:00 PM to 7:00 AM, when she found out his vascular consult remembered thinking had undergone major admission. She represident's right leg wright foot was getting she thought most of resident's right foot (done by the 7:00 AM, the resident was ear she did not see him Nurse #11, she did refronic pain, but she administered prin (as due to pain in his rig Resident #4 was sor did not talk a lot, but	In the pulses in Resident #4's appeared the pulses in Resident #4's appeared the pulses in the right foot in her nurse's appeared to the pulses the right foot in her nurse's appeared to the pulses the right foot in her nurse's appeared to the pulses appeared to the right foot in her nurse's appeared to the right foot in the pulses and the pulses appeared to the pulses appeared to the right foot in the pulses and the pulses appeared to the pulses appeared to the pulses appeared to the pulses and the pulses appeared to th	F 224		GHEST	
F 309 SS=H		PROVIDE CARE/SERVICES	F 309	WELL BEING	Completion Date 11/18/17	

PRINTED: 11/01/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATE S	
		345318	B. WING	-		c	
NAME OF D	DOLUBER OF SURBULES	343310	B. WING			10/2	0/2017
	ROVIDER OR SUPPLIER ICK COVE NURSING CEI	NTER		14	TREET ADDRESS, CITY, STATE, ZIP CODE 178 RIVER ROAD /INNABOW, NC 28479		
(X4) ID PREFIX TAG	(EACH DEFICIENC		l .	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM			
F 309	( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	309	iency. The lead to the provide following which there able sident # 4 ock of the caff and the deterioration don acceptable iency cited is, we	vick Cove The ction does It by the Illeged or Ints from ctice. Please of correction  ency. The lead to the  provide following a hich there ble ident # 4 who ck of aff and the eterioration er a 40-day inputation	
	of practice, the complicate plan, and the respresences. This REQUIREMENT by: Based on observatio	vith professional standards rehensive person-centered		0000000	determined a more comprehensive assign process for reporting diagnostic testing laboratory test results to the ordering P and/or Practitioner was needed. The A and Director of Nursing completed the comprehensive assessment and based of the following process and procedures were assessment as the second procedures were assessment and based of the following process and procedures were assessment and based of the following process and procedures were assessment as the following process and procedures were assessment and based of the following process and procedures were as the following process and procedures were assessment and the following process and procedures were assessment and the following process and procedures were as the following procedures are as the following procedures were as the following procedures are as the following proce	and hysician dministrat	or ults

interviews, and record review the facility failed to

A. BUILDING  C  345318  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479  (X4) ID  PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  A. BUILDING  C  B. WING  B. WING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479  (EACH CORRECTION (CACH CORRECTION SHOULD BE)  COMP	STATEMENT OF DEFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  BRUNSWICK COVE NURSING CENTER   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPANY OF ACTIO	AND TENTO CONNE		DENTIFICATION NOMBER.	A. BUILDING		
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IAO SINOSTELLITATION INTO THE STATE OF THE S	BRUNSWICK CO (X4) ID PREFIX	OVE NURSING CE SUMMARY ST (EACH DEFICIENCE	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	1478 RIVER ROAD WINNABOW, NC 28479  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	
The state of the s	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		ATE DATE
F 309 Continued From page 25 provide arterial/venous circulatory consultation, following a Doppler ultrasound on 08/28/17, during which there could have been discussion about available treatment options for 1 of 1 sampled residents (Resident #4) who later experienced a loss of limbs. The lack of documented follow-up assessment by staff and the lack of consultation contributed to the deterioration of the resident's right foot and leg for over a 40-day period, resulting in an above-the-knee amputation (AKPA) after the resident was hospitalized on 10/11/17. Findings included:  Record review revealed Resident #4 was admitted to the facility on 08/14/17 with documented diagnoses that included peripheral vascular disease (PVD), polyneuropathy, diabetes, nicotine dependence, and compromised immune system. The resident was readmitted to the facility on 10/17/17 following hospitalization with diagnoses that included ischemic leg (leg with inadequate supply of blood), arterial occlusion (blockage), dry gangrene of the right lower extremity (RLE), and right AKA.  The resident's 08/14/17 admission minimum data set (MDS) documented the was alert but disoriented to time and place.  The resident's 08/21/17 admission minimum data set (MDS) documented the hersident's cognition was moderately impaired, he had sleeping and appetite problems, exhibited no behaviors including resistance to care, he required extensive assistance from a staff member with bed mobility/dresisnign/fygiene/bathing, he	provide follow during about samp exper document the land deternover above reside include reside include the land deternover above reside include the land deternover above reside include reside include the land land land land land land land land	ide arterial/venoral de arterial/venoral and poppler un grand pled residents (Forienced a loss of immented follow-un ack of consultation at 40-day period ve-the-knee amplent was hospital ded:  and a very lew revea at the facility immented diagnostial and the facility immented diagnostial and the facility immented to time and the facility immented to time and the facility immented to the facility immented to the resident's 08/14, arterial occlusive immented to time and resident's 08/21, MDS) document immoderately immented to time and the facility immoderately immented in the facility immoderately immented in the facility immoderately immoderatel	us circulatory consultation, altrasound on 08/28/17, buld have been discussion ment options for 1 of 1 Resident #4) who later if limbs. The lack of p assessment by staff and on contributed to the esident's right foot and leg for resulting in an utation (AKA) after the lized on 10/11/17. Findings led Resident #4 was y on 08/14/17 with reset hat included peripheral (/D), polyneuropathy, pendence, and resystem. The resident was ality on 10/17/17 following resulting in an inadequate supply of sion (blockage), dry to lower extremity (RLE), and aliced the resident's cognition resident was alert but and place.  If admission minimum data red the resident's cognition aired, he had sleeping and whibited no behaviors to care, he required a from a staff member with	F 309	<ul> <li>Lab and diagnostic tests results the critical value are placed in a comm book that is located at each nurse? Physician/Practitioner's will sign/ir sheet attesting they have reviewed along with the date of the review. Physician/Practitioner will leave the in the communication book.</li> <li>The licensed staff nurse will check communication book during his/hed determine if the results have been the Physician/Practitioner. For the been reviewed, the licensed nurse the results to the Medical Records onto the Medical Record. Results by the Physician/Practitioner will recommunication book until reviewed Physician/Practitioner. If more the without Physician/Practitioner revuicensed Nurse will fax the results Physician/Practitioner's office.</li> <li>When labs or other diagnostic test the Lab Liaison checks each order the lab/test was completed and by are obtained.</li> <li>All Licensed Nurses and Lab Liaison trained regarding the updated polonducted a root cause analysis coassessment of residents and based results implemented the following</li> </ul>	unication s station. The nitial the result d the results, The e result sheet  the er shift to reviewed by ose that have will forward Clerk to file not reviewed emain in the ed by the an 3 days pass iew, the to the  ts are ordered, to assure a) the results  n will be icy/ procedure. nursing also oncerning the d on those

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		345318	B. WING _		10/20/2017
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/20/2017
				1478 RIVER ROAD	
BRUNSWI	CK COVE NURSING CE	NTER		WINNABOW, NC 28479	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ( (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION
F 309	with transfers, he rector form of set-up help we unit and eating, he discorridor during the lof frequently incontinenthe was on scheduled reported no presence look-back period.  A 08/23/17 Daily Skill documented Resider in his right foot at an - 10, with 10 being the continuous of	quired staff supervision in the with locomotion on and off the id not walk in his room or the lock-back period, he was at of bowel and bladder, and dipain medications but the of pain during the led Nurses Note at #4 was experiencing pain intensity of 8 on a scale of 1 the highest level of pain.  Iled Nurses Note at #4 was experiencing pain intensity of 6 on a scale of 1 the highest level of pain.  Iled Nurses Note at #4 was experiencing pain intensity of 6 on a scale of 1 the highest level of pain.  Iled Nurses Note at #4 was experiencing pain intensity of 6 on a scale of 1 the highest level of pain.  Iled Nurses Note at #4 was experiencing pain intensity of 6 on a scale of 1 the highest level of pain.  Iled Nurses Note at #4 was experiencing pain intensity of 6 on a scale of 1 the highest level of 1 the highest level of pain.  If you care plan identified "at of decreased cognition" as a antion to this problem was the sand treatments."  It progress note (written by the progress not	F3	<ul> <li>Any resident with a periphe arterial diagnosis will be ass Care team weekly unless the ordered anything other speassessments will be comple routine admission, weekly staff Nurses. The assessment palpating pedal pulses, obsepalpating skin temperature.</li> <li>Any adverse assessment reside reported to the Physician All licensed staff nurses will DON and/or designee on carelated to Peripheral and Andisease.</li> <li>The monitoring procedur plan of correction is effective deficiency cited remains concompliance with regulatory</li> <li>The DON and/or Administrationarts of resident's with a parterial diagnosis weekly for Wound Team has completed weekly assessment.</li> </ul>	sessed by the Wound ne Physician has ecifically. These eted in addition to the skin assessments and d by the Licensed ent will include ervation of skin color, sults or changes will n/Practitioner. be in-serviced by the re and assessment terial Vascular  re to ensure that the we and that specific rrected and/ or in requirements.  tor will monitor the eripheral or vascular 2 weeks to assure the

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		CONSTRUCTION		(X3) DATE COMP	SURVEY
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	ROVIDER OR SUPPLIER			STF 147	REET ADDRESS, CITY, STATE, ZIP CODE 78 RIVER ROAD NNABOW, NC 28479		10/	20/2017
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F 309	knee): decreased on physician's Assessme "Pain in both feet: Al A 08/26/17 physician 50 mg TID (milligram leg arterial duplex wit PAD/leg pain."  Findings from a 08/28 documented there was Resident #4's right prartery, right Popliteal (ankle) artery, and rig Impression section designificant bilateral in extremities, more sew Occlusion of the right and tibial arteries." (were not found in the 10/19/17).  A 09/01/17 Daily Skill documented Residen in his feet and bilateral intensity of the pain was A 09/08/17 nurse's no problems nail care problems nail care problems nail care problems of the pain was a company documented PT caseload since 08 discharged from PT cambulation goal of ar front wheeled walker on even surfaces.	the left and the right." The ent and Plan documented, Bl and PAD studies."  order documented, "Lyrica is three times daily), bilateral th ABI-dx (diagnoses)  8/17 mobile ultrasound as no flow detected in eximal femoral (thigh) artery, right anterior tibia after posterior tibia artery. The ocumented, "Evidence of flow senses to both lower were on the right side.  In proximal femoral, popliteal proximal femoral pain allower extremity, but the was not assessed.	F	309	<ul> <li>The DON and/or designee versidents with a peripheral diagnosis weekly for 2 week assessment results to the Weassessment and licensed nursessment for accuracy. A found will be addressed with person.</li> <li>The results of the audit will discussed in the monthly Queeting.</li> <li>4. The title of the person resimplementing the acceptate correction.</li> <li>The Administrator and Directions.</li> </ul>	or vasceks and covound it was and control of the ir	ular arter compare caff repancies ndividual ewed and ssurance	rial the s staff d

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE  1478 RIVER ROAD  WINNABOW, NC 28479		10/20/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 309	Continued From page	∋ 28	F 3	09				
	tries to get others to p BLE (bilateral lower e walker short distance symptoms) of discom On her undated Phys Nurse #10 document right foot and toes" ai right foot and toes, al #1's undated respons extremity) cool to tou (No) DP (Doppler) no Doppler U/S (ultrasou A 09/25/17 cancellation	und) arterial RLE." on notice documented the sident #4 was canceled						
	Resident #4's medica not electronically sign documented, "Nursin on a verbal order give by (PA #1) for a Dopp resident's lower extre understanding that the (PA #1) after station resident had been reported the station nurse now discovered a LE Dopp dated 08/28/17. PA # first time I have met to smoker, and he tells smoker throughout his today's visit, he adminitermittent foot pain weakness in both leg	ne verbal order was given by hurse informed her that the porting intermittent leg pain.  w informs me she has pler in the resident's chart #2 documented, "This is the his resident. He is a heavy me he has been a heavy is entire adult lifeOn ts to having occasional						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC			
BRUNSWICK COVE NURSING CEN	ITER		1478 RIVER ROAD		i	
			WINNABOW, NC 28479			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 309 Continued From page		, F3	09			
sensationI reviewed 08/28/17 LE Doppler's might need to send him (emergency departmed surgeon for further evacategorized his overally alert & oriented. He is most responses to my answers, or a shake of best to educate him all LE PVD. I did not suge explained that in almod (peripheral vascular domatural progression less affected extremities. It is stop smoking, and offest smoking cessation metor my offer. Based on told (Resident #4) than him to a vascular surge his PVD. I further export may not be a surgical arteries in his legs." The part of point sensory bilateral feet & toes. It during b/I (bilateral) for bilaterally with left leg Vyhen right leg is elev to 3 minutes the right leg."  A 09/25/17 order, writt that Resident #4 was	ant) today, or to a vascular aluation. I would all affect as flat, but he was poke few words to me, and rquestions were yes or no or nod of his head. I did my bout the seriousness of his gar coat this for him. I set 100% of serious PVD isease) cases like his—the ads to amputation of the I urged him to immediately ered him assistance with edications. He answered no a my exam findings today, I t I was going to be sending geon for further evaluation of blained to him that he may cal candidate for fixing the The physical exam portion of onted, "dorsalis pedis & ses are palpable in both discrimination intact. No pain elicited in either foot tot exams. Skin intact slightly warmer than right, ated for approx (imately) 2 leg approximates that of left ten by PA #2, documented					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING		1	C 0/20/2017	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1478 RIVER ROAD WINNABOW, NC 28479	• • • •		
(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 ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 309	A 09/27/17 nurse's appointment with the scheduled for Resistransportation aide appointment.  A 10/09/17 12:00 For "Communication signation on right foot. Wou not complaining of the scheduled for example on the scheduled for example on right foot. Wou not complaining of the scheduled foot of vascular surgeored for example of the scheduled foot of vascular surgeored for example of the scheduled foot of vascular surgeored for the scheduled foot of the sched	note documented an ne vascular surgeon was dent #4 on 10/05/17, and the was aware of the  PM nurse's note documented, neet made to see dr (doctor) en and black and blisters found and referral also made. Patient pain in foot."  M nurse's note documented, w/c (wheelchair). Resident name of vascular surgeon). It sign paperwork giving (name n) permission to give care. Indicate or oriented."  M nurse's note documented, nas gotten worse since the visit ar surgeon)'s office. Resident to the hospital todayUnable ht) foot." (A 10/09/17 nurse's l/17 nurse's notes were the edical record which nation about the appearance of e resident's foot).	F 3	DEFICIENC		DATE	
	Resident #4's med not electronically s documented, "(Re- paged me this mon today, because of especially involving footPrior to goin	rogress note (not present in ical record on 10/19/17, and igned by PA #2 until 10/22/17) sident #4's) station nurse ming to request that I see him sudden skin discoloration; g his toes on his right g into (Resident #4's) room, informed me that he was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING			1	20/2017
	ROVIDER OR SUPPLIER	ENTER	<u> </u>	1478 RIVER	DRESS, CITY, STATE, ZIP CODE R ROAD DW, NC 28479	1 10	20/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 309	several days ago. It refused to allow (nat examine him; so (fat back to SNF (skilled been informed of (Fat treatment. When I of (facility) wound care for distal pulses in tillicit pedis or poster below the knee is counable to palpate a right leg. (Residen He would not answer he refused to allow examine him severathat he was now fact emergency & remin we had earlier in latt continued to smoke permission to send	e of vascular surgeon)'s office However, (Resident #4) me of vascular surgeon) to cility) transporter brought distribution in the desident #4's) refusal of the entered (Resident #4's) room, and the right foot. He is not able to crior tibia pulses. His right legold. His left leg is warm. I am femoral (thigh) pulse in the to the	F	309			
	history and physica documented Reside 10/11/17 - 10/17/17 emergency departm pleasant male wh facility) for arterial destremity. Patient his disease and family he was just put on riflow of blood in his and sometime recesome pain and declarable to tell me whis document of the patient of the property of th	rgency department) report, I, and discharge summary ent #4 was hospitalized from . "Patient presents to the nent for a cold leg. This is a no comes from (name of occlusion of the right lower nas a history of bad vascular says that a couple years ago medicine because of the bad legs but did not need surgery ntly he has had problems with reased flow to the leg. He is nen it started hurting how long it stopped hurting and he					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		345318	B. WING			10/	20/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET AD	DDRESS, CITY, STATE, ZIP CODE			
DDIINGW	ICK COVE NURSING CE	NTED		1478 RIVE	R ROAD			
DICUINOVVI	ICK COVE NORSING CE	NIER		WINNAB	OW, NC 28479			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	DATE	
F 309	Continued From page	. 32		200				
1 303			F3	509				
	cannot tell me much l							
	occurred today nursir							
		ry cold foot with black toes						
		ould palpate. I was able to						
		the nursing home, notes						
		speaking with his family						
		edical power of attorney,						
		saw (name of vascular						
	1 - '	on October fifth for a usion but refused care at that						
		ack to the nursing home.						
		pers here who is his medical						
	-	d she says he does not have						
	1 -	any medical decisions for						
		ake an informed decision.						
		home had not notified her						
		he doctor that day or was						
	1	tor that day so she could be						
		nt is not able to consent.						
	,	lesignation) who is his						
		present and consenting for						
	1 .	from (name of nursing						
	home) with a mummi	•						
		supply of blood) of some						
	period of time more to	han hours if not days. His						
	right foot is black, is i	nsensate. There is no						
	motor. The ischemia	extends for the entire foot						
	onto the distal leg. T	here was no evidence of						
	cellulitis or erythema							
		Doppler signals. He is not						
	· ·	e line as to when the events						
	1	s no information from the						
		re facility. He is not a						
		ularization or limb salvage.						
	The degree of ischen	<del>-</del>						
	1	nd terminal, and his only						
	1 .	on. This was discussed with						
		gnation) in front of the patient					L	
	as much as the patie	nt can understand. They						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		345318	B. WING_			10/20/2017	
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	=		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	SHOULD BE		
F 309	were informed of the which could lead to go which end with HCPOA (he for right above knee underwent the above hemodynamically staclean, dry and intact infection or hematom discharged back to smedical condition'  At 12:06 PM on 10/1 stated on 09/27/17 sappointment with the Resident #4. She do in her own handwritin Family Member #1 on 09/29/17 at 11:13 AN the family member's she received no respective of the family member when the attempted to mandocumented on her chandwriting, the Transleave a message this mailbox was full. The took Resident #4 to go asked to sign conservamine him. The transleave in the took of the country in the did not seem to under the country in the doctor per resident stated okay he was signing the formal transleave.	options of no intervention progressive complications death versus amputation." nitted on 10/11/17 for dry to mid-calf. Discussion was eath care power of attorney) amputation. The patient exprocedure. He was able The AKA wound was There were no signs of the formation. He was SNF on 10/17/17 in a stable wascular surgeon for occumented on her own forms and that she had notified	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345318	B. WING			C   <b>0/20/2017</b>		
	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	···	0/20/2017		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 309	form, shook his head reported she had no a resident back to the firesident's face page i transport form supplie revealed Family Mem the first emergency of a handwritten sticky record documenting fixed contacted first).  At 12:42 PM on 10/19 stated Resident #4 w (RP), he had not bee therefore notifying his changes in condition  At 12:50 PM on 10/19 and #3 and the Care stated Resident #4 si paperwork, and revier revealed no documer power of attorney, but named as emergency there was discussion families that residents responsible parties uprovided which was responsible parties uprovided which was alert and oried confusion. SW #3 states Resident #4, and she spoken to the two emphone during a care printially Family Membemergency contact of	and stated "no." She alternative but to bring the acility. (Observation of the in his medical record and the ed to the transporter ober #1 was documented as contact. However, there was note in Resident #4's medical family Member #2 was to be  2/17 the facility Administrator as his own responsible party in deemed incompetent, and as family of appointments and was a courtesy.  2/17 Social Worker (SW) #2 and Admissions Coordinator gned all his admission w of hospital paperwork intation of guardianship or at two family members were a contacts. They reported with all residents and as were considered their own inless documentation was egistered through the court and members as legal. They commented Resident inted, but had periods of atted she was assigned to be commented she had only intergency contacts over the colan meeting. She stated er #1 was listed as the first in facility paperwork, but there #2 lived closer to the	F 30	9				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345318	B. WING				20/2017
	ROVIDER OR SUPPLIER  ICK COVE NURSING CE	NTER	<b>I</b>	1478	EET ADDRESS, CITY, STATE, ZIP CODE 8 River Road Inabow, NC 28479	10/	20/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
F 309	permission for Family first, and a note was to this effect. Accord admission process R had any papers having financial information. Stated Resident #4 were sponsible party.  At 4:07 PM on 10/19, first shift Nursing Assithe last 1½ months phospital on 10/11/17 deteriorated physical the resident was mursometimes would not even feed himsel walk during the week hospital. However, the resident never complimentated the level of #4 definitely increase provided the resident's right for darker/blacker, and the went out to the hospithad blisters on it. He these changes to the At 4:17 PM on 10/19 Resident #4 from 7:00 filled out the prelimin #4, and he stated he surgeon. She stated her that when she go surgeon's office, and	y Member #2 to be contacted put in the resident's record ling to SW #3, during the esident #4 stated no familying control over his health or All three staff members as considered his own.  177 Resident #4's primary sistant, (NA) #9, stated for corior to going out to the the resident gradually ly and mentally. He reported mbling, not making sense, at even talk, sometimes could fr, stayed in bed, and did not as before going out to the he NA commented the lained of pain. The NA fr care required by Resident and According to NA #9, he at bed baths on first shift. He mber the resident's feet had been areas, two weeks later not was getting he week that the resident tall the resident's right foot as commented he reported that he resident's right foot as a commented he reported to the lain nurses.	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>'</b>	IPLE CONSTRUCTION NG	(	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	0.0010	1	STREET ADDRESS, CITY, STATE, ZIP CODI	<u> </u> E	10/20/2017	
				1478 RIVER ROAD	_		
BRUNSWICK COVE NURSING CENTER				WINNABOW, NC 28479			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		
F 309	refused to be seet the resident out to resident would be doctors. She star complain of pain in out of his bed or a 3 weeks before be She reported them chart to call Famili were changes in the commented Residency she has pital, but he with the with the word of the wall o	the told PA #2 that the resident in by the surgeon so PA #2 sent the hospital where they felt the more willing to cooperate with sed the resident did not in his feet, but was not getting imbulating as much the last 2 reing sent out to the hospital. It was a note in the resident's y Member #2 first when there he resident's condition. She lent #4 was alert and able to before going out to the as frequently confused about and was not always reliable or	. F3	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _			C <b>10/20/2017</b>	
	ROVIDER OR SUPPLIER	CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 1478 RIVER ROAD WINNABOW, NC 28479	E	10,20,2017	
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F 309	decide if options sor bypasses could #4's right foot and he had seen incide circulation was ensome improvement He reported the tresave the resident's At 9:25 AM on 10/Nurse stated he diright leg/foot befor because the impairand there was not the example of the resident's reviewed by the place of the resident's right in coloration. She more assistance was a little more lewith staff assistant hospital on 10/11/At 10:12 AM on 10/for Resident #4 a out to the hospital the resident's right color than the resident res	ne opportunity to assess and uch as laser treatment, stents, have possibly saved Resident leg. The MD commented that ents in which if the proximal hanced then there could be at in the distal circulation also. Eatment goal was obviously to a foot and leg if at all possible.  20/17 the facility's Treatment d not assess Resident #4's e his 10/11/17 hospitalization rment was vascular in nature, wound for him to observe.  20/17 the Director of Nursing e lab or test results were enysician or PAs they were tialed and placed back in the control on the appearance of his legs only thing she noticed was that a foot became gradually darker reported Resident #4 needed with his activities of daily living, ethargic, but still got out of bed be before he went out to the	F3	09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		345318	B. WING		C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1478 RIVER ROAD WINNABOW, NC 28479	10/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION	
F 309	not complain of pain resident did get out of assistance.  At 10:47 AM on 10/2 interview, Nurse #10 remember the exact Communication Form based on physician assessments) regard #4's right foot, but slibuilding and immedi She commented NA the resident's right fothe resident was con According to Nurse apain level was just leand the right foot an brown. She also conslightly swollen.  At 11:20 AM on 10/2 working with/for the 09/06/17. He report physician prior to as 09/06/17. Accordin Resident #4 on 09/2 hall nurse's concern	e 38 express his needs, and did . She commented the of bed, but needed a lot of  20/17, during a telephone of stated she could not date of her Physician of (believed to be 09/25/17) orders generated from the PA ding changes in Resident of reported a PA was in the ately assessed the resident. #9 had come to her stating bot was getting very dark, and onplaining of pain in the foot. #10, Resident #4 told her his ses than 5 on a 1 - 10 scale, do toes were a very dark of the mented the right foot was  20/17 PA #2 stated he started of the MD was Resident #4's suming his new role on g to PA #2, he first saw 5/17 in conjunction with the over appearance of the ond foot. He stated 09/25/17	F 309			
	was the first time he Doppler results. He there were faint ped warmth to the reside documented on the lower extremity was pulses). He stated the which he thought was	had reviewed the 08/28/17 commented on 09/25/17 all pulses and there was ent's feet and toes. (PA #1 same day the resident's right cool to touch and without the resident was lethargic as his baseline. He reported the probleckness to the toes.				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	345318	B. WING _		10/	20/2017
NAME OF PROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, ZIP CODE		
BRUNSWICK COVE NURSING CENTER			1478 RIVER ROAD		
BROWSWICK COVE NORSING CENT	EN		WINNABOW, NC 28479		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROP  DEFICIENCY)	BE	(X5) COMPLETION DATE
in response to hall nurse changes in the appearar foot. He reported on 10 on his right foot were not had gotten worse with in According to PA #2, the knee down was "ice cold 10/11/17 he was told that vascular consult on 10/0 resident to the ED on 10/10/11/17 he raised their of getting warmth, but the successful. He reported edema to the resident's dry skin and the toes we right LE was now complibeen foreshadowed by a documented on the 08/2 heavy smoking habit. If the resident why he wou and the resident stated However, he reported the to the hospital for treatment would not comment on almost a month between and the first review of Documented to the MD ordered 108/26/17, and he was not director at that time). The results from tests which box in the facility for him in the building on Monda Fridays. However, he come who ordered the results 108/26/17, and he was not make the make the modern of the cone who ordered the results 108/26/17, and he was not make the make the modern of the policy of the cone who ordered the results 108/26/17, and he was not make the modern of the policy of the cone who ordered the results 108/26/17, and he was not make the modern of the policy of the	esident again on 10/11/17 e's concerns about ince of the resident's right 0/11/17 the resident's toes ow black, and the right foot no pulses in the right foot. e resident's leg from the id". PA #2 stated on at Resident #4 refused his 05/17, and so he sent the 0/11/17. He stated on resident's leg up in hopes he intervention was not d there were no blisters or e right foot, but there was ere black. He stated the eletely occluded which had severe stenosis 28/17 Doppler and a He commented he asked uld not see the surgeon, he did not know. he resident agreed to go ment. The PA stated he the apparent gap of en the 08/28/17 Doppler Doppler results on 09/25/17 ed the Doppler on not working for the medical The PA reported lab/test in he ordered were left in a in to review when he was lays, Wednesdays, and commented he was not the resident's Doppler on not sure what system the ke sure the lab/test results	F3	309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	NTER		STREET ADDRESS, CITY, STATE, ZIP COI 1478 RIVER ROAD WINNABOW, NC 28479		720/20 (1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 309	At 11:43 AM on 10/20 interview with Family was the medical pow #4 in the hospital, bur registered documents facility was aware she getting legal docume previously when the facility in this same a arteriogram. She repthat the resident was vascular issues and the needed to be monitor thought it would have went with Resident # because the resident could have talked him surgeon.  At 12:12 PM on 10/20 had pain at a level of going out to the hosp staff members about became silent, and withose staff members his pain to. (Pain wastaff on 08/23/17, 08. Skilled Nurses Notes 09/20/17. There wer medical record between and sporadic nurse's	Member #2, she stated she er of attorney for Resident did not have court syet. She reported the ewas in the process of each esident was in another rea he was sent out for an orted the family was told at high risk for severe that the right foot and leg red carefully. She stated she emade a difference if family 4 to the surgical appointment trusted his family, and they in into being seen by the 10/17 Resident #4 stated he 10 daily in the weeks before ital. He reported he told this pain, but then he ould or could not identify that he had communicated so only documented by the (24/17, and 09/01/17 in Daily between 08/14/17 and en onurse's notes in the een 09/21/17 and 09/26/17, notes between 09/27/17 and	F3	BO9			
	At 1:10 PM on 10/20 (DON) stated mobile to the facility. She recollected, and there	ument the presence of pain).  /17 the Director of Nursing lab/test results were faxed ported when faxes were were mobile lab/test results s information was given to					

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _			C <b>10/20/2017</b>	
NAME OF PROVIDER OR SUPPLIER  BRUNSWICK COVE NURSING CENTER		•	STREET ADDRESS, CITY, STATE, ZIP CO 1478 RIVER ROAD WINNABOW, NC 28479	DDE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 309	medical records to for they could sign off or might be generated also commented as: pain associated with assessment of the reappearance and pulsin the nurse's notes.  At 1:38 PM on 10/20 Resident #4 before If there were no Doppl she reviewed it on 09/25/17 Resident #cold, and his right for She also commented in the right lower ext after examining Resiknew the resident had the hall nurse if she (immediate) Doppler got to a vascular doc PA #2 canceled the sobtained the results Doppler).  At 2:50 PM on 10/20 thought she checked lower extremities mat they were consistent reported she should and appearance of the notes, but did not alwommented she thou was checking the punurse's note documented.	orward to the physicians so in them and write orders that from the results. The DON sessment of Resident #4's his lower extremities and esident's right foot, including ses, should be documented w/17 PA #1 (who saw the PA #2 on 09/25/17) stated er results in the chart when 9/25/17. She reported on 4's right leg was blue and out was cold and purple/blue. If there were no pedal pulses remity. According to PA #1, ident #4 on 09/25/17 she ad serious problems so told could not get a STAT or to make sure the resident of the resident's 08/26/17 when the resident's 08/26/17 with the pulses in Resident #4's have every other day, and the pulses he right foot in her nurse's	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345318	B. WING _		1	C <b>0/20/2017</b>	
NAME OF PROVIDER OR SUPPLIER  BRUNSWICK COVE NURSING CENTER		NTER		STREET ADDRESS, CITY, STATE, ZIP C 1478 RIVER ROAD WINNABOW, NC 28479		0/20/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 309	At 2:54 PM on 10/20. Clerk stated it was he faxes and distribute turn made sure lab/te respective physicians reported she handled unsure if she ever co for Resident #4.  At 4:25 PM on 10/26 call, Nurse #11, who 7:00 PM to 7:00 AM, when she found out this vascular consult remembered thinking had undergone major admission. She represident's right leg wright foot was getting she thought most of resident's right foot (adone by the 7:00 AM the resident was earlished in the she did not see him to thronic pain, but she administered prn (as due to pain in his right Resident #4 was son did not talk a lot, but	/17 the Medical Records er responsibility to retrieve them to the nurses who in est results got to the s who ordered them. She d so many faxes that she was ellected any Doppler results /17, during a returned phone cared for Resident #4 from stated she was very alarmed that Resident #4 did not go to on 10/05/17 because she g that the resident's right foot	F3	309			