STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345298	A. BUILDING _____ B. WING _____	C 05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF PENDER	311 S CAMPBELL STREET BURGAW, NC 28425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, staff and Nurse Practitioner (NP) interview the facility failed to follow the Physicians' order for two low blood sugar levels for 1 of 1 resident reviewed. (Resident #1) Findings included: May 2019 Medication Administration Record (MAR): Notify Provider if blood glucose is less than 70mg/dl or greater than 450mg/dl. Record review dated 02/03/2019 noted Resident #1's blood sugar level as 64. There was no documentation stating the Physician was called. Record review dated 03/07/2019 noted Resident #1's blood sugar level as 62. There was no documentation stating the Physician was called. Resident #1 was admitted on 08/20/2018 with diagnosis including Diabetes Mellitus. The quarterly Minimum Data Set dated 05/04/2019 had Resident #1 coded as cognitively intact needing supervision with eating and extensive assistance with transfer, bed mobility, dressing,	F 684	The Laurels of Pender wishes to have this submitted plan of correction stand as its written allegation of compliance. Our alleged compliance is 6/10/19. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident #1's order was clarified on 5/23/19 to make it more individualized. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;	6/10/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/06/2019

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F 684	Continued From page 1 toilet use and personal hygiene for activities of daily living (ADL). The comprehensive care plan dated 05/04/2019 with focus of risk for fluctuation blood sugars related to Diabetes Mellites (DM). Reviewed a Nurses note by Nurse #1 dated 2/3/2019 16:10:06 read: BS 64 eating banana. During a telephone interview with Nurse #1 on 05/23/2019 at 1:20 PM, Nurse #1 stated she did write the note on 02/03/2019 and she did recheck and called the Physician about the low blood sugar but did not document it. During an interview with Nurse #2 on 05/23/2019 at 11:26 AM, Nurse #2 stated she did recheck Resident #1's blood sugar, didn't remember what the value was and did not call the Physician because she was not aware she needed to call if it was under 70 but knew to call if it was over 450. During an interview with the Director of Nursing (DON) on 05/23/2019 at 12:12 PM, the DON stated she expects her nursing staff to follow Physicians orders. During an interview with the Nurse Practitioner (NP) on 05/23/2019 at 12:23 PM, the NP stated her expectation are for orders to be followed and will clarify Resident #1's order to make it more individualized.	F 684	An audit of all current residents receiving blood glucose checks with parameters was completed on 5/31/19 by the Director of Nursing and those affected were presented to Emily Rivenbark, NP for review. Review of audit by Emily Rivenbark, NP completed on 6/6/19. Orders were clarified for appropriate residents to better define parameters for provider notification of blood glucose readings completed on 6/6/19. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; In-servicing of Licensed Nurse Staff began immediately on 5/23/19. Licensed Nursing Staff to be in-serviced by DON/Designee on expectation of following physicians' orders regarding notification of physician when blood glucose readings are outside of ordered parameters and follow up. All active full and part-time nurse will be in-serviced by June 10, 2019. PRN nurses will be in-serviced prior to their first scheduled shift. Blood glucose readings will be reviewed daily in Clin-Ops meeting for 4 weeks and provider notifications if appropriate. Review will continue 3 times per week for	

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F 684	Continued From page 2	F 684	8 weeks. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; Collected data from the Clin-Ops meetings will be reviewed and reported to the QAPI committee for recommendations and to ensure that reporting is consistent and corrective action is sustained for 3 months and as needed ongoing.	