STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345297	A. BUILDING _____ B. WING _____	C 02/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTIA VILLAGE-SNF	2200 ELM DRIVE LAURINBURG, NC 28352

(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation conducted on 02/20/13. Event #BFRB11.	F 000		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to provide activities for a resident (resident #49) for 1 of 3 bedridden sampled residents. Findings include: Resident #49 was admitted 10/5/10 with the diagnosis of adult failure to thrive. The quarterly Minimum Data Set (MDS) dated 2/8/13 indicated that resident #49 required total assistance for all of her activities of daily living (ADL) and had severe cognitive impairments. An activity note dated 5/21/12 stated that resident #49 remained on hospice care and unable to attend activities due to her pain. The note stated that she was able to tolerate talking once in awhile but tired easily. The noted stated that her son and daughter in law came everyday to visit. A monthly activity calendar was posted in her room. There was no evidence that AD spoke with resident #49 about her activity preferences.	F 248	AD is performing an activity evaluation/assessment with each resident upon admission (see "Activity Evaluation" attached) by day 14. This evaluation includes resident preferences and pursuit patterns as well as physical, cognitive, and psychosocial evaluation. A formalized "Activity Interest Survey" (see attached) is being completed byAD in further interview with the resident to dvelop the individualized and person appropriate activity plan. This is reflected in the resident care plan. AD is maintaining for each resident an "Individual Resident Activities" log (see attached) to monitor and assess participation. Special attention is being given to bedridden and cognitively impaired residents to assure that appropriate activities are offered and conducted. All residents are being asked if they would like to leave their room and opportunity to do so is being provided.	

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

Carol Litchford | Administrator | 03/06/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 248	Continued From page 1 A review of resident #49 ' s annual MDS dated 8/22/12 in the Care Area Assessment (CAA) indicated that resident #49 triggered for activities, mood and psychosocial well being related to her lack of activity participation. The rationale for the lack of activity participation indicated that resident #49 was a hospice resident and that she remained in her bed where her needs were met by staff and volunteers. Activities was not care planned according the CAA because resident #49 ' s inability to participate due to end of life rather than personal choice for exclusion. A activity note dated 8/22/12 stated that resident #49 continued to stay in bed and that hospice services continued. The family and grandchildren visited resident #49 often. The staff continued to do everything for the resident and no changes made at the time The last evidence that the AD reviewed resident #49 ' s activities preferences was 8/29/12. The AD stated that resident #49 continued to stay in bed and that she was still on hospice The last activity note dated 11/19/12 stated that resident #49 was still under the care of hospice. Resident #49 was in bed daily and visitors stopped in daily. The noted indicated that resident #49 would talk if aware and seem to know who the activity director was. The noted read that resident #49 was " just unable to take part in activities. " On 2/18/13 at 12:40 pm, resident #49 was observed in her room lying in bed with the head of the bed elevated and a nursing assistant #1 (NA). sitting beside resident #49 feeding her lunch. The	F 248	Resident refusal or change of mind is being documented on the Individual Resident Activities Log. Reassessment of evaluation and interest survey will be conducted by AD one on one with resident upon re-admission, quarterly, annually, and on significant change. Changes will be reflected in individual resident care plan and in QA reporting. AD has revisited resident #49 and completed reassessment as detailed above. DON and Resident Services Director will conduct monthly activity audits beginning in March 2013 for at least 6 months to assure procedures are being followed for all residents. Corrective action implemented: 03/06/13	

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	345297	A. BUILDING _____ B. WING _____	C 02/20/2013

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F 248	Continued From page 2	F 248		

aide was not engaging in conversation with resident #49 but rather watching television while assisting resident #49.

On 2/18/13 at 4:25 pm, resident #49 was observed in her room lying in bed on her back. There was not television or music on in her room. Resident #49 appeared asleep but easily aroused. Resident #49 stated she was not experiencing any pain. She was unable to recall when she had been gotten out of bed. Resident #49 stated she would enjoy getting out of her room if possible.

On 2/19/13 at 945 am, the resident was observed in her room lying on left side in bed with eyes closed. She was easily aroused. She stated no pain and expressed no needs. The television was playing in the room. She was not engaged in watching the television. When questioned as to what she was watching, resident #49 stated she was not watching it therefore did not know what was on.

On 2/19/13 at 3:30pm, the activity director (AD) stated she did not keep any sort of activity log regarding who attended activities. She stated she wrote a note in the medical record whenever a resident attended an activity. The medical record included 3 activity notes about resident #49 since May 2012. The AD stated resident #49 was on hospice for comfort measures and does not come out of her room. The AD stated that she felt it would benefit resident to leave her room but the nursing staff would not get resident up out of bed when she requested them too. The AD stated the nursing department was aware of the need to get resident #49 up out of bed. She was unable to

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F 248	Continued From page 3	F 248		

verify any one on one activities or out of room activities with resident #49. The AD was unable to provide any evidence that any in room activities were done or taken to resident #49. She stated that the family visited resident #49 often.

On 2/19/13 at 345 pm, the director of nursing (DON) stated that resident #49 was on hospice and slept in bed all day. The DON stated it was painful for resident #49 to get out of bed.

On 2/19/13 at 3:50 pm, nurse #1 stated she was unaware if resident #49 ever got up or was out of her room for any activities .Resident #49 she stated she would like to get out of bed and leave her room. She stated she enjoyed listening to music and church services.

On 2/19/13 at 5:00 pm, the DON stated awareness that there were no activity logs or activity notes to verify attendance of any activity attendance or attempt to get resident #49 to attend any out of room activity.

On 2/20/13 at 9:00 am, nurse #2 stated that on the weekends she works she has the staff get resident #49 up to a reclining chair if only briefly to sit at the nurses station. Nurse #2 stated, resident did not appear to be in pain and tolerated sitting up for brief periods

On 2/20/13 at 10:40 am, resident #49 was observed lying in bed on right side. The television was on and playing low. Resident #49 appeared to be sleeping but was easily aroused. The activity calendar was noted to be posted in her room but resident #49 stated she was unable to see it from where she was lying. Resident #49

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F 248	Continued From page 4 voiced interest in music and religious services. On 2/20/13 at 11:50 am, the DON stated her expectation for activities for bedridden residents was for them to be offered to attend but a refusal should be documented and an alternate activity be considered or offered.	F 248		

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

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	345297	A. BUILDING 01 - BUILDING 0104 B. WING	03/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTIA VILLAGE-SNF	2200 ELM DRIVE LAURINBURG, NC 28352

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction, and is equipped with an automatic sprinkler system.	K 000		
K 029 SS=E	CFR#: 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 3/19/2013 the following Life Safety item was observed as noncompliant, specific findings include: Nursing Administration Room is also now a storage room greater than 100 square feet. The door is currently not equipped with a door closure.	K 029	One hour fire rated door with self-closure ordered, to be installed no later than 04/30/13. In-servicing for staff will be conducted prior to 04/30/13 concerning requirement that door remains closed and unobstructed. Spot checks will be conducted for 2 weeks (through 05/10/13) to assure compliance.	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carrie Fitzpatrick	Administrator	04/05/13

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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

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	345297	A. BUILDING 01 - BUILDING 0104 B. WING _____	03/19/2013

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K 029	Continued From page 1 CFR#: 42 CFR 483.70 (a)	K 029		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345297	A. BUILDING 02 - BUILDING 0204 B. WING _____	03/19/2013

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction, and is equipped with an automatic sprinkler system. There were no Life Safety Code Deficiencies noted during the survey in this building. CFR#: 42 CFR 483.70 (a)	K 000		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Claire Fitchford	Administrator	04/05/13

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	345297	A. BUILDING 03 - BUILDING 0304 B. WING _____	03/19/2013

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction, and is equipped with an automatic sprinkler system. There were no Life Safety Code Deficiencies noted during the survey in this building. CFR#: 42 CFR 483.70 (a)	K 000		

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Carrie Pickford	Administrator	04/05/13

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	345297	A. BUILDING 04 - BUILDING 0404 B. WING _____	03/19/2013

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K 000	INITIAL COMMENTS This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type II protected construction utilizing North Carolina Special locking arrangements, and is equipped with an automatic sprinkler system. CFR#: 42 CFR 483.70 (a)	K 000		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on the observations and staff interviews on 3/19/2013 the following Life Safety item was observed as noncompliant, specific findings include: The Facility Did not have the restorative range in the secured unit kitchen area of the facility properly locked out to prevent accidental turning on of the range. The door to that area was propped in the open position by a chair. CFR#: 42 CFR 483.70 (a)	K 147	In-servicing for all nursing staff concerning requirement that door to kitchen not be open or obstructed from closing will be conducted prior to 04/30/13. Daily monitoring after in-servicing will be conducted by administrator for 2 weeks (through 05/10/13) to assure compliance.	

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Claire Litchford	Administrator	04/05/13

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