AUG 2 8 2013

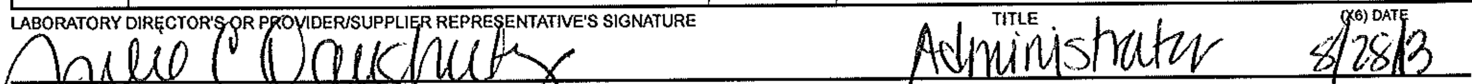
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345490	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to order ostomy supplies documented in a hospital discharge summary until the stoma for 1 of 1 sampled residents (Resident #9) with an ileostomy was reddened and irritated, making it even more difficult to keep the ostomy bag from leaking. Findings included: Resident #9 was admitted to the facility on 07/30/13 and discharged on 08/06/13. The resident's documented diagnoses included ileostomy, prostate and bladder cancer, and ulcerative colitis. Resident #9's 07/30/13 hospital Discharge Summary documented, "Discharge Medications/Orders: Ostomy Supplies: Hollister New Image 2-piece wafer (extended wear) red Hollister New Image 2-piece pouch clear red Convatec Eakin cohesive seal 3M no-sting barrier."	F 328	Ayden Court Nursing & Rehabilitation Center acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance. Ayden Court Nursing & Rehabilitation Center's response to the statement of deficiencies does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further Ayden Court Nursing & Rehabilitation Center reserves the right to refute any of the deficiencies on this statement through informal dispute resolution, formal appeal procedure and or any other administrative legal proceedings.	08/30/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 8/28/13



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
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 1 The Treatment Nurse's 07/31/13 Progress Note documented, "Ileostomy to left abdomen stoma with healthy/red-pink stoma. Ileostomy conduit to right abdomen with healthy/red-pink stoma." 07/31/13 non-pressure wound tracking sheets also documented the stomas of the ileostomy and ileostomy conduit were "healthy pink-red." In a 08/02/13 Progress Note the Treatment Nurse documented she spoke with the hospital ostomy wound nurse via phone "pertaining to issues with left side ileostomy leaking and not sticking. Left side site red and irritated; pouch leaks in same area each time." The Treatment Nurse documented the ostomy wound nurse encouraged her to begin the "crusting process" and "to order Hollister 85811 from supplier." A 08/02/13 4:38 PM electronic communication documented, "please note resident has a ileostomy pouch to the left side of abdomen. At this time, use the same pouch as (another resident in the facility) until (Resident #9's) pouches come in from ___ (name of supplier) approximately (symbol used) 08/08/13 (special order)." A 08/03/13 Progress Note documented, "Redness noted around ileostomy, with green bile drainage, ileostomy bag applied with cream and bulky dressing, will continue to assess per shift." A 08/05/13 5:31 PM Progress Note documented, "Left side of abdomen red and inflamed. Leakage noted, cleaned site and placed dressing to site. Resident has a history of excessive leakage to site, and with frequent dressing and bag changes to site. However, this has not	F 328	1.The resident affected is no longer at the facility. 2. A 100% audit of the facility was conducted for residents who require ostomy supplies. An audit of ostomy supplies for the only other resident in the facility who require the supplies was conducted and found that all supplies needed for that resident are ordered and in stock. An in-service was conducted with 100% of facility nursing staff and the nurses were re-educated that ostomy supplies were required to be ordered upon admission to the facility based on orders from the hospital discharge summary. Nurses were re-educated when ordered supplies cannot be obtained within 24 hours of the resident's return/admission, the physician will be notified immediately and a clarification order will be obtained from the physician for supplies to be used until ordered supplies can arrive at facility. When a disagreement between the desires of the family/resident for care and the orders provided by the physician arise, the resident's physician will be contacted immediately and notified of the concerns. A dialogue between the family/resident, physician, and the facility will be held until a decision for the resident's care has been reached. A plan would be developed based on the resolution; a clarification	08/30/13

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 2 helped with the redness and inflamed skin around site." A 08/05/13 6:52 PM Progress Note documented, "Changed bag to ostomy side due to leakage, skin around areas in red and inflamed. Resident only wanted stoma powder to area below stoma. site." On 08/06/13 "Bowel elimination alteration: colostomy and ileostomy r/t (due to) prostate and bladder cancer" was identified as a problem on the resident's care plan. Interventions included administering medications per physician orders, changing ostomy bags as needed, encouraging the intake of fluids, and monitoring bowel sounds/monitoring for bowel distention. Record review revealed Resident #9 left the facility for a follow-up appointment with the hospital regarding ostomy care/progress on 08/06/13, and did not return to the facility. A 08/06/13 hospital History and Physical documented, "He had problems with pouch leakage and this was managed with total removal of the pouch by the nursing staff at the facility, just leaving an ABD pad over the ileostomy for prolonged periods of times, This, as would be expected, caused significant skin excoriation or breakdown of the peristomal region of his abdominal wall." A 08/12/13 hospital consult documented, "He (Resident #9) was taken to OR (operating room) for evaluation of pouch leak and found to have posterior dehiscence of anastomosis and a posterior chronic abscess cavity. This pelvic abscess was drained and pt (patient) had a	F 328	order for the resident's care would be placed on the resident's chart and followed by facility staff. 3. An audit will be conducted twice a week for 2 weeks, weekly for 2 weeks, and monthly for 3 months by the DON and Administrator to ensure ordered supplies needed for residents with an ostomy are ordered and stocked in facility. When a new resident is admitted to facility and ostomy supplies are needed, the resident will be added to the monitoring tool. An audit will be conducted twice a week for 2 weeks, weekly for 2 weeks, and monthly for 3 months by DON and Administrator of the log of Order Disagreements. When disagreements with physician orders between the facility and family/residents occur, the facility will complete the log to ensure the orders are clarified and followed. 4. Audits will be taken to the Quarterly QI meeting for review. Adjustments to the audit schedule will be made as needed and followed in the Quarterly QI meeting until resolved.	08/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 3 followup CY (computed tomography) for evaluation of undrained abscess. His CT showed a nonocclusive thrombus of his infrarenal aorta." At 9:02 AM on 08/16/13, during a telephone conversation, Nurse #3, who cared for Resident #9 on the weekend of 08/03/13 and 08/04/13 stated the staff could not get the ostomy pouch to seal. She explained she thought this problem was compounded by the drainage which kept the resident's stoma and surrounding skin red and irritated. The nurse reported this redness kept spreading during the weekend. According to Nurse #3, a family member finally brought in an Eakin disc from home which seemed to help lessen the leakage. She explained this disc helped create a seal between the ostomy pouch and the resident's skin. The nurse reported the facility did not have the discs in stock so she took one to the nurse providing wound care over the weekend who could forward it on to the facility's Treatment Nurse for ordering purposes. She commented prior to placement of the Eakin disc the resident was going through three or four pouches per shift. At 9:18 AM on 08/16/13 Nurse #4, who cared for Resident #9 on first shift during the week days, stated the facility was using supplies which a family member brought from home. This nurse commented she did not think the Eakin disc which was brought in by the family did much to lessen the ostomy bag leakage. She reported on 08/04/13 the resident's stoma site was "red and raw", and looked like "it might be headed toward possible infection." According to Nurse #4, the resident's stoma sites deteriorated because they were pink and healthy red upon admission.	F 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 4 At 9:25 AM on 08/16/13, during a telephone conversation, Nurse #5, who cared for Resident #9 on second shift during the week days, stated the facility utilized ostomy supplies brought in by the family because the family was insistent they worked the best. She reported the resident's ostomy site was so red and raw that it was difficult to get the ostomy bag to seal. The nurse commented the facility tried to keep the site as dry as possible by using padding around the stoma. According to Nurse #5, a family member was observed providing ostomy care on multiple occasions to the resident. At 9:42 AM on 08/16/13 the facility's Treatment Nurse stated she thought the director of nursing (DON) called the discharging hospital to question the treatment and supplies to be used, and was told that everything was on the discharge summary. She reported on the morning after admission, before placing an order for the supplies on the hospital discharge summary, she talked with a visiting family member. According to the Treatment Nurse, this family member stated the brand named in the discharge summary did not work well for the resident, and she refused the use of these ostomy supplies. The Treatment Nurse commented she explained to this family member that it was facility protocol to use the supplies specified by the discharging hospital unless an order for alternate supplies was obtained from the primary physician. However, the family member insisted the facility use the supplies she would bring from home. Therefore, the Treatment Nurse stated she did not order any ostomy supplies until consulting with the hospital ostomy wound nurse on 08/02/13 when the resident's stoma was getting increasingly irritated. She explained she did not	F 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 5 want to order supplies the family member was refusing, and these were specialty supplies which would not have been of use to other residents. The Treatment nurse stated she did not observe, but was told that this family member provided ostomy care to the resident, and was known to change the ostomy bag as many as five times during her visits. She commented the left side of the resident's stoma was very red and irritated. On 08/02/13 the Treatment Nurse stated the hospital specialist told her to attempt a "crusting process" by applying skin prep cream and stoma powder which would help the formation of a seal. The hospital ostomy wound nurse specified a type of ostomy bag to order, but the Treatment Nurse stated when she tried to order the bags she was told they were a specialty item which would could not be delivered prior to 08/08/13. The hospital specialist approved the use of compatible ostomy bags which another ostomy resident in the facility was utilizing. According to the Treatment Nurse, the family member brought in an Eakin disc prior to 08/02/13, but it was too big because the resident had lost a considerable amount of weight. At 10:12 AM on 08/16/13, during a telephone conversation, Nurse #6, who cared for Resident #9 on multiple shifts, stated the seal to the ostomies was not effective, and the stoma sites became increasing red and irritated. She stated she was unfamiliar with the ostomy supplies being used, which were brought from home by a family member. At 10:32 AM on 08/16/13 the DON stated Resident #9 did not arrive until around 6:00 PM on 07/30/13 so there was no need to try ordering ostomy supplies until the next morning. However,	F 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 328	Continued From page 6 she reported when the Treatment Nurse discussed the supplies that the facility would be ordering the next morning, based on the hospital Discharge Summary, the visiting family member commented she refused to use those supplies. The family member wanted to bring supplies from home which were working well. The DON commented this family member told her she expected the resident's ostomy bag to be emptied every one to two hours. According to the DON, the family member and resident also refused the use of skin prep which the facility felt would help with seal formation. At 11:45 AM the DON stated usually she would try to order supplies specified in hospital discharge orders, but because Resident #9's family member was adamant about using ostomy supplies from home and refused to listen to the facility's attempts to educate about the risks of such, she gave in to the family request. At 12:20 PM on 08/16/13, during a telephone interview, Nurse #7, who provided wound care to Resident #9 over the 08/03/13 and 08/04/13 weekend, stated the stoma site was bright pink and irritated. She reported that the stoma and surrounding skin was so irritated that it was difficult to get anything to stick. According to Nurse #7, the Treatment Nurse left her a note that she had ordered new ostomy supplies. She stated on 08/03/13 she was trying to keep the ostomy site dry by applying gauze around it, and on 08/04/13 a family member brought in an Eakin disc from home which was helpful. The nurse reported she left the Treatment Nurse a note to order some of the discs if she had no already included them in her 08/02/13 order of specialty ostomy supplies.	F 328		

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to monitor a resident ' s blood pressure and/or heart rate as ordered by the physician for 2 of 3 sampled residents (Resident #12 and Resident #11) receiving blood pressure medications. The findings included:	F 329	1. The physician's orders for Resident # 11 were reviewed and the MAR was corrected to include "Check blood pressure daily. Call MD if SBP over 160/90or less than 90/60" and space to document the vital sign. The physician's orders for Resident # 12 were reviewed and the MAR was corrected to include "Lopressor 25 mg 1 po BID. Hold for SBP less than 100 or HR less than 60." and space to document the vital sign. 2. An in-service was conducted with 100% of facility nurses. Nurses were re-educated on acquiring a blood pressure and/or heart rate as required for medications with vital sign parameters. The nurses were also re-educated on the required documentation for medications with vital sign parameters. A 100% audit of physician's orders was conducted to identify other residents who could potentially be affected. Residents that have physician orders for monitoring of blood pressure and/or heart rate parameters for medication administration were identified. The MARs for residents identified were reviewed and corrected as needed to include the vital sign parameters required and space to document the vital sign. 3. An audit will be conducted twice a week for 2 weeks, weekly for 2 weeks, and monthly for 3 months by DON and Administrator to ensure documentation of blood pressure and/or heart rate for medication administration with parameters	08/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 8 1) Resident #12 was admitted to the facility on 10/19/12 and re-admitted to the facility from the hospital on 7/2/13. The resident ' s cumulative diagnoses included hypertension (high blood pressure), chest pain, hyperlipidemia (high levels of fat and cholesterol in the blood) and diabetes. The resident ' s admission medications on 7/2/13 included the following: 25 mg metoprolol tartrate (a medication used to treat high blood pressure and/or chest pain) given as one tablet twice daily. The physician ' s instructions also included a notation, " Hold for SBP (systolic blood pressure) less than 100 or HR (heart rate) less than 60. " The SBP or the top number measures the pressure in the arteries when the heart muscle contracts. An adult ' s BP should normally be less than 120/80 (less than 120 systolic and less than 80 diastolic blood pressure). Although blood pressure varies from person to person, a reading of 90 or less systolic blood pressure or 60 or less diastolic blood pressure (the bottom number) is generally considered low blood pressure. A normal resting heart rate for adults may range from 60 to 100 beats a minute. A review of Resident #12 ' s July and August 2013 monthly Physician Orders indicated the 7/2/13 order for metoprolol tartrate continued as originally written: 25 mg metoprolol tartrate given as one tablet twice daily; Hold for SBP less than 100 or HR less than 60. A review of the July 2013 Medication Administration Record (MAR) and the resident ' s electronic medical record revealed no blood pressure readings had been recorded for Resident #12 on the following dates: 7/11, 7/13, 7/14, and 7/21. One BP reading per day had	F 329	has been completed. When a new resident is admitted with orders for monitoring with medication administration or a current resident receives new orders for monitoring with medication administration, they will be added to the tool and followed. 4. All audits will be taken to the Quarterly QI meeting for review. Adjustments to the audit schedule will be made as needed and followed in the Quarterly QI meeting.	08/30/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 9	F 329		

been recorded on each of the following dates: 7/3 through 7/8, 7/12, 7/15, 7/16, 7/18 through 7/20, 7/22 and 7/27 through 7/29. Resident #12 ' s heart rate was recorded three times on the July 2013 MAR (7/24, 7/25, and 7/26) and three times in the electronic medical record (7/9, 7/10, and 7/17). No heart rate had been recorded on 22 of the 28 days the resident was in the facility during the month of July. None of the SBP or HR measurements taken were below 100 or 60, respectively.

A review of the MAR for August 2013 (through 8/15) revealed Resident #12 ' s blood pressure had not been recorded on the following dates: 8/1 through 8/4. One BP reading/day had been recorded on the following dates: 8/5, 8/6, and 8/9 through 8/14. Resident #12 ' s heart rate was not recorded on the August 2013 MAR (through 8/15). One heart rate had been recorded in the Resident #12 ' s electronic medical record on 8/7. None of the SBP or HR measurements taken were below 100 or 60, respectively.

An interview was conducted with the Quality Improvement (QI) Nurse on 8/16/13 at 9:20 AM. The nurse stated that a resident ' s vital signs (including blood pressure and heart rate) were typically checked once a week unless otherwise ordered by the physician. She noted that on occasion a physician may order more frequent monitoring of blood pressure, for example, and that monitoring would then be done in accordance with the physician ' s order.

An interview was conducted with Nurse #2 on 8/16/13 at 11:30 AM. The nurse indicated that the results of vital signs taken for a resident would be recorded on the MAR and possibly in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ____ B. WING ____	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 10	F 329		

the electronic medical record as well. She indicated a Vital Signs (VS) sheet was posted for the nursing assistants (NAs) to record results of any vital signs taken. Nurse #2 reported that the NAs were to check vital signs daily for certain residents. These results were put into the resident ' s electronic record. However, she noted that if vital signs needed to be checked before a medication was administered to a resident, the nurse would be responsible to check them and document the BP and/or HR readings on the MAR. Nurse #2 stated it was important for vital signs to be taken as indicated by the physician as there may be adverse reactions to a medication if a resident ' s heart rate (HR) or blood pressure would go too low.

An interview was conducted with Nurse #1 on 8/16/13 at 11:35 AM. Nurse #1 stated that if the physician had written an order for a resident ' s BP and/or HR to be monitored on a daily basis, the BP and HR results would be recorded on the MAR. If a medication was to be given twice daily and a physician ' s order indicated the medication should be held for a low BP or HR, Nurse #1 indicated the BP and HR would need to be checked by the nurse twice daily before each medication administration. The BP and HR would be documented on the MAR. Nurse #1 indicated it would be important to take the BP and HR as ordered by the physician so the nurse would know if these readings were too low. She added, " The blood pressure medication would drop them lower. "

An interview was conducted with the Nursing Supervisor on 8/16/13 at 11:40 AM. The Nursing Supervisor reported that if a physician wrote an order for vital signs (including BP and HR) to be

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 11 taken more frequently than once weekly, the BP and HR readings would be taken in accordance with the order and recorded on the MAR. The Nursing Supervisor noted it would be preferable for these readings to also be recorded in the resident ' s electronic medical record. The supervisor indicated that some of the nurses would take the BP themselves and some of them would ask the NA to take the BP right before a medication was given. Regardless of who took the BP, however, the BP reading would be expected to be written on the MAR by the nurse. The Nursing Supervisor stated she would expect the HR and BP to be monitored twice a day if a medication was taken twice daily and the orders included instructions to hold that medication for a low BP or HR. The nurse indicated this would be important because if the patient already had a low BP and it went even lower, " It may put them into stress. " An interview was conducted with the Director of Nursing on 8/16/13 at 12:17 PM. The DON stated the facility ' s new consultant pharmacist had brought the issue of BP and HR monitoring to her attention on 8/15/13. The consultant pharmacist told her that there were vital signs readings missing on the MAR. The DON indicated she would expect the nursing staff to check vital signs as ordered by the physician and that the nurse would be expected to document the BP and HR readings on the MAR. The DON further noted that if a medication was given twice daily with orders to hold the medication for a low HR or BP, then she would expect the nurse to check the resident ' s vital signs each time the medication was given. An interview was conducted with the	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 12 Administrator on 8/16/13 at 12:28 PM. The Administrator indicated that in-servicing of all nurses in the facility was initiated the morning of 8/16/13 on the issue of appropriate monitoring of resident vital signs. She stated her expectation was for nursing staff to monitor vital signs as ordered by the physician and document the results appropriately. 2) Resident #11 was admitted to the facility on 10/18/11 and re-admitted to the facility from the hospital on 4/6/13. The resident ' s cumulative diagnoses included hypertension (high blood pressure), congestive heart failure (CHF), chronic kidney disease (CKD), and dysphagia (difficulty swallowing) with gastrostomy tube (referring to a tube inserted in the stomach through an opening in the abdominal wall for the administration of fluids and/or nutrition). The resident ' s admission medications included the following: 20 mg (milligrams) furosemide (a diuretic or water pill) given as one tablet via tube once daily and 3.125 mg carvedilol (a medication used to treat high blood pressure and/or heart failure) given as one tablet via tube three times daily. A review of the resident ' s medical record revealed a physician ' s order dated 5/1/13 changed the 3.125 mg carvedilol from one tablet three times daily to 3.125 mg carvedilol given as one tablet twice daily. The physician ' s orders dated 5/1/13 also included instructions to check the resident ' s blood pressure (BP) every day and call if the BP was greater than 160/90 or less than 90/60. An adult ' s BP should normally be less than 120/80 (less than 120 systolic blood pressure and less than 80 diastolic). The systolic	F 329		

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 13 BP or the top number measures the pressure in the arteries when the heart muscle contracts. The diastolic or the bottom number measures the pressure in the arteries between heartbeats (when the heart muscle is resting between beats and refilling with blood). A review of the June, July and August 2013 monthly Physician Orders indicated the 5/1/13 order for carvedilol continued to be in effect and was written as 3.125 mg carvedilol given as one tablet via tube twice daily. The June, July and August 2013 Medication Administration Records (MAR) also indicated blood pressure checks were ordered for the resident once daily and the physician was to be contacted if the blood pressure reading was >160/90 or <90/60. Review of the MAR for June 2013 revealed Resident #11 ' s blood pressure had not been recorded on the following dates: 6/1, 6/2, 6/7, 6/9, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24, 6/26, and 6/29. A review of the MAR for July 2013 revealed Resident #11 ' s blood pressure had not been recorded on the following dates: 7/20, 7/27, 7/28, 7/30, and 7/31. A review of the MAR for August 2013 through 8/15 revealed Resident #11 ' s blood pressure had not been recorded on the following dates: 8/4 and 8/10. None of the BP measurements recorded were >160/90 or <90/60. No additional records of blood pressure readings were found in either the resident ' s paper or electronic medical record. An interview was conducted with the Quality Improvement (QI) Nurse on 8/16/13 at 9:20 AM. The nurse stated that a resident ' s vital signs (including blood pressure and heart rate) were typically checked once a week unless otherwise ordered by the physician. She noted that on	F 329		

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 14	F 329		

occasion a physician may order more frequent monitoring of blood pressure, for example, and this monitoring would be done in accordance with the physician ' s order.

An interview was conducted with Nurse #2 on 8/16/13 at 11:30 AM. The nurse indicated that the results of vital signs taken for a resident would be recorded on the MAR and possibly in the electronic medical record as well. She indicated a Vital Signs (VS) sheet was posted for the nursing assistants (NAs) to record results of any vital signs taken. Nurse #2 reported that the NAs were to check vital signs daily for certain residents. These results were put into the resident ' s electronic record. However, she noted that if vital signs needed to be checked before a medication was administered to a resident, the nurse would be responsible to check them and document the BP and/or HR readings on the MAR. Nurse #2 stated it was important for vital signs to be taken as indicated by the physician as there may be adverse reactions to a medication if a resident ' s heart rate (HR) or blood pressure would go too low.

An interview was conducted with Nurse #1 on 8/16/13 at 11:35 AM. Nurse #1 stated that if the physician had written an order for a resident ' s BP and/or HR to be monitored on a daily basis, the BP and HR readings would be recorded on the MAR. Nurse #1 indicated it would be important to take the vital signs as ordered by the physician so the nurse would know if these readings were too low. She added, " The blood pressure medication would drop them lower. "

An interview was conducted with the Nursing Supervisor on 8/16/13 at 11:40 AM. The Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 15	F 329		

Continued From page 15

Supervisor reported that if a physician wrote an order for vital signs (including BP and HR) to be taken more frequently than once weekly, the BP and HR readings would be taken in accordance with the order and recorded on the MAR. The Nursing Supervisor noted it would be preferable for these readings to also be recorded in the resident ' s electronic medical record. The supervisor indicated that some of the nurses would take the BP themselves and some of them would ask the NA to take the BP right before a medication was given. Regardless of who took the BP, however, the BP reading would be expected to be written on the MAR by the nurse. The Nursing Supervisor stated she would expect the HR and BP to be monitored twice a day if a medication was taken twice daily and the orders included instructions to hold that medication for a low BP or HR. The nurse indicated this would be important because if the patient already had a low BP and it went even lower, " It may put them into stress. "

An interview was conducted with the Director of Nursing on 8/16/13 at 12:17 PM. The DON stated the facility ' s new consultant pharmacist had brought the issue of BP and HR monitoring to her attention on 8/15/13. The consultant pharmacist told her that there were vital signs readings missing on the MAR. The DON indicated she would expect the nursing staff to check vital signs as ordered by the physician and that the nurse would be expected to document the BP and HR readings on the MAR. The DON further noted that if a medication was given twice daily with orders to hold the medication for a low HR or BP, then she would expect the nurse to check the resident ' s vital signs each time the medication was given.

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	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING ______ B. WING ______	C 08/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AYDEN COURT NURSING AND REHABILITATION CENTER	128 SNOW HILL RD AYDEN, NC 28513

(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 329	Continued From page 16 An interview was conducted with the Administrator on 8/16/13 at 12:28 PM. The Administrator indicated that in-servicing of all nurses in the facility was initiated the morning of 8/16/13 on the issue of appropriate monitoring of resident vital signs. She stated her expectation was for nursing staff to monitor vital signs as ordered by the physician and document the results appropriately.	F 329		