

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1820 BROOKWOOD AVENUE BURLINGTON, NC 27215</b>		
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F 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, family interviews, resident council minutes, Partners in Excellence Minutes and record review, the facility failed to resolve on going grievance regarding insufficient staff voiced by 2 of 2 residents who complained about insufficient staffing (Resident # 47 and Resident #123), and 1 of 3 family members who voiced concerns about insufficient staff (Resident #51). The findings included: Resident #51 was admitted to the facility on 07/03/15. The most recent minimum data set (MDS) dated 08/04/15 revealed the resident had severe cognitive impairment. During an interview on 10/26/15 at 3:48 PM, a family member indicated he was concerned about the lack of staff on the unit. He referred to the amount of time it took for staff to answer the call bell and to administer scheduled pain medication. He indicated he had reported his concerns to the director of nursing. Record review of the medication administration record for the last two weeks, 10/15/15 thru 10/28/15 revealed hydrocodone-acetaminophen 5-325 mg scheduled for administration at 9:00am, 2:00pm and 8:00pm. The 9:00am dose was given at 10:33am on 10/15/15, 10:29 am on 10/19/15, and 12:01pm on 10/20/15 with the documented reason given was the resident was sleeping.</p>	F 166	<p>F166- The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain compliant with the federal and state regulations the facility has taken and will take the actions set forth in the plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Corrective Action for Residents affected: An audit of past grievances for the past six months will be conducted by the social worker and any unresolved items will be addressed to the individual that had grievance by the appropriate staff member. This will be completed by 11/26/15. To resolve the grievance, the facility has filled all RN vacancies with internal moves and the hiring of (2) two agency nurses and two (2) nursing assistants. The facility has received approval from the organization for (5) five nurse aide positions, and (3) three nurse positions. We have subsequently hired one nurse and one aide. The facility has also appointed a scheduler position that</p>	11/26/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/23/2015

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.

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F 166	<p>Continued From page 1</p> <p>Administration time of 2:00pm medication was administer at 4:04pm on 10/20/15 and at 4:40pm on 10/24/15. Medication scheduled to be given at 8:00pm was administered at 9:47pm on 10/24/15 and 9:57pm on 10/25/15.</p> <p>Resident #123 was admitted to the facility on 05/01/15. The most recent minimum data set (MDS) dated 08/15/15, revealed the resident had intact long and short term memory. During an interview on 10/26/15 at 3:24 PM, the resident indicated in the mornings she used her call bell to get help to the bathroom and she waited at least 30 minutes. She had discussed it with the director of nursing three times and there had been no changes. Resident #123 provided proof of an email to the administration that was sent on 8/25/15 with regard to the staff shortage and had not received a reply.</p> <p>Resident #47 was admitted on 12/31/06. The most recent minimum data set (MDS) dated 08/31/15, revealed the resident had intact long and short term memory. During an interview on 10/29/15 at 2:10 PM, Resident #47 indicated staffing had been an ongoing problem. The administrator and the director of nursing continued to explain the reasons why it wasn't resolved. They continue to talk about it every meeting, what they were trying to do and nothing changed. There were still late medications, one aide for all the residents in a unit, resulting in the call bells not being answered. During the interview their family member indicated the staff picked up the call bell at the desk and never answered.</p> <p>During an interview on 10/28/15 at 12:12 PM, Nurse #8 stated, " there were not enough nursing assistants (NA) to do patient care. I often had to stop my medication pass to do patient care. "</p> <p>During an interview on 10/28/15 at 3:06 PM,</p>	F 166	<p>will monitor staff schedules, and also projects the staffing levels for the weekends to ensure coverage. The administrator and director of nursing met with residents on 12/4/15 resident council meeting to discuss.</p> <p>For residents potentially influenced: Staff will be educated by the Director Clinical Services on the process of individual grievance and group grievance resolution by 11/26/2015. Education will include feedback regarding time of the day work load variances and potential solutions for improved team work for meeting resident needs. In addition, The Healthcare Administrator will in-service all department heads including Director of Clinical Services on Grievance Policy and Procedure on 11/24/15. The facility will place three management positions on the units affected to help coordinate care and to ensure adequate staffing levels. Their role will also consist of being able to work the units in the event of a staffing shortage due to call out, etc. to eliminate the splitting of halls among existing staff. In the interim, we will utilize additional agency nurses to fill staff vacancies until the administrative positions are hired and trained. Also, the current nursing administration will be responsible of being on call as a back up to this process as needed. To also address the concern over response times, the present call light system will be upgraded to track call light response times and will be monitored by nursing administration to ensure timeliness of staff to patient needs. This is to be completed by 1/15/16.</p>		

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F 166	<p>Continued From page 2</p> <p>Nurse #6 indicated there were not enough nursing assistants assigned to do resident care. She stopped passing medications to assist residents with call bells, which caused medications to be late. She was also responsible to go to the assisted living unit if they needed a nurse.</p> <p>During a telephone interview on 10/29/15 at 8:33 AM, Nurse #5 indicated she had so many residents every night she had to stop her medication pass and do resident care. She was also responsible to go to the assisted living facility down stairs if a resident had an incident. She indicated she had two (2) aides until 11:00pm and then only one (1).</p> <p>During an interview on 10/29/15 at 8:50 AM, NA# 6 indicated two aides were scheduled on the hall every day. She indicated she had worked alone on 10/26/15. She indicated the weekends were worse. There were not enough aides to cover the schedule. Review of the schedule revealed NA# 6 had worked alone from 12pm- 3pm on 10/26/15.</p> <p>During an interview on 10/29/15 at 9:07AM, NA#7 indicated there was a shortage of staff and the staff on duty were asked to work extra hours, and staff were working alone. The residents have voiced their frustration because of the shortage. The family members had expressed their concerns at the shortage of staff.</p> <p>During an interview on 10/29/15 at 10:42 AM, staff scheduler indicated there was a shortage of staff. The schedule was not covered and the expectation was for staff on duty to fill the shift gaps. A sign - up sheet was posted for staff to volunteer to work. There were currently empty openings every day for staff to work. The part time staff were selected first then the full time staff. She indicated on 10/26/15 NA #8 left early and NA#6 worked the unit alone, until the next</p>	F 166	<p>Systematic Changes: The responsibility of investigating grievances and complaints initially rests with the Social Worker. Upon receipt of a grievance, the facility representative will begin an investigation into the allegations. The department head of any involved employee will be notified to the nature of the complaint and that an investigation is underway. The investigation will include date and time of any incident, the circumstances surrounding the alleged incident, location, witnesses, resident/visitor account of alleged incident, employee accounts of alleged incident, and recommendations for corrective action/plan. The resident grievance form (see attached) should be sent to the Healthcare Administrator within five working days of the receipt of the form for review and potential follow up. Within ten (10) working days of the initial filing of the form, the concerned party will be notified of the findings of investigation as well as any corrective actions that have been recommended to resolve the issue. An ongoing effort to recruit, hire and train per diem staff to have a system in place for call outs for nurses and nursing assistants to ensure adequate coverage. This will be attained by having per diem positions posted on website effective 11/23/15. Audits of scheduled pain medications administration will be conducted monthly for on-time compliance. Thirty charts will be audited monthly for three months until 90% compliance or better is achieved. Once the goal is achieved then audits will be</p>		

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F 166	Continued From page 3 shift. During an interview on 10/29/15 at 2:59 AM, Nurse #2 indicated there was a shortage of staff, which required them to work alone causing medications to be administered late. During an interview on 10/29/15 at 3:30 PM, social worker #1 indicated the grievances were given to the appropriate department heads for resolution. The residents had on going grievances of lack of staff and getting medications on time. The concern was given to the Director of Nursing (DON). During an interview on 10/29/15 at 3:39 PM, the DON indicated during the resident council meetings she kept the residents updated on the approval of staff. The hiring process had been a frustration. The current (hiring) system and approval process has prevented the staffing of the facility. There were staff out on family medical leave act (FMLA), there had been a lot of turnover, nursing positions were not approved, and it took time to hire agency staff. The DON stated, " We have staff, but we still have had holes in the schedule. We were pulling people from one unit to another to cover. The staffing problem had not been resolved. " Review of the resident council minutes for June 5, 2015, July 3, 2015, July 27, 2015, August 7, 2015, September 4, 2015, and October 2, 2015 revealed that residents expressed concerns regarding lack of care because of insufficient staff. Review of the Partners in Excellence Minutes for July 27, 2015 revealed family members has raised concerns during the family meeting regarding the lack of care because of insufficient staff.	F 166	conducted quarterly. Results will be reported to the QA compliance team. The addition of nursing assistant staff on the affected units will allow the nurse to properly administer medications on the units with less interruption. After installation of call light system, a weekly audit will be completed by scheduler for 90 days and share with nursing administration of call light response times. Quality Assurance: The number of grievances will be reported in the QA Quarterly meeting. Grievances reported in the council meetings will be logged in the grievance log and the issues will be summarized monthly by the social worker and reported weekly at stand up on Monday for planning by the clinical care plan committee which will meet Monday through Friday beginning 11/26/2015. Staff openings, call light response times, and results of pain medication administration times will be reported to the quality assurance team at quarterly QA meeting and additional follow up will be instituted if necessary.		
F 244	483.15(c)(6) LISTEN/ACT ON GROUP	F 244		11/26/15	

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F 244 SS=E	<p>Continued From page 4</p> <p><b>GRIEVANCE/RECOMMENDATION</b></p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interviews, staff interviews, family interviews, resident council minutes, Partners in Excellence Minutes and record review, the facility failed to resolve on going grievance regarding insufficient staff voiced in resident council minutes and family meetings. The findings included: Review of the resident council minutes for June 5, 2015, revealed in part, " Director of Nursing would be meeting with (names of the facility ' s) executives later today to discuss the staffing need. She notes she is still working on weekend staffing. " Review of the resident council minutes for July 3, 2015, revealed residents expressed medication passes were not beginning until 11 pm because of insufficient staff. Residents expressed a concern that at times it took an hour or more to get to the bathroom. Residents noted that staff turned off call system and then did not come or did not give them realistic time frames of when they would come to assist. Review of the Partners in Excellence Minutes for July 27, 2015, revealed family members expressed that there was not enough staff to feed residents on Dogwood Hall. The family members expressed that, on Magnolia Hall, meal trays</p>	F 244	<p>F244</p> <p>Corrective Action for Residents Affected: To address group grievances, recommendations were developed by the social worker, Healthcare administrator, the Assistant Manager, and the Director of Clinical Services on 11/19/2015. The recommendations include the following, The minutes of the residents counsel and the Partners for Excellence committees will be sent to the Healthcare Administrator within three days for review. Issues or concerns that need immediate attention like potential violation of resident rights will be handled immediately by the social worker leading the meeting. These concerns in need of immediate attention will be assigned to the Director of Clinical Services or designee for action to include discussion with the concerned resident/caregiver. The Healthcare Administrator will review the council minutes and assign action items to the appropriate leader. The Director of Clinical Services or other leader assigned to follow up will report to the Healthcare Administrator within five working days the</p>		

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F 244	<p>Continued From page 5</p> <p>were not delivered to the residents when the trays arrived on the hall because staff would be assisting other residents with feeding. Family members expressed that when a nurse aide did not report to work, the aide on duty had to care for more residents. A family member noted that yesterday an aide was feeding 2 residents at one time. A family member noted that when staff was insufficient, a resident was put in bed at 2 pm and he got agitated when this happened. A family member expressed a concern that residents will be medicated for behaviors because of insufficient staff. A family member reported that they felt like they needed to be here daily to make sure residents ' needs were met. Another family member said that she came 3 times a day to make sure that her husband got what he needed. Family members expressed that if staff was hurried then they may not be able to encourage residents to eat. Family members noted that on weekends there was no staff visible.</p> <p>Review of the resident council minutes for August 7, 2015, revealed residents noted the nurses were being responsible for more than one unit at a time. At times, there was only 1 aide on a unit after 7 pm. They asked if there should be at least two staff members at a time. Nurses were still starting late on their evening medication pass. A resident noted that they did not like to be put to bed early due to lack of staffing. When staff answered the call bell, they would say okay or they will be right there and they did not come back. The Director of Nursing indicated there were still several aide positions that haven ' t been filled.</p> <p>Review of the resident council minutes for September 4, 2015, revealed the residents indicated the nurses continued to be responsible for more than one unit. The residents felt it was</p>	F 244	<p>status of the follow up. Within ten (10) working days of the initial filing of the form, the concerned party will be notified of the findings of investigation as well as any corrective actions that have been recommended to resolve the issue. The minutes will be maintained electronically and in hard copy by the long term care social worker and the follow up actions identified will be reported at the following months □ resident counsel/ Partners in Excellence meeting . Report will include the issue, the action plan, and the status of resolution and will be sent electronically to the clinical team. This corrective action for those residents affected by the deficiency will give a more defined vehicle for tracking issues and will assure the residents that their voice is being heard in a timely manner, and contribute to a higher quality of life in the facility, increase engagement and their satisfaction. To resolve the grievance, the facility has filled all RN vacancies with internal moves and the hiring of (2) two agency nurses and two (2) nursing assistants. The facility has received approval from the organization for (5) five nurse aide positions, and (3) three nurse positions. We have subsequently hired one nurse and one aide. The facility has also appointed a scheduler position that will monitor staff schedules, and also projects the staffing levels for the weekends to ensure coverage. The administrator and director of nursing met with residents on 12/4/15 resident council meeting to discuss.</p> <p>For those residents who potentially could</p>		

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F 244	Continued From page 6 not safe not to have a nurse on each unit. Resident noted she was put to bed at 4 pm because her aide was working alone. Review of the resident council minutes for October 2, 2015 revealed the ongoing grievance of insufficient staff. Another resident noted nurses wouldn ' t answer his call light and he finally got a response but he didn ' t get help until 9 pm. During an interview on 10/28/15 at 12:12 PM, Nurse #8 stated, " there were not enough nursing assistants (NA) to do patient care. I often had to stop my medication pass to do patient care. " During an interview on 10/28/15 at 3:06 PM, Nurse #6 indicated there were not enough nursing assistants assigned to do resident care. She stopped passing medications to assist residents with call bells, which caused medications to be late. She was also responsible to go to the assisted living unit if they needed a nurse. During a telephone interview on 10/29/15 at 8:33 AM, Nurse #5 indicated she had so many residents every night she had to stop her medication pass and do resident care. She was also responsible to go to the assisted living facility down stairs if a resident had an incident. She indicated she had two (2) aides until 11:00pm and then only one (1). During an interview on 10/29/15 at 8:50 AM, NA# 6 indicated two aides were scheduled on the hall every day. She indicated she had worked alone on 10/26/15. She indicated the weekends were worse. There were not enough aides to cover the schedule. Review of the schedule revealed NA# 6 had worked alone from 12pm- 3pm on 10/26/15. During an interview on 10/29/15 at 9:07AM, NA#7 indicated there was a shortage of staff and the staff on duty were asked to work extra hours, and	F 244	be affected: A standard process for problem resolution with assigned accountability will also contribute to timely resolution of issues and reduced complaints related to personal care and treatment. Staff will be educated by the Director Clinical Services on the process of individual grievance and group grievance resolution by 11/26/2015. Education will include feedback regarding time of the day work load variances and potential solutions for improved team work for meeting resident needs. In addition the Healthcare Administrator will in-service all department heads on group grievance procedure on 11/24/15. The facility will place three management positions on the units affected to help coordinate care and to ensure adequate staffing levels. Their role will also consist of being able to work the units in the event of a staffing shortage due to call out, etc. to eliminate the splitting of halls among existing staff. In the interim, we will utilize additional agency nurses to fill staff vacancies until the administrative positions are hired and trained. Also, the current nursing administration will be responsible of being on call as a back up to this process as needed. To also address the concern over response times, the present call light system will be upgraded to track call light response times and will be monitored by nursing administration to ensure timeliness of staff to patient needs. This is to be completed by 1/15/16.  Systematic Changes: Either the Social		

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F 244	<p>Continued From page 7</p> <p>staff were working alone. The residents have voiced their frustration because of the shortage. The family members had expressed their concerns at the shortage of staff.</p> <p>During an interview on 10/29/15 at 10:42 AM, staff scheduler indicated there was a shortage of staff. The schedule was not covered and the expectation was for staff on duty to fill the shift gaps. A sign - up sheet was posted for staff to volunteer to work. There were currently empty openings every day for staff to work. The part time staff were selected first then the full time staff. She indicated on 10/26/15 NA #8 left early and NA#6 worked the unit alone, until the next shift.</p> <p>During an interview on 10/29/15 at 2:59 AM, Nurse #2 indicated there was a shortage of staff, which required them to work alone causing medications to be administered late.</p> <p>During an interview on 10/29/15 at 3:30 PM, social worker #1 indicated the grievances were given to the appropriate department heads for resolution. The residents had on going grievances of lack of staff and getting medications on time. The concern was given to the Director of Nursing (DON).</p> <p>During an interview on 10/29/15 at 3:39 PM, the DON indicated during the resident council meetings she kept the residents updated on the approval of staff. The hiring process had been a frustration. The current (hiring) system and approval process has prevented the staffing of the facility. There were staff out on family medical leave act (FMLA), there had been a lot of turnover, nursing positions were not approved, and it took time to hire agency staff. The DON stated, " We have staff, but we still have had holes in the schedule. We were pulling people from one unit to another to cover. The staffing</p>	F 244	<p>Worker, Director of Clinical Services or Administrator will be present at future resident and family council meetings to address grievances after 11/26/15, unless extenuating circumstances prohibit it. An ongoing effort to recruit, hire and train per diem staff to have a system in place for call outs for nurses and nursing assistants to ensure adequate coverage. This will be attained by having per diem positions posted on website effective 11/23/15. Audits of scheduled pain medications administration will be conducted monthly for on-time compliance. Thirty charts will be audited monthly for three months until 90% compliance or better is achieved. Once the goal is achieved then audits will be conducted quarterly. Results will be reported to the QA compliance team. The addition of nursing assistant staff on the affected units will allow the nurse to properly administer medications on the units with less interruption. After installation of call light system, a weekly audit will be completed by scheduler for 90 days and share with nursing administration of call light response times.</p> <p>Quality Assurance: The number of grievances will be reported in the QA Quarterly meeting. Grievances reported in the council meetings will be logged in the grievance log and the issues will be summarized monthly by the social worker and reported weekly at stand up on Monday for planning by the clinical care plan committee which will meet Monday through Friday beginning 11/26/2015. Staff openings, call light response times, and</p>		



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F 244	Continued From page 8 problem had not been resolved. "	F 244	results of pain medication administration times will be reported to the quality assurance team at quarterly QA meeting and additional follow up will be instituted if necessary.		
F 334 SS=D	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal</p>	F 334		11/26/15	

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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1820 BROOKWOOD AVENUE BURLINGTON, NC 27215</b>		
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F 334	<p>Continued From page 9</p> <p>immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to offer pneumococcal vaccine for 5 of 5 sampled residents (Resident #138, #93, #147, #27 and</p>	F 334	F334 <input type="checkbox"/> The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.		

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F 334	Continued From page 10 #32).  Findings included: 1. Resident #138 was admitted on 10/4/12. The diagnosis included hypertension, parkinson ' s disease and diabetes. Review of the recent minimum data set (MDS), dated 9/7/15, revealed that the resident was cognitively impaired. The MDS also indicated that the resident ' s pneumococcal vaccination was up to date. There was no assessment information available for Resident #138 to indicate the pneumococcal vaccination was offered or received. Record review of Resident#138 ' s medication administration record (MAR), revealed that the pneumococcal vaccination was not given as scheduled for administration. The chart revealed that the resident ' s pneumococcal was marked as not given in the last five years. This section was left blank. During an interview on 10/29/15 at 4:12PM, the infection control nurse indicated the expectation was on admission the residents pneumococcal vaccination should be coded on the MDS and documented on the immunization flow sheet and kept on the medication administration record(MAR). The nurse stated that she could not provide the documentation of the pneumococcal vaccination for Resident#138. During an interview on 10/ 29/15 at 4:57PM, the director of nursing stated that her expectation of the staff was to offer pneumococcal vaccination according to immunization policy for all new admissions and document on the immunization flow sheet that should be kept on the MAR. During an interview on 10/29/15 at 6:15PM. The administrator indicated that his expectation of the staff was to offer residents the pneumococcal vaccination on admission and provide the	F 334	To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Corrective Action for Resident's Affected Resident #138, #93, #147, #27, and #32, the facility failed to offer the pneumococcal vaccine. This was corrected on 11/23/15 by conducting a pneumococcal screen on each of the affected residents to establish vaccination status. If found to be in need of the pneumococcal vaccination after the screen was completed, the affected residents or their responsible party were provided the vaccine education sheet and offered the pneumococcal vaccine. If the resident or responsible party declined the pneumococcal vaccination, this information was recorded in the resident's medical record. If the resident or responsible party consented to the vaccination, this information was recorded in the resident's medical record, along with the MD order for the vaccine, and the vaccination was administered to the resident by unit nurse and recorded in the electronic medical record. Corrective Action for Resident's Potentially Affected Effective 11/18/15 the Director of Clinical Services reviewed and updated the Immunizations and Documentation Policy. Effective 11/19/15 to 11/25/15 all residents in the facility within these dates will be		

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F 334	<p>Continued From page 11</p> <p>education to residents and family. The staff should also document in the chart it had been done.</p> <p>2. Resident #93 was admitted on 5/21/15. The diagnosis included diabetes and psychosis. Review of the recent Minimum Data Set (MDS), dated 10/19/15, revealed the resident ' s cognition was moderately impaired. The MDS also indicated that the resident ' s pneumococcal vaccination was up to date. There was no assessment information available for Resident #93 to indicate the pneumococcal vaccination was offered or received.</p> <p>Record review of Resident#93 ' s medication administration record (MAR) for Resident #93, revealed that the pneumococcal vaccination was not given as scheduled for administration. The chart revealed that the resident ' s pneumococcal was marked as not given in the last five years. This section was left blank.</p> <p>During an interview on 10/29/15 at 4:12PM, the infection control nurse indicated the expectation was on admission the residents pneumococcal vaccination should be coded on the MDS and documented on the immunization flow sheet and kept on the medication administration record(MAR). The nurse stated that she could not provide the documentation of the pneumococcal vaccination for Resident#93.</p> <p>During an interview on 10/ 29/15 at 4:57PM, the director of nursing stated that her expectation of the staff was to offer pneumococcal vaccination according to immunization policy for all the new admissions.</p> <p>During an interview on 10/29/15 at 6:15PM. The administrator indicated that his expectation of the staff was to offer residents the pneumococcal vaccination and provide the education to residents and family. The staff should also</p>	F 334	<p>screened for the pneumococcal vaccine by the Assistant Manager of Clinical Services and MDS Coordinator. If the resident has previously received the pneumococcal vaccination, that information will be entered into the resident's electronic medical record by the Assistant Manager of Clinical Services and MDS Coordinator. If that information is found in the resident's paper chart, that information will be transferred into the resident's electronic medical record by the Assistant Manager of Clinical Services and MDS Coordinator and all future screenings will be entered into and kept in the resident's electronic medical record by the nurse conducting the screening. If found to be in need of the pneumococcal vaccination, the resident or their responsible party will receive the vaccination education sheet and offered the pneumococcal vaccination by the Assistant Manager of Clinical Services or MDS Coordinator. If the resident or their responsible party decline the pneumococcal vaccination, that information will be recorded in the resident's medical record by the Assistant Manager of Clinical Services or MDS Coordinator. If the resident or their responsible party consent to the pneumococcal vaccination, that information will be recorded in the resident's medical record, along with the MD order for the pneumococcal vaccination by the Assistant Manager of Clinical Services and MDS Coordinator, and the vaccination will be administered by the unit nurse and recorded in the</p>		

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F 334	<p>Continued From page 12</p> <p>document in the chart it had been done. During an interview on 10/29/15 at 6:20PM, Resident #93 indicated he could not recall whether the pneumococcal vaccination had been offered to him at the facility or receiving it outside of the facility.</p> <p>3. Resident #147 was admitted on 12/5/12. The diagnosis included diabetes, dementia and depression. Review of the recent minimum data set (MDS), dated 9/21/15, revealed that resident ' s cognition was impaired. The MDS also indicated that the resident ' s pneumococcal vaccination was up to date. There was no assessment information available for Resident #147 to indicate the pneumococcal vaccination was offered or received.</p> <p>Record review of Resident#147 ' s medication administration record (MAR), revealed the pneumococcal vaccination was not given as scheduled for administration. The chart revealed that the resident ' s pneumococcal was marked as not given in the last five years. This section was left blank.</p> <p>During an interview on 10/29/15 at 4:12PM, the infection control nurse indicated the expectation was on admission the residents pneumococcal vaccination should be coded on the MDS and documented on the immunization flow sheet and kept on the medication administration record(MAR). The nurse stated that she could not provide the documentation of the pneumococcal vaccination for Resident#147.</p> <p>During an interview on 10/ 29/15 at 4:57PM, the director of nursing stated that her expectation of the staff was to offer pneumococcal vaccination according to immunization policy for all the new admissions.</p> <p>During an interview on 10/29/15 at 6:15PM. The administrator indicated that his expectation of the</p>	F 334	<p>medical record.</p> <p>Effective 11/26/15 and ongoing, each resident will be screened for the pneumococcal vaccination upon admission to the facility by the admitting nurse. Each resident will receive the vaccination education sheet in their admission folder. The admitting nurse will review the vaccination education sheet with the resident and/or their responsible party and offer the pneumococcal vaccination. If the resident or their responsible party decline the pneumococcal vaccination, that information will be recorded in the resident's medical record. If the resident or their responsible party consent to the pneumococcal vaccination, that information will be recorded in the resident's medical record, along with the MD order for the pneumococcal vaccination, and the vaccination will be administered by the unit nurse and recorded in the medical record.</p> <p>Systemic Changes Effective 11/19/15 to 11/25/15 education will be given to all nursing staff to include RN's and LPN's in a Just In Time in-service by the Director of Clinical Services. This education will include the screening and vaccination education sheet process for the pneumococcal vaccination, when to offer the pneumococcal vaccination to the resident, how and where to document the above information in the resident's electronic medical record, obtaining an MD order for the pneumococcal vaccination, how and where to document the vaccine</p>		

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F 334	<p>Continued From page 13</p> <p>staff was to offer residents the pneumococcal vaccination and provide the education to residents and family. The staff should also document in the chart it had been done.</p> <p>4. Resident #27 was admitted on 5/13/14. The diagnosis included diabetes, hypertension and anxiety. Review of the recent minimum data set (MDS), dated 9/14/15, revealed that resident was cognitively intact. The MDS also indicated that the resident ' s pneumococcal vaccination was up to date. There was no assessment information available for Resident #27 to indicate the pneumococcal vaccination was offered or received.</p> <p>Record review of Resident#27 medication administration record (MAR), revealed the pneumococcal vaccination was not given as scheduled for administration. The chart revealed that the resident ' s pneumococcal was marked as not given in the last five years. This section was left blank.</p> <p>During an interview on 10/29/15 at 4:12PM, the infection control nurse indicated the expectation was on admission the residents pneumococcal vaccination should be coded on the MDS and documented on the immunization flow sheet and kept on the medication administration record(MAR). The nurse stated that she could not provide the documentation of the pneumococcal vaccination for Resident#27.</p> <p>During an interview on 10/ 29/15 at 4:57PM, the director of nursing stated that her expectation of the staff was to offer pneumococcal vaccination according to immunization policy for all the new admissions.</p> <p>During an interview on 10/29/15 at 6:15PM. The administrator indicated that his expectation of the staff was to offer residents the pneumococcal vaccination and provide the education to</p>	F 334	<p>administration in the resident's medical record.</p> <p>Effective 11/19/15 and ongoing, all immunization information will be entered into and kept in the resident's electronic medical record.</p> <p>Quality Assurance</p> <p>Effective 11/26/15 and ongoing each week, the Assistant Manager of Clinical Services will review all newly admitted resident's electronic medical records for completed pneumococcal vaccination screenings and education. If the resident or their responsible party declined the pneumococcal vaccination, the Assistant Manager of Clinical Services will review the resident's electronic medical record to ensure that information was recorded. If the resident or their responsible party consented to the pneumococcal vaccination, the Assistant Manager of Clinical Services will review the resident's electronic medical records to ensure that information was recorded, along with the MD order for the pneumococcal vaccination. The Assistant Manager of Clinical Services will also review the resident's medication administration record (MAR) to ensure the vaccination was given by the unit nurse.</p> <p>Effective 11/26/15 and ongoing each quarter, a compliance report of screened and vaccinated residents for the pneumococcal vaccination will be reviewed by the Director of Clinical Services and presented at the Quality Assurance Committee meeting.</p>		

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F 334	<p>Continued From page 14</p> <p>residents and family. The staff should also document in the chart it had been done.</p> <p>During an interview on 10/29/15 at 6:25PM, Resident #27 indicated she could not recall whether the pneumococcal vaccination was offered or received in the facility or outside of the facility.</p> <p>5. Resident #32 was admitted on 1/5/10. The diagnosis included depression and dementia. Review of the recent minimum data set (MDS), dated 10/5/15, revealed that resident ' s cognition was impaired. The MDS also indicated that the resident ' s pneumococcal vaccination was up to date. There was no assessment information available for Resident #32 to indicate the pneumococcal vaccination was offered or received.</p> <p>Record review of Resident#32 medication administration record (MAR), revealed the pneumococcal vaccination was not given as scheduled for administration. The chart revealed that the resident ' s pneumococcal was marked as not given in the last five years. This section was left blank.</p> <p>During an interview on 10/29/15 at 4:12PM, the infection control nurse indicated the expectation was on admission the residents pneumococcal vaccination should be coded on the MDS and documented on the immunization flow sheet and kept on the medication administration record(MAR). The nurse stated that she could not provide the documentation of the pneumococcal vaccination for Resident#32.</p> <p>During an interview on 10/ 29/15 at 4:57PM, the director of nursing stated that her expectation of the staff was to offer pneumococcal vaccination according to immunization policy for all the new admissions.</p> <p>During an interview on 10/29/15 at 6:15PM. The</p>	F 334			

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

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F 334	Continued From page 15 administrator indicated that his expectation of the staff was to offer residents the pneumococcal vaccination and provide the education to residents and family. The staff should also document in the chart it had been done.	F 334			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 431		11/26/15	



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F 431	<p>Continued From page 16 be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to date 5 out of 13 opened bottles of various insulin bottles in one of six medication carts.</p> <p>Findings Included:</p> <p>An observation of the medication storage cart on the Dogwood Hall on 10/29/15 at 10:17 am revealed 5 out of 13 bottles of various insulin types were opened and not dated with the " opened " date on the yellow label provided on the side of the insulin bottle by the facility ' s pharmacy.</p> <p>An interview with the nurse on Dogwood Hall regarding this medication cart on 10/29/15 at 10:17 am, revealed the insulin bottles should have been dated when they were opened. The nurse reported he used the Insulin on this day and did not check the bottles to see when they were opened. The insulin bottles were not expired according to the manufacturer ' s date of 11/2016. The nurse reported, according to their policy, once the insulin is opened, the nurses have 28 days to use the insulin from the " open " date. He further added that the nurse opening the bottle is responsible for writing the date on the label when it was opened.</p> <p>An interview with the Pharmacist on 10/29/15 at 12:30 pm revealed the medication carts are checked each month and all insulin are removed</p>	F 431	<p>F431- The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. Corrective action for Residents affected by deficient practice:</p> <p>The five vials opened and not dated were on Dogwood and the nurse interviewed admitted not checking for the expiration dates and understanding his role in verifying the expiration date. The bottles were within manufacturer's expiration date and therefore no residents were affected.</p> <p>Corrective action for residents potentially affected: Pharmacy began labeling insulin when distributed to the unit with a twenty-eight day expiration date effective 10/30/2015. All nursing staff will be educated by the Director of Clinical Services on the five Rights of medication administration, twenty eight day expiration of multi dose vials, and returning to pharmacy any multi dose vials found with an expiration date or</p>		

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F 431	<p>Continued From page 17</p> <p>from the medication carts at the end of each month. The Pharmacist reported her expectation is the insulin bottles should be dated when they are opened. The nurse is expected to fill in the yellow label provided on the side of the insulin bottle as to when the bottle was opened. She further added the insulin should be disposed of 28 days from the date it was opened.</p> <p>An interview with the Director of Nursing on 10/29/15 at 3:00 pm revealed her expectation of the nurses are to be sure to date the insulin bottles when they are opened and to ensure they are discarded 28 days after they are opened. She further added it is every nurse 's responsibility to be sure the insulin bottles are dated and discarded according to their policy.</p>	F 431	<p>an expired date by 11/26/2015. Education to all nursing staff by the Director of Clinical Services on the Five Rights of Medication administration, twenty eight day expiration for multi does vials, and returning to the pharmacy any multi does vials found without an expiration date or an expired date. Cart checks for expired insulin and insulin not dated will be documented with each narcotic check at shift change beginning 11/26/2015.</p> <p>Systematic Changes: Pharmacy took ownership on 10/30/2015 for dating the insulin vials as they are delivered to the units. Beginning 11/26/2015, insulin will be checked at change of shift with narcotic checks and documented by the oncoming nurse. Quality Assurance Focused medication pass observations looking at insulin administration for use of the five rights of administration will be conducted by the Assistant Manager or designee each month for four consecutive months. Eight observations will be performed unannounced; one for each medication cart. Documentation for the focused medication pass observations and the ongoing insulin checks will be summarized and reported to the director of clinical services monthly due the first Monday of each month and at the quarterly QA meeting beginning 11/26/2015.</p>		