PRINTED: 04/01/2016 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				J. 0000 000 i
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			e survey Pleteo
						С
		345233	B. WING		03	/17/2016
NAME OF PR	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
CHAIDICE	REHABILITATION & CA	PE ·	306	DEER PARK ROAD		
SUNNISE	KENABILITATION & CA		NEI	BO, NC 28761		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 278 SS=D	ACCURACY/COORI The assessment mu resident's status. A registered nurse meach assessment wi	DINATION/CERTIFIED st accurately reflect the nust conduct or coordinate th the appropriate	F 278	Responses to the cited deficier not constitute an admission or agreement by the Provider of the facts as alleged or concluset forth in the Statement of D. The Plan of Correction is prepas a matter of compliance with and State law.	the truth lusions eficiencies. pared solely	
	participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.					
	material and false stands and false stands and false stands by: Based on record refacility failed to accuresidents utilizing that to reflect the Level I	nt does not constitute a tatement. IT is not met as evidenced view and staff interviews the urately code 1 of 1 sampled e Minimum Data Set (MDS) I Preadmission Screening and ASRR) determination for				
L	(DIRECTORIO OD DECLES	DISTINGUIED DESCRESSITATIVE'S SIGNATI		TITLE		(X6) DATE

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.

Facility ID: 923334

CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER SUNRISE REHABILITATION & CARE OOJ ID PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FRETCH APPROVIDER'S PLAN OF CORRECTION (PLOT HAPPANDRALIC) FOR PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FOR PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FOR PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FOR PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FOR PRETTY (PLOT CHERNY YOUR SE DEMPEYING BY FORWATION) FOR PRETTY (PLOT CHERNY YOUR SED CHERNY YOUR S		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY PLETED
STREET ADDRESS, CITY, STATE, 2IP CODE 306 DEER PARK ROAD NEBO, NC 28761 PREPLY RESULTORY OR LISC IDENTIFYING INFORMATION) F 278 Continued From page 1 F 278 Findings included: Resident #61 was admitted to the facility on 12/08/15 with diagnoses including bipolar disease and anxiety disorder. A review of Resident #61's admission Minimum Data Set (MDS) dated 12/15/15 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review were used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care. A review of the facility is list of Lovel II PASRR residents revealed that Resident #61 was level it an interview was conducted with the MDS Nurse #1 on 03/16/16 at 8:28 AM regarding the accuracy of Resident #61 was level II PASRR and was missed for cooling the reviewed for accuracy of Resident #61 was been coded to reflect the Level II PASRR and was missed for cooling the reviewed for accuracy of Resident #61 was been coded to reflect the Level II PASRR and was missed for cooling the review did not reflect the Level II PASRR and was missed for cooling the reviewed for accuracy of Resident #61's admission MDS. When it was revealed the MDS should have been coded to reflect Resident #61 was tevel II PASRR and was missed for cooling the review did not reflect the Level II PASRR and was missed for cooling the review did not reflect the Level II PASRR and was missed for cooling the review did not reflect the Level II PASRR and was missed for cooling the review did not reflect the level II PASRR and was missed for cooling the review did not reflect the level II PASRR and was missed for cooling the review did not reflect the level II PASRR and was missed for cooling the review did not reflect the level II PASRR and was missed for cooling the revie	ſ.			A BOILDI				С
SUNRISE REHABILITATION & CARE DOTE SUMMARY STATEMENT OF DEFICIENCIES PERCENT PROVIDENCE PERCENT PROVIDE			345233	B, WING			03	/17/2016
F 278 Footing included: Resident #61 was admitted to the facility on 12/08/15 with diagnoses including bipolar disease and arxiety disorder. A review of Resident #61's admission Minimum Data Set (MDS) dated 12/15/15 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASIRR) process to have as earious mental illness and/or intellectual disability. The results of this screening and review were used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care. A review of the facility's list of Level II PASIRR residents revealed that Resident #61 was included among the residents named on the list. An Interview was conducted with the MDS Nurse #1 stated the MDS should have been coded to reflect feel Resident #61 was Level II PASRR and was missed for coding. On 03/16/16 at 8:51 AM an interview was conducted with the MDS Nurse #2 who stated Resident #61 was clearnined as Level II PASRR and was missed for coding. On 03/16/16 at 8:51 AM an interview was conducted with the MDS Nurse #2 stated the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the admission MDS dated 12/15/15 should have been coded to reflect the			RE		300	DEER PARK ROAD		
Findings included: Resident #61 was admitted to the facility on 12/08/15 with diagnoses including bipolar disease and anxiety disorder. A review of Resident #61's admission Minimum Data Set (MDS) dated 12/15/15 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review were used for formulating a determination of need, determination of an appropriate care setting and a set of recommendations for services to help develop an individual's plan of care. A review of the facility's list of Level II PASRR residents revealed that Resident #61's was included among the resident snamed on the list. An Interview was conducted with the MDS Nurse #1 on 03/16/16 at 8:25 AM regarding the accuracy of Resident #61's admission to reflect the Level II PASRR determination for this resident, the MDS Nurse #1 stated the MDS should have been coded to reflect Resident #61 was Level II PASRR and was missed for coding. On 03/16/16 at 8:51 AM an interview was conducted with the MDS Nurse #2 who stated Resident #61's was determined as Level II PASRR on admission to the facility on 12/8/15. The MDS Nurse #2 stated the admission MDS dated 12/15/15 should have been coded to reflect.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
Resident #61 was Level II PASRR. A telephone interview was conducted with the MDS Nurse #3 on 03/16/16 at 9:00 AM who	F 278	Findings included: Resident #61 was as 12/08/15 with diagnor and anxiety disorder A review of Resident Data Set (MDS) date resident was not cor Preadmission Scree (PASRR) process to and/or intellectual di screening and review determination of nee appropriate care set recommendations for individual's plan of cA review of the facili residents revealed the included among the An Interview was co #1 on 03/16/16 at 8: accuracy of Resider When it was revealed the MDS Nurse #1 seen coded to reflect PASRR and was mit On 03/16/16 at 8:51 conducted with the Resident #61 was don admission to the Nurse #2 stated the 12/15/15 should have Resident #61 was LA telephone interview.	dmitted to the facility on oses including bipolar disease in #61's admission Minimum and 12/15/15 indicated the insidered by the state Level II ming and Resident Review have a serious mental illness sability. The results of this with were used for formulating a red, determination of an anting and a set of or services to help develop an eare. It is to f Level II PASRR hat Resident #61 was residents named on the list. Inducted with the MDS Nurse and the MDS did not reflect the remination for this resident, stated the MDS should have at Resident #61 was Level II ssed for coding. AM an interview was MDS Nurse #2 who stated determined as Level II PASRR facility on 12/8/15. The MDS admission MDS dated we been coded to reflect Level II PASRR.	F	278	Immediate Action: The MDS for Resident #61 was corr on 3/16/16 to accurately reflect the I Preadmission Screening and Resider Review (PASRR). Identification: All residents have the potential to be affected. Corrective Measure: MDS nurses were educated on impo of accurate completion of MDS by the DON/Designee. All PASRR II residented to ensure accurate MDS Preadmission Screening and Review (PASRR) will be reviewed accuracy by DON/Designee for every admission to ensure accuracy. Monitoring: Results of the MDS admission assess reviews will be taken to the QAPI may a months to ensure ongoing substates.	rtance he lents' acy. lesident for y sment	4/8/16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1			[((X3) DATE SURVEY COMPLETED C	
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	CARE		306	DEER PARK ROAD	E		
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conducted with the was her expected determination work on Resident #61' 483.20(d) MAINTRESIDENT ASSIDENT ASSI	ne Administrator who stated it tion that the Level II PASRR buld have been coded accurately a admission MDS. TAIN 15 MONTHS OF ESSMENTS aintain all resident assessments the previous 15 months in the	F	286				
	CORRECTION ROVIDER OR SUPPLIER REHABILITATION & SUMMAR (EACH DEFICI REGULATORY) Continued From p stated she coded assessment and of discharge summa determined as Le #3 stated it was a coding the admiss #61 was Level II I stated that MDS I modification of the 12/15/15 to reflect PASRR. On 03/16/16 at 9: conducted with the who stated her ex Nurse would have discharge summa such as the face to verify informati coded Resident # 12/15/15 to reflect stated it was her would submit a m reflect Level II PA #61. On 03/17/16 at 8 conducted with the was her expected determination wood on Resident #61. A facility must ma completed within	CORRECTION IDENTIFICATION NUMBER: 345233 ROVIDER OR SUPPLIER REHABILITATION & CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 stated she coded the 12/15/15 MDS admission assessment and did not notice that the hospital discharge summary indicated Resident #61 was determined as Level II PASRR. The MDS Nurse #3 stated it was an oversite and she missed coding the admission MDS to reflect Resident #61 was Level II PASRR. The MDS Nurse #3 stated that MDS Nurse #2 would need to submit a modification of the admission MDS dated 12/15/15 to reflect Resident #61 was Level II PASRR. On 03/16/16 at 9:47, AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the MDS Nurse would have reviewed the hospital discharge summary and all pertinent information such as the face sheet from the hospital in order to verify information and would have accurately coded Resident #61's admission MDS dated 12/15/15 to reflect Level II PASRR. The DON stated it was her expectation that the MDS Nurse would submit a modified admission MDS to reflect Level II PASRR determination for Resident #61. On 03/17/16 at 8:16 AM an interview was conducted with the Administrator who stated it was her expectation that the Level II PASRR determination would have been coded accurately on Resident #61's admission MDS. 483.20(d) MAINTAIN 15 MONTHS OF	CORRECTION IDENTIFICATION NUMBER: 345233 B. WING ROVIDER OR SUPPLIER REHABILITATION & CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Stated she coded the 12/15/15 MDS admission assessment and did not notice that the hospital discharge summary indicated Resident #61 was determined as Level II PASRR. The MDS Nurse #3 stated it was an oversite and she missed coding the admission MDS to reflect Resident #61 was Level II PASRR. The MDS Nurse #3 stated that MDS Nurse #2 would need to submit a modification of the admission MDS dated 12/15/15 to reflect Resident #61 was Level II PASRR. 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WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 stated she coded the 12/15/15 MDS admission assessment and did not notice that the hospital discharge summary indicated Resident #61 was determined as Level II PASRR. The MDS Nurse #3 stated it was an oversite and she missed coding the admission MDS to reflect Resident #61 was Level II PASRR. The MDS Nurse #3 stated that MDS Nurse #2 would need to submit a modification of the admission MDS dated 12/15/15 to reflect Resident #61 was Level II PASRR. On 03/16/16 at 9:47, AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the MDS Nurse would have reviewed the hospital discharge summary and all pertinent information such as the face sheet from the hospital in order to verify information and would have accurately coded Resident #61's admission MDS dated 12/15/15 to reflect Level II PASRR. 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The MDS Nurse #3 stated that MDS Nurse #4 sound need to submit a modification of the admission MDS dated 12/15/15 to reflect Resident #61 was Level II PASRR. The MDS Nurse would have reviewed the hospital discharge summary and all pertinent information such as the face sheet from the hospital in order to verify information and would have accurately coded Resident #61's admission MDS dated 12/15/15 to reflect Level II PASRR. The DON stated it was her expectation that the MDS Nurse would submit a modified admission MDS to reflect Level II PASRR determination for Resident #61's admission MDS. On 03/17/16 at 8:16 AM an interview was conducted with the Administrator who stated it was her expectation that the MDS Nurse would submit a modified admission MDS to reflect Level II PASRR determination for Resident #61's admission would have been coded accurately on Resident #61's admission MDS. A facility must maintain all resident assessments completed within the previous 15 months in the	A BUILDING 346233 STREET ADDRESS, CITY, STATE, ZIP CODE 305 DEER PARK ROAD NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USE IDENTIFYING INFORMATION) Continued From page 2 stated she coded the 12/15/15 MDS admission assessment and did not notice that the hospital discharge summary indicated Resident #61 was determined as Level II PASRR. The MDS Nurse #3 stated that MDS Nurse #2 would need to submit a modification of the admission MDS dated 12/15/15 to reflect Resident #61 was Level II PASRR. On 03/16/16 at 9-47, AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that the MDS Nurse would have reviewed the hospital in order to verify information and would have accurately coded Resident #61 sa dmission MDS dated 12/15/15 to reflect Level II PASRR. 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STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł ` ´	E CONSTRUCTION	(X3) DATE S COMPLI	
			A, BUILDING _		c	
		345233	B. WING		03/1	7/2016
	ROVIDER OR SUPPLIER	ARE	3	STREET ADDRESS, CITY, STATE, ZIP CODE 106 DEER PARK ROAD NEBO, NC 28761	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 286	by: Based on record refacility failed to main record and make an consultants the most Minimum Data Set(16 sampled resider #44, #61, #69, #79, #132, #142, #150 at The findings include Record review of all Stage 2 Sample reviews available on an record. An interview on 03/ Medical Records C Resident #165 and information, which record, revealed there was no MDS #165's chart, she is documents and was information. Review other 15 residents available on the current An interview on 03. Nurse #1 and MDS of MDS assessment the information was wasn't printed and	eview and staff interview the ntain on the residents' clinical vailable to staff and st recent 15 months of MDS)assessments for 16 of nts. (Residents #23, #28, #31, #84, #85, #110, #116, #120, and #165.)	F 286	Immediate Action: Access was granted to AHT/LTC to licensed nurses on 3/17/16. Identification: All residents have the potential to be affected. Corrective Measure: Licensed staff was educated by the Murses regarding access to AHT/LTC New licensed staff will receive acceseducation regarding access to AHT/L upon hire. Monitoring: HR support will monitor that new licensed staff obtain access and will report the findings to the QAPI committee mor 3 to ensure substantial compliance.	c. ss and LTC censed ese	4/8/16

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A, BUILDING	(X3) DATE SURVEY COMPLETED			
		345233	B. WNG		C 03/17/2016		
	ROVIDER OR SUPPLIER		3061	EET ADDRESS, CITY, STATÉ, ZIP CODE DEER PARK ROAD 30, NC 28761			
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F 286	her position a yea hadn't been printe doing them. Wher consultants or oth the MDS informat have no idea."	ar and the MDS assessments Id in the year she had been In asked how nurses, I er clinical staff had access to I ion, MDS Nurse #2 stated: "I	F 286				
	accessibility of Miconsultants and of weren't accessible clinical staff. The managers had accomputer. The Differmation had to second interview the DCO revealed advised the MDS	If Operations(DCO)about the DS information to nurses, ther clinical staff revealed they et o nurses, consultants or other DCO stated department cess to MDS information on the CO stated she knew the MDS to be accessible for 15 months. A on 03/16/16 at 10:37 AM with dia former nurse consultant nurses to stop printing the MDS putting them on the clinical					
F 333 SS=E	Administrator about information being expected they shourses and constable 483.25(m)(2) RE SIGNIFICANT M	ensure that residents are free of	F 333				
	by: Based on record	ENT is not met as evidenced I review and staff interview the revent a significant medication					

PRINTED: 04/01/2016

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING			E SURVEY PLETED
		345233 B. WNG .			C 03/17/2016		
	ROVIDER OR SUPPLIER REHABILITATION & C			STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761			
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F 333	error for 1 of 5 resignation unnecessary medical administered an exal a medication used course of 14 days. The findings included Resident #132 was 12/24/15 and was 02/25/16 with diagnistulas with infection irritability, depressing Admission Minimularity decision maken psychosis or behaving dially and required with all activities of which she was indicated Resident daily and required with all activities of which she was indicated antipmedications for 7 of the Care Area Assent Psychotropic Drug comprehensive and necessitating used medications included and depression. A Care Plan dated #132's need for psanxiety, depression.	dents reviewed for cations. Resident #132 was cessive dose of Clonazepam, to treat anxiety, over the	F	333	F 333 Immediate Action: The medication order for Rescorrected. Resident #61 phys of medication transcription er Identification: All residents have the potential affected. Corrective Measure: An audit was completed by the DON/designee to ensure all obeen transcribed accurately. It was educated that physician of dated, initialed and document nurse's notes and the MARs wensure accuracy. Monitoring: DON/Designee will audit phy and MAR/TAR weekly x 4, the audits monthly x 2 months. Rescommittee monthly for 3 monongoing substantial compliance.	al to be creates have Licensed staff orders must be ed in the applicated to resician orders her random the country of the countr	4/8/16
		nt #132's medication orders dated 02/25/16 for			en e		

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A, BUILDIN		(×	(X3) DATE SURVEY COMPLETED C		
		345233	B. WNG_				03/17/2016	
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F 333	a scheduled basis. T Resident #132's med (PRN) Clonazepam. Review of the Februan Administration Reconsevealed an undated by mouth twice a date in the hour column whours for administrat medication was doct 02/27/16 - 1 dose, 0 02/29/16 - 1 dose. T given on 02/25/16 of Review of the Contre Resident #132's Clonal documentation that administered: 02/26/ 8:00 PM, 02/28/16 a 02/29/16 at 9:00 PM Review of the March #132 revealed Clonal scheduled administr PM. The medication those times through listed on the March (Clonazepam) 1 mg PRN, PRN doses who of the doses of PRN indicated it was give of the 6 doses, the resident	ram (mg) every 12 hours on here was no order on dical record for as needed ary 2016 Medication rd (MAR) for Resident #132 entry for Clonazepam 1 mg y (BID) every 12 hours. Listed was "PRN" and no scheduled dion were listed. The amented as given on 2/28/16 - 2 doses and he MAR didn't list any doses r 02/26/16. Colled Drug Record for mazepam revealed the following doses were 1/16 at 7:00 PM, 02/27/16 at tt 8:30 AM and 8:30 PM and	F	333				
W to the state of								

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING _ C: B. WING 03/17/2016 345233 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 306 DEER PARK ROAD SUNRISE REHABILITATION & CARE NEBO, NC 28761 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) F 333 Continued From page 7 Review of the Controlled Drug Record for Resident #132's Clonazepam revealed documentation that the following PRN doses were administered: 03/02/16 at 1:00 AM in addition to the routinely scheduled doses, 03/03/16 at 6:00 PM in addition to the routinely scheduled doses, 03/04/16 - no PRN doses were signed as given, 03/05/16 at 1:00 AM and 5:00 PM in addition to the routinely scheduled doses, 03/06/15 at 5:00 AM and 5:00 PM in addition to the routinely scheduled doses, 03/07/16 at 5:00 AM in addition to the routinely scheduled doses, 03/08/16 - no PRN doses were signed as given, 03/09/16 at 1:00 AM in addition to the routinely scheduled doses and 03/13/16 at 1:00 PM in addition to the routinely scheduled doses. An interview on 03/16/2016 at 11:59 AM with the Assistant Director of Nursing (ADON) revealed she had contacted the pharmacy and the only order they had on record for Resident #132's Clonazepam was an order dated 02/25/16 for Clonazepam 1 mg every 12 hours on a scheduled basis. An interview on 03/16/16 at 1:37 PM with the Nurse Practitioner (NP) who gave the Clonazepam order on 02/25/16 about her expectation for medications being administered as ordered revealed she expected medications to be given as ordered. The NP stated she expected staff to ask for clarification if they didn't understand an order and she would provide education. She stated she expected to be notified if a medication was not given and the reason so she could discuss it further. When asked about

any possible risk to Resident #132 of receiving additional doses of Clonazepam in excess of what was ordered, the NP stated she wouldn't

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CO	(X3) DATE SURVEY COMPLETED		
ALC LENGT	SSIMEO HOIT		A. BUILD			С	
		345233	B. WNG		<u> </u>	0:	3/17/2016
NAME OF P	ROVIDER OR SUPPLIER	1	 	STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	•			306 E	DEER PARK ROAD		
SUNRISE	REHABILITATION & CA	RE		NEB	O, NC 28761		
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			_				
F 333	, ,		F	333			
		Resident #132 on a routine	_				
		of Clonazepam because it		-			
	was way too much b	ecause of her low body The NP stated the additional					
	desce of Clanazona	m had the potential for					
	making Resident #1	32 somnolent and at					
	increased risk of de	veloping pneumonia. The NP					
•	stated "that would be	e a whopping big dose for a				-	
	normal person without	out the health problems of					
	Resident #132."			ľ			
	An intension on 03/	17/16 at 8:15 AM with the					
		(DON) about the process for					
		of MARs from one month to					•
		e monthly recapitulation of					
		d MARs for the new month					
		ility the last week of the					
	month. She stated t	he Unit Managers for each			•		
		hysician's orders on the chart					
		e coming month and the					
	current MAR. She s	tated any new orders that					
	came in the last 2 d	ays of the month were added of orders and the new MAR					
		rs. The DON stated a final					
		the 11-7 nurses on the last					
		ensure all new orders were					
ł	on the recapitulation	n of orders and the new MAR.			•		
	During an integricus	on 03/17/16 at 11:09 AM, Unit					
		vas asked to review the order					
		ted 02/25/16 on Resident					
		1 identified Nurse #1 as the			•		
Į		I the verbal order for					
ĺ	Clonazepam and tr	anscribed the order. UM #1			•		
	was asked to review	w the March 2016	-				
		ysician orders and UM #1			•		
1		irst check of the March 2016					
		ders to verify the accuracy of		Ì			
l	I the MARs on 02/28	3/16. UM #1 stated if there was	1				- 1

CENTERS FOR MEDICARE & MEDICAID SERVICES

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1`'	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
	•	345233	B. WING	<u> </u>	0	3/17/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT 306 DEER PARK ROAD NEBO, NC 28761		-		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE SED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE		
F 333	clarification of the noticed the Clonaz the February 2016 March 2016 MAR, it was listed as PR When asked if she March 2016 MAR, the MAR and could have a support of the Don Stated the uncopies of all new cresponsible for us to verify the accur DON stated the uncopies of all new cresponsible for chanscription. Whe for documentation orders, the DON sorder, write a nurs the order, what the family was notified to the DON stated the Uncopies of all new cresponsible for chanscription. Whe for documentation orders, the DON sorder, write a nurs the order, what the family was notified to the DON stated she everify that all order A phone call was	e called the physician for a corder. When asked if she repam was listed as PRN on MAR and as routine on the UM #1 stated she didn't realize N on the February 2016 MAR. It added the PRN order to the she stated she didn't add it to dn't identify who did. Surse #1 by phone on 03/17/16 asuccessful and message on the estated mailbox wasn't set up 03/17/16 at 2:55 PM with the cripition of medication orders, unit managers were acy of the transcription. The noting the green copy of the order acy of the transcription. The noting for accuracy of the analyses got the green control of medication of medication of medication of medication of the action of medication of medication of the set of the nurse should write the set of the market the nurse should then the router than the resident's dand the pharmacy was at stated the nurse should then the equality manager to review. The expected the Unit Managers to the was transcribed correctly.	F	333				
	Nurse #2, who wa being the 11-7 nu	as identified by the DON as rse who worked 02/29/16 and						

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ' '	TIPLE CONSTRUCTION NG		E SURVEY MPLETED
		345233	B. WING		0	C 3/17/2016
	COVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 306 DEER PARK ROAD NEBO, NC 28761		×
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F 333	physician orders and No answer was rece	doing the second check of d MARs for Resident #132. gived and the voice mail x was full and couldn't	. F	333		
F 371 SS=E	483.35(i) FOOD PR STORE/PREPARE/ The facility must - (1) Procure food fro considered satisfact authorities; and	OCURE, SERVE - SANITARY m sources approved or tory by Federal, State or local distribute and serve food	F	371		
	by: Based on observat facility failed to 1) re ready to use shelf is opened containers and 3) date an ope walk-in freezer. The remove dented can and 5) remove exp items in the resider nourishment rooms The findings includ 1) During initial tou beginning at 10:35 (DM) was observed	-				

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2016 FORM APPROVED OMB NO. 0938-0391 (x3) DATE SURVEY

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		CONSTRUCTION	COMPLETED	
		345233	B. WING	_			7/2016
SUNRISE (X4) ID		ARE STATEMENT OF DEFICIENCIES	ID poss	30 N	REET ADDRESS, CITY, STATE, ZIP CODE 16 DEER PARK ROAD EBO, NC 28761 PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
F 371	Continued From particles of mushroom stems (62 ounce) of turning and verified the 3 ctores to use shelf. The Despectation for the dented cans on the dented cans on the 2) Further tour of the AM, with the DM, in observed 2 (5 pour opened with no opened with no opened date indicated the 3 containers. The DM for the staff to have containers and that have been in the cidentified. 3) Continued tour of the DM observed 1 bag of opened to the air with the observed 1 bag of opened to the air with DM observed breasts was opened was indicated. The expectation for the prevent possible from the 200 hall nourishave 5 (8 ounce) of calorie supplement ready for use.	ge 11 s and pieces and 1 dented can o greens. The DM observed ans were dented on the ready	PREF TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADED TO THE APPROPRIADED TO THE APPROPRIADED TO THE APPROPRIADED TO THE UNDERSTAND TO THE UNDESTAND TO THE UNDESTAND T	orage oper ad ff lating s and d gnee to d these	COMPLETION DATE

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING _ C B. WING 03/17/2016 345233 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 306 DEER PARK ROAD SUNRISE REHABILITATION & CARE NEBO, NC 28761 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 371 Continued From page 12 AM with Unit Manager (UM) #1. She stated it was the nurses responsibility to stock the jevity 1.5 cal on the ready for use shelf and should a can be dented it was supposed to be left out and returned. The UM indicated she was unaware of who would have put the 5 dented cans on the ready for use shelf. She further indicated she was unaware of the dented cans. 5) On 03/14/16 at 11:25 AM, during tour of the 100 hall nourishment room was observed 1 (24 ounce) container of cottage cheese with an expiration date of 03/13/16 in a refrigerator identified as the "residents' refrigerator." Further observation revealed 1 (20 ounce) opened (half empty) bottle of the drink "mountain dew" with no resident name or opened date identified. Also observed was 1 plastic bag which contained an opened pack with 4 hotdogs left in the pack and 1 (4 ounce) container of orange juice in the bottom drawer of the residents' refrigerator with no name or date indicated on the bag or the food items. An interview was conducted on 03/14/16 at 11:37 AM with UM #2. UM #2 stated she was unaware of the food items in the resident refrigerator with no resident name or date. UM #2 indicated the dietary staff was responsible for checking the resident refrigerator. On 03/14/16 at 1:47 PM, a follow-up interview was conducted with the Dietary Manager (DM). The DM stated it was her expectation that the food items in the resident refrigerators be labeled

from the resident refrigerator.

and dated. The DM further stated she was unaware that there was un-labeled and un-dated food in the resident refrigerators. The DM indicated she would have expected her staff to have removed the unlabeled and undated items

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STATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILD	ING)	
		345233	B, WNG		<u></u>		_ 17/2016	
NAME OF P	ROVIDER OR SUPPLIER	077270			REET ADDRESS, CITY, STATE, ZIP CODE	1		
MANE OF P	ROVIDER OR SUFFLICIT			l .	6 DEER PARK ROAD			
SUNRISE	REHABILITATION & CA	RE		NE	EBO, NC 28761			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETIO DATE	
F 514 SS=D	RECORDS-COMPL LE The facility must mare resident in accordary standards and pract accurately document systematically organ. The clinical record minformation to identify resident's assessment services provided; to preadmission scree and progress notes. This REQUIREMENT by: Based on record refacility failed to have the front and back of Administration Recording record for the (a controlled substated of 5 residents revent the findings included Resident #132 was 12/24/15 and was 12/24/15 and was 12/25/16 with diagrafistulas with infection irritability, depression Admission Minimum indicated Resident daily decision making psychosis or behaviors.	nust contain sufficient fy the resident; a record of the ents; the plan of care and he results of any ning conducted by the State; AT is not met as evidenced eview and staff interview the e matching documentation on of the Medication ord (MAR) and the controlled administration of Clonazepam ance used to treat anxiety) for fiewed. (Resident # 132).	F	514	Immediate Action: The medication order for Resident #corrected. Resident #61 physician nof medication transcription error. Identification: All residents have the potential to be affected. Corrective Measure: An audit was completed by the DON/designee to ensure all orders he been transcribed accurately. License was educated that physician orders not dated, initialed and documented in the nurse's notes and the MARs updated ensure accuracy. Monitoring: DON/Designee will audit physician and MAR/TAR weekly x 4, then ran audits monthly x 2 months. Results these audits will be taken to the QAI committee monthly for 3 months to ongoing substantial compliance.	ave ed staff nust be the it to orders adom of	4/8/16	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				IPLE CONSTRUCTION	COM	SURVEY PLETED C
•		345233	B. WING			/17/2016
	NAME OF PROVIDER OR SUPPLIER SUNRISE REHABILITATION & CARE			STREET ADDRESS, CITY, STATE, ZIP COL 306 DEER PARK ROAD NEBO, NC 28761	DE .	
(X4) ID PREFIX TAG	LEACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 514	with all activities of eating for which shi indicated she rece antianxiety medical observation period. The Care Area Assembly Psychotropic Drug comprehensive an necessitating use medications include and depression. A Care Plan dated #132's need for particly, depression Interventions were needs. Review of Reside revealed an order Clonazepam 1 miles a scheduled basis	extensive assistance of staff daily living (ADL) except le was independent. The MDS ived antipsychotic and titions for 7 days of the sessment (CAA) Summary for Use was reviewed and gave a lalysis of resident's condition of multiple psychotropic ling bipolar disorder, anxiety 12/30/15 addressed Resident sychoactive medications to treat an and bipolar disorder. Appropriate to address her appropriate to address her dated 02/25/16 for liligram (mg) every 12 hours on sedical record for as needed	F	514		
	Administration Re revealed an unda by mouth twice a in the hour column hours for administ medication was of MAR by nurses' in dose, 02/28/16 - The MAR didn't lift or 02/26/16, Doc	cruary 2016 Medication ecord (MAR) for Resident #132 ted entry for Clonazepam 1 mg day (BID) every 12 hours. Listed n was "PRN" and no scheduled tration was listed. The locumented on the front of the nitials as given on 02/27/16 - 1 2 doses and 02/29/16 - 1 dose. st any doses given on 02/25/16 umentation on the back of the IAR listed only 2 doses of PRN				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED C		
		345233	B. WING		1	C 17/2016	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761				
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F 514	Clonazepam: 02/27 at 10:00 PM. There back of the Februar Clonazepam that wat 7:00 PM, 02/28/3 the reason for the a effectiveness of the Review of the Cont Resident #132's Cl documentation that administered: 02/28:00 PM, 02/28/16 02/29/16 at 9:00 Pf Review of the Marc #132 revealed Clor scheduled adminis PM. The medicatio those times throug listed on the March (Clonazepam) 1 m PRN. PRN doses of the MAR by nuro 03/03/16 at 1:00 A 03/03/16 at 6:00 P 03/06/16 at 5:00 A 03/09/16 at 1:00 A There was no dock March 2016 MAR that were administ 03/06/15 at 5:00 P administration or timedication.	was no documentation on the ry 2016 MAR of the doses of the ere administered on 02/26/16 at 8:30 AM and 8:30 PM, administration or the amedication. Trolled Drug Record for onazepam revealed the following doses were 6/16 at 7:00 PM, 02/27/16 at at 8:30 AM and 8:30 PM and M. The 2016 MAR for Resident mazepam 1 mg listed for tration at 9:00 AM and 9:00 on was documented as given at th 03/14/16 at 9:00 AM. Also a 2016 MAR was Klonopin g by mouth BID every 12 hours were documented on the front ses' initials as given on 03/09/16 - 1 dose each day and Documentation on the back of AR were the following doses: 10/10, 03/05/16 at 1:00 AM, 10/10, 03/05/16 at 1:00 AM, 10/10, 03/05/16 at 1:00 PM. 10/10, 03/05/16 at 5:00 PM, 10/10,	F	514			
		Clonazepam revealed					

				(X2) MULTIPLE CONSTRUCTION A. BUILDING		
	NAME OF PROVIDER OR SUPPLIER SUNRISE REHABILITATION & CARE			DEER PARK ROAD O, NC 28761		
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F 514	documentation that were administered: addition to the routin 03/03/16 at 6:00 PM scheduled doses, 0 signed as given, 03 PM in addition to the 03/06/15 at 5:00 AM the routinely scheduled AM in addition to the 03/08/16 - no PRN 03/09/16 at 1:00 AM scheduled doses at addition to the routinely	the following PRN doses 03/02/16 at 1:00 AM in nely scheduled doses, in addition to the routinely 3/04/16 - no PRN doses were 05/16 at 1:00 AM and 5:00 are routinely scheduled doses, in addition to used doses, 03/07/16 at 5:00 are routinely scheduled doses, 03/07/16 at 5:00 are routinely scheduled doses, doses were signed as given, in addition to the routinely and 03/13/16 at 1:00 PM in nely scheduled doses. 16/2016 at 11:59 AM with the of Nursing (ADON) revealed the pharmacy and the only secord for Resident #132's an order dated 02/25/16 for every 12 hours on a scheduled	F 514			
	with the Nurse Pra Clonazepam order about her expectal administered as of medications to be stated she expecte they didn't underst provide education. notified if a medica she could discuss any possible risk t additional doses of what was ordered have agreed to pu	/16/16 at 1:37 PM Interview ctitioner (NP) who gave the on 02/25/16 for Resident #132 ion for medications being dered revealed she expected given as ordered. The NP ed staff to ask for clarification if and an order and she would. She stated she expected to be ation was not given and why so it further. When asked about o Resident #132 of receiving of Clonazepam in excess of the NP stated she wouldn't at Resident #132 on a routine se of Clonazepam because it				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON			MPLETED C		
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761					
(X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE)	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE		
F 514	was way too much it weight. The NP state Clonazepam had the Resident #132 some of developing pneur would be a whopping person without the #132 had." An interview on 03/ Director of Nursing doing change-over the next revealed the physician orders ar were sent to the fact month. She stated unit compared the with the MAR for the came in the last 2 to the recapitulation by the Unit Manage was done by the 1 the month to ensur recapitulation of or During an interview Manager (UM) #1 on Resident # 132 02/25/16. UM #1 is who received the wand transcribed the review the March 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if there was the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the accurace #1 stated if the property of the warch 2016 verify the a	ge 17 Decause of her low body ed the additional doses of e potential for making molent and at increased risk monia. The NP stated "that ag big dose for a normal health problems that Resident 17/16 at 8:15 AM with the (DON) about the process for of MARs from one month to he monthly recapitulation of hid MARs for the new month bility the last week of the the Unit Managers for each physician's orders on the chart he coming month and the estated any new orders that days of the month were added he of orders and the new MAR hers. Gail stated a final check 1-7 nurses on the last day of he all new orders were on the ders and the new MAR. I on 03/17/16 at 11:09 AM, Unit was asked to review the order shart for Clonazepam dated dentified Nurse #1 as the nurse he order. UM #1 was asked to 2016 recapitulation of physician stated she did the first check recapitulation of orders to y of the MARs on 02/28/16. UM was a discrepancy, she called he clarification of the order. When	F 514					

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A, BUILDII	۷G			
		345233		<u>.</u>	0:	C 3/17/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
				306 D	EER PARK ROAD	÷	
SUNRISE	REHABILITATION & CA	RE		NEBO	O, NC 28761		<u> </u>
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F 514	Continued From page as PRN on the February 2016 MAR the PRN order to the stated she didn't addidentify who did. Attempt to reach Nuat 2:03 PM was unsanswering machine to take messages. In an interview on ODON about the faciliaccuracy of transcrite DON said the unscopies of all new or responsible for using to verify the accuration. When for documentation, orders, the DON stated the unicopies of all new or responsible for che transcription. When for documentation, orders, the DON stated the family was notified notified. The DON transcribe the order green copy for the DON stated she experify that all order The DON was asket the DON was	ge 18 uary 2016 MAR and as a 2016 MAR, UM #1 stated was listed as PRN on the d. When asked if she added a March 2016 MAR, she d it to the MAR and couldn't urse #1 by phone on 03/17/16 uccessful and message on stated mailbox wasn't set up 3/17/16 at 2:55 PM with the lity's system for verifying the uption of medication orders,	F	514			
	initial the front of the	e DON stated the nurse should ne MAR and the documentation MAR should show the date					

and time of administration and that it was given

CENTERS	S FOR MEDICARE &	MEDICAID SERVICES					NO. 0936-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		STRUCTION		ATÉ SURVEY DMPLETED
		345233	B. WNG				C 03/17/2016
NAME OF PROVIDER OR SUPPLIER SUNRISE REHABILITATION & CARE			10.000	306 DI	T ADDRESS, CITY, STATE, ZIP CODE EER PARK ROAD D, NG 28761		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	1X	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 514	for the appropriate re effectiveness. The D for the date and time administration to be MAR so the nurses of much medication or frames. She stated to recorded on the constated the time on the controlled dreexactly. A phone call was man Nurse #2, who was being the 11-7 nurse was responsible for physician orders an No answer was received any more call was man No answer was received any more call was received any more call was received any more call was received.	eason or diagnosis and the iON stated it was important of PRN medication recorded on the back of the wouldn't give the resident too outside of the ordered time he dose should also be trolled drug record. The DON he back of the MAR and time ag sheet should match ade on 03/17/16 at 3:12 PM to identified by the DON as who worked 02/29/16 and doing the second check of d MARs for Resident #132. Eived and the voice mail by was full and couldn't alls. BERS/MEET		F 520			
	assurance committe nursing services; a facility; and at least facility's staff. The quality assessi committee meets a issues with respect	tain a quality assessment and ee consisting of the director of physician designated by the 3 other members of the ment and assurance t least quarterly to identify to which quality assessment vities are necessary; and					

PRINTED: 04/01/2016 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING ... 03/17/2016 B. WNG 345233 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 306 DEER PARK ROAD **SUNRISE REHABILITATION & CARE** NEBO, NC 28761 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 520 Continued From page 20 F 520 A State or the Secretary may not require disclosure of the records of such committee Immediate Action: except insofar as such disclosure is related to the The dented cans were removed from the compliance of such committee with the ready to use shelf in the dry storage room. The undated opened containers of food in requirements of this section. the walk-in cooler were discarded. The undated opened bag of frozen food in the Good faith attempts by the committee to identify walk-in freezer was discarded. The dented and correct quality deficiencies will not be used as cans of high calorie supplement were a basis for sanctions. discarded. The expired foods, label and date items in resident refrigerator in nourishment rooms were discarded. This REQUIREMENT is not met as evidenced by: Identification: Based on observations, staff interviews and All residents have the potential to be record review the facility's Quality Assessment affected. and Assurance(QA and A)Committee failed to maintain implemented procedures and monitor Corrective Measure: the interventions that the committee put in place All dry food storage areas and food storage in June of 2015. This was for one deficiency that refrigerators were audited to ensure proper was cited in June 2015 on a recertification survey. labeling and storage of opened food and ensure there were no dented cans. This deficiency was re-cited on the current Staff was educated on proper labeling and recertification survey. The deficiency was in the dating requirements of opened food. area of Food Procurement, Storage, Preparation and Distribution. The continued failure of the Monitoring: facility during two federal surveys of record shows Dietary Manager will monitor kitchen a pattern of the facility's inability to sustain an areas for proper storage of dented cans and effective Quality Assessment and Assurance appropriate dates and labels on opened Program. foods weekly x 12 weeks. DON/Designee will monitor nourishment room areas to 4/8/16 The findings included: ensure dented cans are discarded and

F371: Food Procurement, Storage, Preparation

interviews the facility failed to 1)remove dented

cans from the ready to use shelf in the dry

and Distribution: Based on observations and staff

storage room 2)date opened containers of food in the walk-in cooler and 3)date an opened bag of frozen food in the walk-in freezer. The facility also failed to 4)remove dented cans of a high calorie appropriate dates and labels on opened

audits will be taken to the QAPI

substantial compliance.

foods weekly x 12 weeks. Results of these

Committee for 3 months to ensure ongoing

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kitchen.

resident refrigerators. The Administrator stated the previous Dietary Manager(DM) left in November 2015. Another DM was hired in December 2015 but didn't pass the certification test the end of January 2016 so she was terminated from employment because that was a condition of employment. The Administrator stated they went 2 weeks without a DM until the current DM was hired on 02/22/16. The

Administrator stated she felt the turn-over in DMs had resulted in the continued problems in the

STATEMENT OF E AND PLAN OF CO	DEFICIENCIES DRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
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	ADER OR SUPPLIER	ARE	306	EET ADDRESS, CITY, STATE, ZIP CODE DEER PARK ROAD BO, NC 28761		
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