PRINTED: 02/21/2017 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		345354	B. WING_			C 01/13/2017
	ROVIDER OR SUPPLIER OVE NURSING AND REI	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		01/13/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	
F 000	INITIAL COMMENTS		F	000		
	A complaint survey w 01/10/2017 through 0 Jeopardy was identifi	1/13/2017. Immediate				
	(J)	37 at a scope and severity				
	Tag F329 constituted Care.	Substandard Quality of				
		began on 01/12/2017 and 3/2017. A partial extended d on 1/12/2017.				
F 157 SS=J	notified of the immedite F329. The administrator proof compliance on 1/13. The credible allegation validated on 01/13/20. F329 remain out of conduction and severity of (D). 483.10(g)(14) NOTIF (INJURY/DECLINE/R) (g)(14) Notification of (i) A facility must immediate consult with the residual content of the consult with the immediate consult wi	on of compliance was 117. The tags F157 and compliance at a lower scope Y OF CHANGES COOM, ETC) Changes. dediately inform the resident; ent's physician; and notify,	F.	157		2/3/17
	representative(s) whe	her authority, the resident en there is- ving the resident which				
ARODATORY	NIDECTOR'S OR PROVINER/S	SLIPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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

LE (X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.

02/01/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		345354	B. WING		C 01/13/2017		
	ROVIDER OR SUPPLIER OVE NURSING AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	1 0111012011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION		
F 157	Continued From pag	e 1	F 15	7			
	physician interventio	nas the potential for requiring n;					
	mental, or psychosodeterioration in healt	cial status (that is, a h, mental, or psychosocial reatening conditions or					
	a need to discontinue	erse consequences, or to					
	(D) A decision to transident from the fact §483.15(c)(1)(ii).	nsfer or discharge the illity as specified in					
	(14)(i) of this section all pertinent informat	ification under paragraph (g), the facility must ensure that ion specified in §483.15(c)(2) ided upon request to the					
	` <i>'</i>	also promptly notify the dent representative, if any,					
	(A) A change in roon as specified in §483.	n or roommate assignment 10(e)(6); or					
		dent rights under Federal or one as specified in paragraph					
	update the address (record and periodically (mailing and email) and eresident representative(s).					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 BOILDI			,	С	
		345354	B. WING			1	/13/2017	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017	
				72	8 PINEY GROVE ROAD			
PINEY GR	OVE NURSING AND RE	HABILITATION CENTER		KI	ERNERSVILLE, NC 27284			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 157	Continued From pag	e 2	F	157				
		Γ is not met as evidenced		,				
	by:	i is not met as evidenced						
	·	riew, staff and physician			Piney Grove Nursing and Rehabilitation	n		
		failed to report the lab			Center acknowledges receipt of the			
		sampled residents on			Statement of Deficiencies and propose	S		
	Coumadin (Resident	#1). Resident #1 had lab			this Plan of Correction to the extent that	ıt		
	monitoring three time	es a week due to use of			the summary of findings is factually			
	,	nner) in addition to an			correct and in order to maintain			
		ent had lab results from			compliance with applicable rules and			
		rated and not reported to the			provisions of quality of care of resident			
	1	#1 had two falls with head			The Plan of Correction is submitted as	а		
		Iting in an emergency			written allegation of compliance.			
		ital. The resident was odural hematoma (brain			Piney Grove Nursing and Rehabilitation	n'e		
	bleed) at the hospital				response to this Statement of Deficience			
		began on 1/3/17 when the			does not denote agreement with the	,103		
		obtain the PT/INR results for			Statement of Deficiencies nor does it			
	Resident #1 and repo				constitute an admission that any			
		NR was "high" and would			deficiency is accurate. Further, Piney			
	1	ian evaluation. Resident #1			Grove Nursing and Rehabilitation Cent	er		
	had two falls on 1/4/	17 and sustained head			reserves the right to refute any of the			
		ed in an emergency transport			deficiencies on this Statement of			
	· -	hospital diagnosis was			Deficiencies through Informal Dispute			
	1	Upon discharge Resident			Resolution, formal appeal procedure			
	· ·	ng, and one pupil was fixed			and/or any other administrative or lega	i		
		injury. The immediate			proceeding.			
	• •	ed on 1/13/17 when the			E 457 Netify of drawns			
	facility's acceptable of	fied. The facility will remain			F 157 Notify of changes			
	· ·	a scope and severity level D			Residents found to have been affect	tod		
	T	potential for more than			by the deficient practice.	tou		
		not immediate jeopardy) to			2, and definition produce.			
	allow the facility time				On 1/3/17, the physician was not notified	ed		
		rocedure for obtaining lab			of a PT/INR of 4.9 (high) for Resident #			
	results, reviewing the lab results and contacting the physician.				, ,			
					On 1/4/17, Resident #1 fell twice. On			
	The findings included	i :			1/4/17, Resident #1 fell at approximate	ly		
	Resident #1 was adr	nitted to the facility on			5:30 AM resulting in no injuries assess	ed		
12/20/16 with diagnoses including liver abscess				as occurring. On 1/4/17, Resident #1 f	ell			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345354	B. WING _			l	C 13/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	13/2017
				72	28 PINEY GROVE ROAD		
PINEY GR	OVE NURSING AND REI	HABILITATION CENTER		K	ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 157	Continued From page	≥ 3	F 1	157			
		ent by a midline intravenous lin treatment for a prosthetic			a second time, exact time unknown, resulting in a laceration to the back of head with bleeding controlled by a pressure dressing.		
	Coumadin 3 milligram 5:00 pm, the goal ran Coumadin was 2.5 to replacement. Invanz via the midline cathet work for PT/INR (Pro Normalized Ratio) to Wednesday and Fridatherapy. Review of the Admiss (MDS) dated 12/27/1 moderate impairment memory. Review of the care pl the use of Coumadin valve. The approach work as ordered and abnormal lab results. Review of Resident # Coumadin for a thera with a prosthetic hear 3.5. The lab results a follows:	3.5 due to heart valve (antibiotic) 1 gram each day er. The orders included lab thrombin Time/International be obtained on Monday, ay while on the antibiotic sion Minimum Data Set 6 indicated Resident #1 had c of long and short term an dated 12/27/16 included due to prosthetic heart es included to obtain lab to inform the physician of 11's orders for dosing the peutic dose for a person t valve was an INR of 2.5 to and physician orders were as			On 1/4/17, after Resident #1 s second fall, the Quality Improvement (QI) nurse notified the physician. On 1/4/17, at 10 AM, Resident #1 was transferred to emergency room for evaluation. Resident #1 did not return to the facility. 2. Address how the corrective actions be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/11/17, for the director of nursing (DON), QI nurse and staff facilitator (S who were involved in the deficient practice, the corporate facility consultar reviewed the deficient practice of not monitoring Resident #1 S Coumadin Is draws and lab results. The corporate facility consultant then in-serviced the DON, QI nurse, and staff facilitator on completing the Coumadin Audit tool as PT/INRs are drawn, results received, and worders obtained, and the Quality Improvement Action Team Laboratory Monitoring tool as laboratory results ar received and specimens are drawn.	e:30 ent will ne F) nt abs	
	hold the medication for restart it at a lower do -The INR dated 12/23	3/14 was 2.5 (in therapeutic			On 1/12/17, the corporate facility consultant also in-serviced the DON or how to match lab results to residents to ensure results are posted timely to the resident electronic health record.		
	range) the physician	was notified with no changes					

NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER PREFIX (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON DE 19 FULL, PREFIX IAO TAG (ACA HOEPICISKY MISTER PRESON PROFINATION) FIRST Continued From page 4 in the dose. -The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 11/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. The resident was found on the floor beside the nurse 's desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 14/17 in his room. He was found on the floor beside the nurse 's desk and had fallen while ambulating. Review of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not respond to light. Review of the hospital admission record dated 1/4/17 indicated resident was not respond to light. Interview with the primary physician on 1/11/17 at but for facilitation and DON not know the lab had been drawn and results should be back, and the DON do not know the lab had been drawn and results should be back (8) and was diated and din not resord to light had no epupil was dilated and did not resord to light had no epupil was dilated and did not resord to light had no epupil was dilat		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NITIFICATION NI IMBED:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
PINEY GROVE NURSING AND REHABILITATION CENTER PINEY GROVE NURSING AND REHABILITATION CENTER SIRRETADDRESS, CITY, STATE, 2P CODE 728 PINEY GROVE ROAD REMERS VILLE, No. 27284 D PROVIDENCE PLAN OF CORRECTION CACH DEFICIENCY AND STATE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 4 in the dose. -The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 13/317 was 4.9 (high) and there was no notification to the physician or nurse practitioner. The INR dated 13/317 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 13/171 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse's desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 1/4/17 in his room. He was found on the floor, on his night side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital admission record dated 1/4/17 revealed the had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 revealed the had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 revealed the had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not respond to light. Review of the hospital records dated 1/4/17 revealed the had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not respond to light. Review of the h			0.4505.4				1	-
PINEY GROVE NURSING AND REHABILITATION CENTER PROPERTY SUMMARY STATEMENT OF DEFICIENCIES FACH DEFICIENCY MUST SE PRECEDED BY FULL FACE FACE DEFICIENCY (MIST SE PRECEDED BY FULL FACE FACE DEFICIENCY FACE			345354	B. WING_			01/	13/2017
PINETY GROVE NURSINO AND REHABILITATION CENTER (PAL) DE SUMMARY STATEMENT OF DEFIDENCIES FACAL DEFICIENCY MUST BE PRECEDED BY FULL PRECEDED B	NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG	PINEY GR	OVE NURSING AND R	PEHARII ITATION CENTER					
FREFIX TAG RESULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 4 in the dose. -The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 13/317 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the hospital records dated 1/4/17 revealed the had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 revealed not rescribed the primary physician on pupil was dilated and did not respond to light. Interview with the primary physician on 1/11/17 at the corporate facility consultant and corporate clinical director worked with the DON, QI nurse, and ST to perform a root cause analysis of ethe to 9 like the DON, QI nurse, and staff facilitator root inform the physician or nurse and staff facilitator not inform the physician of the 4.9 liNR result on 1/3/17? Because the DON, QI nurse, and staff facilitator or to worked w	T INC. T OIL	OVE NOROMO AND I	CHABIETATION SERVER		K	ERNERSVILLE, NC 27284		
F 157 In the dose. The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 13/317 was 4.9 (high) and there was no notification to the physician or nurse practitioner. The INR dated 1/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse 's desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 1/4/17 in his room. He was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not responding and one pupil was fixed and did not respond to light. The review with the primary physician on 1/1/1/7 at to the physician on the physician of the 4.9 INR result on 1/3/2017 Eaclause the DON, QI nurse, and staff facilitator not inform the physician of the 4.9 INR result on 1/3/21017 Eaclause they was not aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator room. (4) Why was the lab result was on the lab computer room? Because the DON, QI nurse, and staff facilitator on the lab computer room? Because the DON, QI nurse, and staff facilitator on the lab computer room? Because the DON, QI nurse, and staff facilitator and DON not know the lab had been drawn and results should be back, and the DON did not know the lab had been drawn and results should be back, and the DON did not know Th	PRÉFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFI	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
in the dose. -The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 1/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. The INR dated 1/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse 's desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 1/4/17 in his room. He was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The autocome of the root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017? Because the DON, QI nurse, and staff facilitator on aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator not aware of the lab result was not he table in the lab computer room. (4) Why was the lab result was not he table in the lab computer room. (4) Why was the lab result on the table in the lab computer room. (4) Why did the body of the hospital facilitator not know to look for the lab result. (5) Why did the body of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The outcome of the root cause analysis determined: (1) why was the physician not profifed of the 4.9 INR result on to inform the physician (2) Why did the body was the lab result was on the table in the lab computer room.				-		,		
consultant and corporate clinical director worked with the DON, Q1 nurse, and SF to perform a root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017 because the DON, Q1 nurse, and staff facilitator did not inform the physician or informative physician or informative physician or informative physician or informative practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse 's desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 1/4/17 in his room. He was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not responding and one pupil was dilated and did not respond to light. Interview with the primary physician on 1/1/11/1 at bis to continue the same dose. (6) Why did the staff facilitator, and DON were not using the Coumadin log, and Quality Assurance Laboratory Tracking Log were not being completed as labs were drawn. There was no need to change the process but to first identity a back up to the QI	F 157	Continued From pa	ge 4	F ·	157			
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Interview with the primary physician on 1/11/17 at but to first identify a back up to the QI		unateu anu ulu 110t	respond to light.					
		Interview with the n	riman, physician on 1/11/17 at				C33	
						nurse and address weekend/holiday		

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OIVID IN	<u>0. 0936-0391</u>	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
						С	
		345354	B. WING		l 01	/13/2017	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COD			
				728 PINEY GROVE ROAD			
PINEY GR	OVE NURSING AND RE	HABILITATION CENTER		KERNERSVILLE, NC 27284			
(VA) ID	STIWWADA 6.	TATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CO		(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		I SHOULD BE	(X5) COMPLETION DATE	
F 157	Continued From pag	e 5	F 15	57			
		16 through 1/2/17 because		coverage. Second, the integra	ation of		
		during that timeframe. She		laboratory results into the elec			
	1	ack at work on 1/3/17. Her		record, allows the physician o			
		ave been for the facility to call		practitioners to mark lab resul			
		Further interview revealed it		reviewed onsite or remotely.			
	may have been whe	n the resident had fallen on		DON remains responsible for	•		
		notified. If she had been		overall lab process is complet			
	called, the 5:00 PM	dose on 1/3/17 would have		· ·			
	been held if the INR	was above 4.0 and a lower		On 1/12/17, the corporate fac	ility		
	dose could be ordered	ed if it was under 4.0. When		consultant completed a 100%	audit of		
		uld occur with the lab value of		residents on Coumadin to ens			
	1	ained, not spontaneous, but		PT/INR was drawn according			
	with trauma it could			physician □s order, communic			
	-	mary physcian on 1/11/17 at		physician timely, and new ord			
	1	e spoke with her NP, and		were carried out. The Couma			
		tified of the lab results.		was documented on the Cour			
	Further interview rev			tool. The audit resulted in no	-		
	1	peen called, orders would nold the coumadin dose,		findings for Resident #2, labs as ordered and communicated			
		en recheck the PT/INR.		physician timely with new order			
		the primary physician		and processed.	31 TCCCTVCC		
		equested the facility to have		and processed.			
		Its as well as the computer		On 1/12/17, the corporate fac	ilitv		
		nat were to be directly in		consultant completed an audi			
	Resident #1 's elect	•		laboratory orders for the past			
		er was unavailable for		ensure laboratory samples we	•		
	interview.			received, and communicated	to the		
	Interview with the Di	rector of Nursing (DON) on		physician in a timely manner,	including		
	1/11/17 at 1:47 PM r	evealed if the resident had a		PT/INRs. The audit of all labo	ratory		
	PICC (percutaneous	indwelling central catheter)		results was completed 1/13/1			
		v the lab work. If the result		was documented on the Qual	•		
		uld call the nurse and fax the		Improvement Action Team Lal	ooratory		
		Further interview revealed		Monitoring tool.			
	the lab results could be reviewed in the electronic chart under " lab reports." The nurse was to						
				On 1/12/17, the DON initiated			
		lab results were received.		in-service of all registered nurses (RNs),			
		A nurse (Quality Assurance)		licensed practical nurses (LPN	•		
		M revealed the lab would not		nursing assistants (NAs) on b			
	call the facilityfor a "l	nigh" lab result. The process		teaching of Coumadin, it□s si	ae effects,		

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NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 729 PINEY OROVE ROAM KENNERSYILLE, NC 27284	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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PINEY GROVE NURSING AND REHABILITATION CENTER PINEY GROVE NURSING AND REHABILITATION CENTER			345354	B. WING				_	
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in addition to the computer record. The QA nurse was not able to retreive the lab results for Resident #1 in the electronic record for review during the interview. The QA nurse stated the nurses were to check both the fax machine and the computer for lab reports. The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. supervisor/charge nurse will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:		new system, the p	orimary physician wanted the			Action Team Laboratory Monitoring too	ol.		
was not able to retreive the lab results for Resident #1 in the electronic record for review during the interview. The QA nurse stated the nurses were to check both the fax machine and the computer for lab reports. The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. Tresponsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:						On Saturday and Sunday the weekend	į		
Resident #1 in the electronic record for review during the interview. The QA nurse stated the nurses were to check both the fax machine and the computer for lab reports. The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. Completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:			•						
during the interview. The QA nurse stated the nurses were to check both the fax machine and the computer for lab reports. The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:									
nurses were to check both the fax machine and the computer for lab reports. Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The member on 1/11/17 when requested during the survey. Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:									
the computer for lab reports. Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The member on 1/11/17 when requested during the survey. Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be		_				_ · · · · · · · · · · · · · · · · · · ·			
Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be									
The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:		the computer for I	ab reports.						
#1 were provided by the medical records staff member on 1/11/17 when requested during the survey. for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:		The let " "	- H 4/0/47 DT/IND (, ,			
member on 1/11/17 when requested during the survey. completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:							iers		
survey. Assurance Action Team Laboratory Monitoring tools will be reviewed for:			=						
Monitoring tools will be reviewed for:			i / when requested during the			· · · · · · · · · · · · · · · · · · ·	1		
		Survey.				·			
Interview with nurse #2, who worked 7:00 AM to resident name, lab ordered, type of lab,		Interview with our	ree #2 who worked 7:00 AM to			resident name, lab ordered, type of lab	,		
7:00 PM on 1/3/17 and 1/4/7 was conducted by physician order in place, lab drawn timely,									

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED		
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		345354	B. WING			01/	13/2017	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
PINEY GR	OVE NURSING AND REI	HABILITATION CENTER		72	28 PINEY GROVE ROAD			
				K	ERNERSVILLE, NC 27284			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 157	Continued From page phone on 1/12/17 at 9 interview, she explair drawn on Monday, W was not aware it had and was not checking results were faxed to computer. The comp the lab results was a working. She would the lab results unless in the shift to shift rep Administration Record the above days of the have been written if it routinely check the romachine. Nurse #2 echeck, but one persofor lab faxes. On 1/12/17 at 1:30 Pl notified of the immed administrator provide allegation of compliar 1. Residents found deficient practice. On 1/3/17, the physic PT/INR of 4.9 (high) in physician was notified second fall with head Assurance Nurse.	e 7 9:57 AM. During the ned the PT/INR was to be //ednesday and Friday. She been obtained on Tuesday g for the results. The lab the facility and also in the outer system for obtaining new system and was not not have known to check for it had been reported to her out. The Medication d (MAR) had the checks for e week. A new order should the was changed. She did not form with the lab fax explained everyone was to make a most assigned to check. My the administrator was interpreted by the did not have been affected by the did not not not filled of a for Resident #1. The did on 1/4/17 after residents trauma by Quality		1157		date e of d, ders d in ot illy ent I. the e ent I.		
	laceration to head wit pressure dressing pri	ch were noted at 8 am, and a th all bleeding controlled by or to transport to emergency II twice the morning of			for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:	,		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345354	B. WING			l	C 13/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	13/2017
					28 PINEY GROVE ROAD		
PINEY GR	OVE NURSING AND RE	EHABILITATION CENTER			ERNERSVILLE, NC 27284		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 157	Continued From pag	ge 8	F ·	157			
		d not return to the facility.			resident name, lab ordered, type of lab	_	
					physician order in place, lab drawn time		
	On 1/11/17, for the D	OON, QI nurse and staff			results in chart, physician notification, o	-	
	facilitator who were	involved in the deficient			of Coumadin order, date of order for		
		ate facility consultant reviewed			PT/INR, Coumadin order on MAR, date	e of	
		e of not monitoring Resident			next scheduled lab, lab results received	d,	
		s draws and lab results. The			lab results called/faxed to		
		nsultant then in-serviced the			physician/designee, lab results with ord	lers	
		staff facilitator on completing			in chart, adverse effects on chart,	لم	
		as PT/INRs are drawn,			reviewed nurses note, on care plan, an		
		d new orders obtained, and t Action Team Laboratory			Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse,		
		laboratory monitoring tool as			and staff facilitator.		
		e received and specimens			and stail lasilitator.		
	are drawn.				All new laboratory results are listed as		
					un-reviewed in the electronic medical		
	On 1/11/17, the corp	orate facility consultant also			record until marked as reviewed by a		
	in-serviced the DON	on how to match lab results			medical professional. All un-reviewed		
	to residents to ensur	re results are posted timely to			laboratory results are easily accessible		
	the resident electron	ic medical record.			the physician and nurse practitioners o	n	
					the Point-Click-Care dashboard.		
	O Addm 1 (!				Laboratory results are integrated with t		
		e corrective actions will be			electronic medical record and transmitt into the electronic medical record from		
		ose residents having the ed by the same deficient			laboratory services provider immediate		
	practice.	sea by the same achording			as results are available. Since laborato	-	
	p. dolloo.				results are integrated into the electronic	•	
	On 1/12/17. the corr	porate facility consultant			medical record, the physician or nurse	-	
	completed a 100% a				practitioners look in the electronic med	ical	
	•	the last PT/INR was drawn			record for laboratory results instead of		
	according to the phy				paper copies of results. Since the DON		
	•	ysician timely, and new			trained the physician, the physician has		
		e carried out. The Coumadin			requested to review only the electronic		
		ed on the Coumadin Audit			medical record results. The facility DOI	N is	
		ted in no negative findings for			responsible for ensuring the physician		
		ere drawn as ordered and			and/or nurse practitioners find and revi		
		e physician timely with new			each lab result. Point Click Care scree	n	
	order received and p	DIOCESSEU.			shot handouts were provided to the physician and nurse practitioners for		
					physician and nuise practitioners for		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		345354	B. WING _			01/	13/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINEY GR	OVE NURSING AND REI	HABILITATION CENTER		72	28 PINEY GROVE ROAD		
	OVE NONOMO AND NE			K	ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 157	completed an audit or past 30 days to ensure drawn, received, and in a timely manner, in of all laboratory result 1/13/17. This audit wire Quality Improvement Audit form. On 1/12/17, the DON of all nurses and nurse teaching of Coumadin importance of monito how the dosing dependance of fall prepersonal care, and me foods. The in-service 1/20/17, no nurse or allowed to work until The staff facilitator or Coumadin in-service assistants during ories. On 1/11/17 the corpo corporate clinical directly QI nurse, and staff facilitator of C1) why was the physing INR on 1/3/2017? Be and staff facilitator did (2) Why did the DON facilitator not inform the result on 1/3/17? Becomposite of the surface of the surfa	crate facility consultant of all laboratory orders for the re laboratory samples were communicated to physician recluding PT/INRs. The audit rest will be completed by ill be documented on the Action Team Laboratory initiated a 100% in-service sing assistants on basic recompleted by recompl	F1	157	future reference. The physician and nu practitioners have remote access to Poclick Care. 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to integrated into the quality assurance system of the facility. The DON, QI nurse, and/or staff facilita will use the Coumadin Audit tool to complete a 100% review of residents or Coumadin weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered lab results obtained, results reviewed, a physician was notified. The results of the audits will be presented by the DON at monthly QI meeting x 6 months for further eview and recommendations. The DON, QI nurse, and/or staff facilitate will use the Quality Improvement Laboratory Monitoring tool to complete 100% review of laboratory records week x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered, lab results obtained, results reviewed, and physician was notified. The results of the audits will be presented by the DON at the monthly Omeeting x 6 months for further review a recommendations.	tor n ed, and ne the her tor a kly	
	the lab result. (3) Wh	eause they were not aware of y were the DON, QI nurse, of aware of the lab result?					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345354	B. WING _			C 1/13/2017	
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		11/13/2017	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 157	computer room. (a table in the lab co DON, QI nurse, a to look for the lab nurse, and staff fa lab result? Because the staff facilitator drawn and results did not know the I should be back. (a and DON not know and results should nurse, staff facilitating the Coumadin log Laboratory Tracki completed as labs need to change the back up to the QI weekend/holiday integration of laborationers to man onsite or remotely responsible for encompleted. On 1/13/2017 the corporate clinical nurse, and staff faresponsible for datthe Coumadin Aud Action Team Laboration Team Laboration of the Improvement Action. On Saturday	esult was on the table in the lab 4) Why was the lab result on the mputer room? Because the nd staff facilitator did not know result. (5) Why did the DON, QI dicilitator not know to look for the se the QI nurse was not at work, did not know the lab had been should be back, and the DON ab had been drawn and results 6) Why did the staff facilitator w that the lab had been drawn d be back? Because the QI ator, and DON were not using , and Quality Assurance and Log were not being sewere drawn. There was no the process but to first identify a nurse and address coverage. Second, the foretarrory results into the electronic that hab results as reviewed and the results as reviewed and the facility DON remains and suring the overall lab process is corporate facility consultant and director in-serviced the DON, QI dicilitator that the QI nurse will be ally monitoring and completion of did and Quality Improvement for the daily monitoring and Coumadin Audit and Quality on Team Laboratory Monitoring and Sunday the weekend RN responsible for the daily	F				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345354	B. WING			C 01/13/2017	
	ROVIDER OR SUPPLIER OVE NURSING AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		71713/2017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 157	and Quality Improved Monitoring tool. The Improvement Action tools will be kept lab binders for 24 hour 7 completed Coumadin Assurance Action Tetools will be reviewed ordered, type of lab, drawn timely, results notification, date of Corder for PT/INR, Coof next scheduled lat results called/faxed tresults with orders in chart, reviewed nurse	pletion of the Coumadin Audit ment Action Team Laboratory Coumadin Audit and Quality Team Laboratory Monitoring computer room in labeled day a week access. The naudit and Quality am Laboratory Monitoring for: resident name, lab physician order in place, lab in chart, physician Coumadin order, date of umadin order on MAR, date on lab results received, lab on physician/designee, lab chart, adverse effects on es note, on care plan, and in cart; in the daily clinical	F 1	57			
	or systemic changes deficient practice will On 1/13/2017 the co corporate clinical direnurse, and staff facili responsible for daily the Coumadin Audit Action Team Laborat the QI nurse is not in will be responsible for completion of the Colimprovement Action	easures will be put in place made to ensure that the not occur. rporate facility consultant and ector in-serviced the DON, QI tator that the QI nurse will be monitoring and completion of and Quality Improvement ory Monitoring tool. When the facility the staff facilitator or the daily monitoring and umadin Audit and Quality Team Laboratory Monitoring d Sunday the weekend RN					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION		TE SURVEY MPLETED
		345354	B. WING _			C 1/13/2017
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	•	1113/2017
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 157	monitoring and count and Quality Improvement Active tools will be kept I binders for 24 hou completed Coumand Assurance Action tools will be review ordered, type of ladrawn timely, resunotification, date or order for PT/INR, of next scheduled results called/faxor results with orders chart, reviewed not Coumadin available meeting by the Dofacilitator. On 1/12/17, the Dofacilitator.	responsible for the daily impletion of the Coumadin Audit ovement Action Team Laboratory he Coumadin Audit and Quality on Team Laboratory Monitoring ab computer room in labeled ar 7 day a week access. The adin Audit and Quality Team Laboratory Monitoring wed for: resident name, lab ab, physician order in place, lab alts in chart, physician of Coumadin order, date of Coumadin order on MAR, date lab, lab results received, lab at to physician/designee, lab as in chart, adverse effects on arses note, on care plan, and ole in cart; in the daily clinical DN, QI nurse, and staff ON completed the "Laboratory ice for all nurses on all shifts a when there is an order for a the contracted lab service is a the contracted lab service is a the nurse 's responsibility in ming shift nurses of specimens a copy of the completed draw and placing the requisition at sheet, the hall nurse 's sillowing up for results and sician. The "Laboratory cludes the DON 's responsibility and nurses to ensure physician and Medical Record 's naure the physician/nurse	F	157		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	\ , ,	TE SURVEY MPLETED
		345354	B. WING _			C 1/13/2017
	ROVIDER OR SUPPLIER OVE NURSING AND RE	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		1/10/2017
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 157	1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F 1	57		
	reviewed in electron facilitator or DON winurses during new electron of the control of the contr	ked the laboratory result as ic medical record. The staff III in-service all newly hired employee orientation. N, QI nurse, staff facilitator, visor began completing the I as PT/INRs are drawn, do new orders obtained, and at Laboratory Monitoring tool are received and specimens madin Audit tool and Quality atory Monitoring tool aids in of audit, resident 's name, lab as are received, date lab as reviewed, date physician is an responded, any new consible party notification, anature, DON review date, ure, and administrator review in Audit tool and Quality atory Monitoring tool will be are and maintained in the lab as accessible 24 hours a				
	on the Point-Click-C Record System. The physician and nurse for reviewing laboral laboratory results as Care electronic med results are listed as medical record until medical professional results are easily ac	In-serviced the irector and nurse practitioners are Electronic Medical DON in-serviced the practitioners on the process tory results and marking reviewed in the Point Click lical record. All new laboratory un-reviewed in the electronic marked as reviewed by a l. All un-reviewed laboratory cessible to the physician and on the Point-Click-Care				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		345354	B. WING _			C 01/13/2017	
	ROVIDER OR SUPPLIER OVE NURSING AND R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		51713/2511	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 157	the electronic medic the electronic medical services provider im available. Since labe into the electronic mor nurse practitioner medical record for lapaper copies of resulthe physician, the physician and/or nureview each lab resulth should be resulted and nurse practitioners of physician and nurse access to Point Clic The validation of the completed on 1/13/16 following: In-service training more reviewed and include of compliance. The employees was reviewed administrative nursing the service services administrative nursing the services provided the services administrative nursing the services provided the services and the services are services are services and the services are services are services and the services are services are services are services and the services are services are services and the services are services are services and the services are services are services are services and the services are services are services are services an	ory results are integrated with cal record and transmitted into cal record from the laboratory amediately as results are practory results are integrated nedical record, the physician resolook in the electronic aboratory results instead of alts. Since the DON trained mysician has requested to tronic medical record results. The responsible for ensuring the rese practitioners find and alt. Point Click Care screen provided to the physician and for future reference. The practitioners have remote	F	157			
	understanding of the staff understood the results and training staff explained the p results and follow up physician. The primand explained she h computer to access	e material. The Administrative ir role in monitoring lab new employees. The floor procedure for checking for lab to with contacting the lary physician was interviewed and received training on the the lab results for her nad been trained by the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l l	TIPLE CONSTRUCTION NG	(>	(X3) DATE SURVEY COMPLETED	
		345354	B. WING			C 01/13/2017
	ROVIDER OR SUPPLIER OVE NURSING AND REF	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	ODE	01/13/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 157			F.	157		
	by the physician and been reviewed by the	faxed results were initialed the electronic record had physician. One resident in umadin with current lab he physician.				
F 329 SS=J	that all residents' lab and reviewed by the phad been notified of a Coumadin audit noted current resident on Coresults, the date and lab book was reviewed ue for each day und with the floor nurses anurses revealed they notebooks and how to 483.45(d) DRUG RECORD	ouse them. GIMEN IS FREE FROM	Fí	329		2/3/17
	drug regimen must be	gs-General. Each resident's e free from unnecessary ary drug is any drug when				
	(1) In excessive dose therapy); or	(including duplicate drug				
	(2) For excessive dur	ation; or				
	(3) Without adequate	monitoring; or				
	(4) Without adequate	indications for its use; or				

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345354	B. WING _				C 13/2017
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2017
			728 PINEY GROVE ROAD		28 PINEY GROVE ROAD		
PINEY GR	OVE NURSING AND REI	HABILITATION CENTER	KERNERSVILLE, NC 27284		ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 329	Continued From page	e 16	F S	329			
		f adverse consequences se should be reduced or					
	paragraphs (d)(1) thro	of the reasons stated in ough (5) of this section. is not met as evidenced					
	by: Based on record rev interviews the facility			F 329 Free from unnecessary drugs 1. Residents found to have been affect			
	Coumadin as ordered residents, Resident # therapy. The PT/INR			by the deficient practice.	tea		
	the therapeutic range	malization Ratio) was above . Resident #1 sustained a and subsequently was			On 1/3/17, the physician was not notifit of a PT/INR of 4.9 (high) for Resident #		
	admitted to hospice.				On 1/4/17, Resident #1 fell twice. On 1/4/17, Resident #1 fell at approximate		
	The findings included				5:30 AM resulting in no injuries assess as occurring. On 1/4/17, Resident #1 f		
	facility staff failed to of from the FAX system the results to the phy-	began on 1/3/17 when the bbtain the PT/INR results for Resident #1 and report sician. The PT/INR dated vith an INR of 4.9) and the			a second time, exact time unknown, resulting in a laceration to the back of head with bleeding controlled by a pressure dressing.		
	the need for a Couma Resident #1 had two sustained head injurie	es which resulted in an			On 1/4/17, after Resident #1□s second fall, the Quality Improvement (QI) nurse notified the physician. On 1/4/17, at 10 AM, Resident #1 was transferred to	e :30	
	diagnosis was subdu #1 was admitted to he	to the hospital. The hospital ral hematoma and Resident ospice services. The			emergency room for evaluation. Resid #1 did not return to the facility.		
	when the facility's acc of compliance was ve remain out of complia	vas removed on 1/13/17 ceptable credible allegation crified. The facility will unce at a scope and severity			Address how the corrective actions be accomplished for those residents having the potential to be affected by the same deficient practice.		
	than minimal harm th	m with potential for more at is not immediate			On 1/11/17, for the director of nursing		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		345354	B. WING			1	2
NAME OF D	ROVIDER OR SUPPLIER	343334	B: 11:110 _	CTI	REET ADDRESS, CITY, STATE, ZIP CODE	01/	13/2017
NAME OF PI	ROVIDER OR SUPPLIER				, , ,		
PINEY GR	OVE NURSING AND RE	HABILITATION CENTER			B PINEY GROVE ROAD		
		-		KE	ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 329	Continued From pag	e 17	F 3	329			
	fully implement the n lab results, reviewing contacting the physic				(DON), quality improvement (QI) nurse and staff facilitator (SF) who were involved in the deficient practice, the corporate facility consultant reviewed t deficient practice of not monitoring Resident #1□s Coumadin labs draws a	he	
		ses including liver abscess			lab results. The corporate facility	ariu	
	_	ent by a midline intravenous			consultant then in-serviced the DON, C) I	
	catheter, diabetes, C	oumadin treatment for a e and adult failure to thrive.			nurse, and staff facilitator on completin the Coumadin Audit tool as PT/INRs at drawn, results received, and new order	g re	
	The admission order	s dated 12/20/16 included			obtained, and the Quality Improvement		
		ns (mg) orally each day at			Action Team Laboratory Monitoring too		
		ange for treatment with			laboratory results are received and		
	Coumadin was 2.5 to	3.5 due to valve			specimens are drawn.		
	replacement. The ord	ders included lab work for					
	PT/INR (Prothrombin	n Time/International			On 1/11/17, the corporate facility		
	Normalized Ratio use	ed to determine the bleeding			consultant also in-serviced the DON or	า	
	-	d thinned) to be obtained on			how to match lab results to residents to)	
	-	and Friday while on the			ensure results are posted timely to the		
		esident #1 had orders for adin three times a week due			resident electronic health record.		
		otic Invanz via a midline			On 1/11/17, the corporate facility		
		. Due to the interactions of			consultant and corporate clinical direct		
	_	tibiotic would prolong the			worked with the DON, QI nurse, and st		
	effects of the Couma	din.			facilitator to perform a root cause analy		
	.				of why the physician was not notified o	Ť	
		sion Minimum Data Set			the 4.9 INR result on 1/3/2017. The		
	'	6 indicated Resident #1 had			outcome of the root cause analysis		
	•	t of long and short term			determined: (1) why was the physician	not	
	, , , , , , , , , , , , , , , , , , ,	tensive assistance with			notified of the 4.9 INR on 1/3/2017?		
	•	ig from one staff member,			Because the DON, QI nurse, and staff	(2)	
		isting care and physical			facilitator did not inform the physician.	(2)	
	revealed he had two	others. Review of the MDS			Why did the DON, QI nurse, and staff	Δ	
	revealed lie Had two	ians without injury.			facilitator not inform the physician of th 4.9 INR result on 1/3/17? Because the		
	Review of the care of	lan dated 12/27/16 included			were not aware of the lab result. (3) W	•	
		due to prosthetic heart			were the DON, QI nurse, and staff	ıy	
		nes included to obtain lab			facilitator not aware of the lab result?		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		245254	B. WING	_		1	c
		345354	B. WING			01/	13/2017
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINEY CD	OVE NUBSING AND D	EHABILITATION CENTER		72	28 PINEY GROVE ROAD		
PINET GR	OVE NURSING AND R	ENABILITATION CENTER		K	ERNERSVILLE, NC 27284		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 329	Continued From pag	ge 18	F:	329			
		d to inform the physician of			Because the lab result was on the table	in e	
	abnormal lab results				the lab computer room. (4) Why was th		
	abriorinariab recail				lab result on the table in the lab compu		
	Review of Resident	#1 's lab results revealed			room? Because the DON, QI nurse, an		
		ained on 12/21/16, 12/23/16,			staff facilitator did not know to look for t		
	12/28/16 and 1/3/17				lab result. (5) Why did the DON, QI nur		
	12/20/10 0110 1/0/11	•			and staff facilitator not know to look for		
	Review of Resident	#1 's orders for dosing the			lab result? Because the QI nurse was r		
		apeutic dose for a person			at work, the staff facilitator did not know		
		art valve was an INR of 2.5 to			the lab had been drawn and results		
	3.5. The lab results and physician orders were as				should be back, and the DON did not		
	follows:	, ,			know the lab had been drawn and resu	Its	
					should be back. (6) Why did the staff		
	-The INR dated Wed	dnesday, 12/21/16 was 4.7			facilitator and DON not know that the la	ab	
		an was notified and orders			had been drawn and results should be		
	were given to hold t	he medication for 12/21 and			back? Because the QI nurse, staff		
	12/22 and then resta	art it at a lower dose of 2 mg			facilitator, and DON were not using the		
	on 12/25.				Coumadin log, and Quality Assurance		
					Laboratory Tracking Log were not being	g	
	-The INR dated Frid	lay, 12/23/14 was 2.5 (in			completed as labs were drawn. There v	was	
	therapeutic range) t	he physician was notified with			no need to change the process but to f	irst	
	no changes in the d	ose.			identify a back up to the QI nurse and		
					address weekend/holiday coverage.		
	-The INR dated Wed	dnesday, 12/28/16 was 3.4 (in			Second, the integration of laboratory		
	therapeutic range) a	and the MD was notified and			results into the electronic health record	,	
	said to continue the	same dose			allows the physician or nurse practition	ers	
					to mark lab results as reviewed onsite	or	
		sday, 1/3/17 was 4.9 (high)			remotely. The facility DON remains		
		otification to the physician or			responsible for ensuring the overall lab		
	•	Was the facility drawing			process is completed.		
	PT/INR results on M	londays?					
					On 1/12/17, the corporate facility		
		cation Administration Record			consultant completed a 100% audit of		
	,	vealed the 2 mg dose of			residents on Coumadin to ensure the la	ast	
		inistered on 1/3/17 at 5:00			PT/INR was drawn according to the		
	PM.				physician □s order, communicated to		
					physician timely, and new orders receive		
		ent/incident report dated			were carried out. The Coumadin audit		
	1/4/17 at 5:30 AM a	nd again sometime after 8:30			was documented on the Coumadin Aud	dit	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE	SURVEY PLETED
			A. BOILDI	NG _			С
		345354	B. WING			1	/13/2017
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
DINEY CD	OVE NUDSING AND E	DELIABILITATION CENTED		72	28 PINEY GROVE ROAD		
PINET GR	OVE NURSING AND P	REHABILITATION CENTER		K	ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 329	Continued From pa	age 19	 F:	329			
	-	d fallen. There were no		020	tool. The audit resulted in no negative		
		is occurring with the fall at 5:30			findings for Resident #2, labs were dra	wn	
	_	was found on the floor beside			as ordered and communicated to the		
		and had fallen while			physician timely with new order receive	ed	
	ambulating. The se	econd fall (exact time			and processed.		
	_	I in his room. He was found on			·		
	the floor, on his rigi	nt side and was bleeding from			On 1/12/17, the corporate facility		
		d. The bleeding was			consultant completed an audit of all		
		essure dressing. The nurse			laboratory orders for the past 30 days		
	called for emergen			ensure laboratory samples were drawr			
					received, and communicated to physic	an	
		rgency room admission history			in a timely manner, including PT/INRs.		
		1/4/17 revealed Resident #1			The audit of all laboratory results was		
	_	n a subdural hematoma. ot responding and one pupil			completed 1/13/17. This audit was documented on the Quality Improvement	nt	
		not react to light and one pupil			Action Team Laboratory Monitoring too		
		I not react to light. Due to the			Action realification worldoning too	1.	
		al hematoma, the family agreed			On 1/12/17, the DON initiated a 100%		
	· ·	He was transported to a local			in-service of all registered nurses (RNs	s).	
	hospice care facility				licensed practical nurses (LPNs) and	,,	
		orimary physician on 1/11/17 at			nursing assistants (NAs) on basic		
		he Nurse Practioner (NP) took			teaching of Coumadin, it □s side effects	3,	
	call from 12/28/16	through 1/2/17 because she			the importance of monitoring, how it is		
	was out of town du	ring that timeframe. She			monitored, how the dosing depends or	í	
	· •	back at work on 1/3/17. Her			the lab results, the importance of fall		
		have been for the facility to call			prevention, assistance with personal ca		
	to either her or the				and monitoring medications and foods		
		evealed it may have been when			The in-service was completed 1/31/17.		
		llen on 1/4/17 that she was			The staff facilitator or DON will provide		
		been called, the dose would ne INR was above 4.0 and a			Coumadin in-service to RNs, LPNs, an	u	
		ave been ordered if it was			NAs during new employee orientation.		
		mary physician stated			3. Address what measures will be put	in	
		ling would not necessarily			place or systemic changes made to		
		greater than 4.0, but with			ensure that the deficient practice will no	ot	
	trauma " it could. "				occur.		
	Interview with the p	orimary physcian on 1/11/17 at			On 1/31/17, the DON and/or staff		
	2.20 PM revealed	she snoke with her NP and			facilitator completed the Laboratory		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345354	B. WING		С
		343354	B. WING_		01/13/2017
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
PINEY GR	OVE NURSING AND	REHABILITATION CENTER		728 PINEY GROVE ROAD	
		NED SELECTION SERVER		KERNERSVILLE, NC 27284	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETION OF THE APPROPRIATE COMPLETION DATE
F 329	Continued From բ	page 20	F3	329	
F 329	she had not been Further interview physician or the N have been given in usually for 2 days During the interview explained she had the faxed paper of transmitted result Resident #1 's elementary with the 1/11/17 at 1:47 PI PICC (mildline into would draw the bloom to the laboratory. Would call and fax Further interview reviewed in the elementary in the modern of the interview with the on 1/11/17 at 2:20 call the facility for results were autof their shift for labs indicated. The photified of Reside When the resident physician asked the PT/INR results. The photified of the interview of the interview of the interview of the physician asked t	notified of the lab results. revealed had either the IP been called, orders would to hold the coumadin dose, then recheck the PT/INR. The worder were the primary physician direquested the facility to have esults as well as the computer is that were to be directly in ectronic chart. Director of Nursing (DON) on the result of the resident had a ravenous catheter) the nurse food for the PT/INR and send it if the result was high, the lab to the results to the nurse. The revealed the lab results could be rectronic chart under "lab urse was to document when the	F3	Process in-service for all shifts (nurses draw labs worder for a STAT lab or whorder for a STAT	when there is an men the unavailable). In-service consibility in ift nurses of ting a copy of s post draw and in the shift report esponsibility in id notification of y Process also consibility to 5 times weekly reses to ensure curs and to se practitioner y result as alth record. The I in-service all y new employee nurse, staff upervisor/charge he Coumadin drawn, results obtained, and coratory ory results are are drawn. The Quality Monitoring tool e of audit, e, date lab

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE COMP	SURVEY
		345354	B. WING _				C 13/2017
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 017	13/2017
TO UNE OF TH	TO VIDER OR OUT FEEL						
PINEY GR	OVE NURSING AND RE	HABILITATION CENTER			8 PINEY GROVE ROAD		
				KI	ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 329	Continued From pag	e 21	F3	329			
	Interview with the QAPM revealed this was lab results which had of months. The prim facility to keep obtain in addition to the control of the QA nurse was more sults for Resident and review. During the interview. During the interview with nurse and 1/4/17 was conducted at 9:57 AM. During the PT/INR was to be Wednesday and Frid aware it had been on the checking for the process of the lab results was a working. She would the lab results unless the PT/INR had been report. The Medicati (MAR) had the check Wednesdays, and Frid have been written if i routinely check the remachine. Nurse #2.66	a nurse on 1/11/17 at 2:30 Is a new system of obtaining I been in place for a couple ary physician wanted the aing the results by paper fax inputer record. In this electronic record for terview the QA nurse not draw the ordered decause it was a holiday. If who worked 7-3 on 1/3/17 ucted by phone on 1/12/17 the interview, she explained de drawn on a Monday, ay schedule. She was not obtained on Tuesday and was results. The lab results were and were also in the outer system for obtaining new system and it was not not have known to check for is it had been reported to her in drawn in the shift to shift on Administration Record as for Mondays, idays. A new order should it was changed. She did not born with the lab fax explained everyone was to and one person was not			new orders, date of responsible party notification, comments, DON signature DON review date, administrator signate and administrator review date. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring towill be kept in labeled binders and maintained in the lab computer room which is accessible 24 hours a day 7 da week. On 1/12/17, the DON in-serviced the physician/medical director and nurse practitioners on the Point-Click-Care Electronic Medical Record System. The DON in-serviced the physician and nur practitioners on the process for reviewil laboratory results and marking laborator results as reviewed in the Point Click Celectronic medical record. All new laboratory results are listed as un-reviewed in the electronic medical record until marked as reviewed by a medical professional. All un-reviewed laboratory results are easily accessible the physician and nurse practitioners of the Point-Click-Care dashboard. Laboratory results are integrated with the electronic medical record and transmitting into the electronic medical record and transmitting into the electronic medical record immediate as results are available. Since laborator results are integrated into the electronic medical record, the physician or nurse practitioners look in the electronic medical record medical record in the electronic medical record in t	e se ing pry Care e to in he ted the ely pry C	
	notified of the immed	M, the administrator was liate Jeopardy. The list the following credible			record for laboratory results instead of paper copies of results. Since the DOI trained the physician, the physician has requested to review only the electronic	N s	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		345354	B. WING		C
NAME OF D	ROVIDER OR SUPPLIER	343334	1 2:	STREET ADDRESS, CITY, STATE, ZIP CODE	01/13/2017
NAME OF FI	NOVIDER OR SUFFLIER				-
PINEY GR	OVE NURSING AND	REHABILITATION CENTER		728 PINEY GROVE ROAD	
				KERNERSVILLE, NC 27284	
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE , DEFICIENCY)	SHOULD BE COMPLETION
F 329	Continued From p	age 22	F3	329	
	1. Residents fou deficient practice. On 1/3/17, the phy PT/INR of 4.9 (hig physician was not second fall with he	visician was not notified of a h) for Resident #1. The ified on 1/4/17 after residents ad trauma by Quality		medical record results. The far responsible for ensuring the p and/or nurse practitioners find each lab result. Point Click Ca shot handouts were provided to physician and nurse practition future reference. The physicial practitioners have remote according	hysician and review are screen to the ers for n and nurse
	Assurance Nurse.	0 AM Dacidant #4		Click Care.	114
	transferred to emergost fall with hematear on right arm well accration to head pressure dressing room. Resident #1 1/4/17. Resident of the deficient practice, the corporate facility of DON, QI nurse, are the Coumadin Augresults received, a Quality Improvement Monitoring including the corporate facility of the deficient practice.	of AM Resident #1 was ergency room for evaluation atoma on back of head and skin which were noted at 8 am, and a with all bleeding controlled by prior to transport to emergency fell twice the morning of did not return to the facility. DON, QI nurse and staff the involved in the deficient orate facility consultant reviewed ince of not monitoring Resident abs draws and lab results. The consultant then in-serviced the not staff facilitator on completing did as PT/INRs are drawn, and new orders obtained, and the end staff facilitator on the properties of the properti		On 1/11/17, the corporate faciliconsultant and corporate clinic in-serviced the DON, QI nurse that the QI nurse will be respondially monitoring and completic Coumadin Audit and Quality In Action Team Laboratory Monit When the QI nurse is not in the staff facilitator will be responsionally monitoring and completic Coumadin Audit and Quality In Action Team Laboratory Monit On Saturday and Sunday the supervisor/charge nurse will be responsible for the daily monit completion of the Coumadin A Quality Improvement Action Team Laboratory Monitoring tool. The Audit and Quality Improvement Team Laboratory Monitoring to kept lab computer room in laboratory 4 hour 7 day a week accessions.	cal director e, and SF nsible for on of the mprovement oring tool. e facility the ble for the on of the mprovement oring tool. weekend e oring and udit and eam ee Coumadin of Action pols will be eled binders ess. The
	in-serviced the DC to residents to ens	orporate facility consultant also ON on how to match lab results sure results are posted timely to onic medical record.		Assurance Action Team Labor Monitoring tools will be review resident name, lab ordered, ty physician order in place, lab d results in chart, physician notil of Coumadin order, date of order	atory ed for: pe of lab, rawn timely, fication, date

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345354	B. WING _			C / 13/2017	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		113/2017	
				728 PINEY GROVE ROAD			
PINEY GR	OVE NURSING AND	REHABILITATION CENTER		KERNERSVILLE, NC 27284			
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 329	Continued From p	page 23	F3	329			
	2. Address how accomplished for potential to be affer practice. On 1/12/17, the completed a 100% Coumadin to ensuaccording to the promunicated to orders received waudit was document tool. The audit research resident #2, labs	the corrective actions will be those residents having the ected by the same deficient orporate facility consultant additional audit of residents on the last PT/INR was drawn physician is order, physician timely, and new ere carried out. The Coumadin ented on the Coumadin Audit aulted in no negative findings for were drawn as ordered and the physician timely with new		PT/INR, Coumadin order on next scheduled lab, lab resul lab results called/faxed to physician/designee, lab result in chart, adverse effects on creviewed nurses note, on call Coumadin available in cart; clinical meeting by the DON and staff facilitator. 4. Indicate how the facility promonitor its performance to modutions are sustained. The integrated into the quality as system of the facility.	ults received, ults with orders chart, are plan, and in the daily , QI nurse, plans to nake sure e POC is to be		
	On 1/12/17, the completed an audition past 30 days to endrawn, received, a in a timely manne of all laboratory re 1/13/17. This audit Quality Improvem Audit form.	orporate facility consultant lit of all laboratory orders for the asure laboratory samples were and communicated to physician r, including PT/INRs. The audit esults will be completed by it will be documented on the ent Action Team Laboratory		The DON, QI nurse, and/or will use the Coumadin Audit complete a 100% review of Coumadin weekly x 8 weeks every-other-week x 4 weeks laboratory orders were draw lab results obtained, results physician was notified. The audits will be presented by to monthly QI meeting x 6 mon review and recommendation	tool to residents on s then to ensure on as ordered, reviewed, and results of the the DON at the oths for further		
	of all nurses and a teaching of Coum importance of mo how the dosing de importance of fall personal care, and foods. The in-serve 1/20/17, no nurse allowed to work under The staff facilitato	ON initiated a 100% in-service nursing assistants on basic adin, it's side effects, the nitoring, how it is monitored, epends on the lab results, the prevention, assistance with d monitoring medications and vice will be completed by or nursing assistant will be ntil this in-service is completed. It is now now nurses and nursing		The DON, QI nurse, and/or will use the Quality Improved Laboratory Monitoring tool to 100% review of laboratory rex 8 weeks then every-other-weeks to ensure laboratory drawn as ordered, lab result results reviewed, and physic notified. The results of the a presented by the DON at the meeting x 6 months for furth	ment o complete a ecords weekly week x 4 orders were as obtained, cian was udits will be e monthly QI		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345354	B. WING			C 01/13/2017		
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	10/2011	
				72	8 PINEY GROVE ROAD			
PINEY GROVE NURSING AND REHABILITATION CENTER			K	ERNERSVILLE, NC 27284				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 329	corporate clinical din QI nurse, and staff for cause analysis of wh notified of the 4.9 IN outcome of the root (1) why was the physical INR on 1/3/2017? Be and staff facilitator d (2) Why did the DON facilitator not inform result on 1/3/17? Be the lab result. (3) Whand staff facilitator not Because the lab result computer room. (4) Note that the staff facilitator in th	prate facility consultant and ector worked with the DON, acilitator to perform a root my the physician was not R result on 1/3/2017. The cause analysis determined: sician not notified of the 4.9 ecause the DON, QI nurse, id not inform the physician. N, QI nurse, and staff the physician of the 4.9 INR cause they were not aware of my were the DON, QI nurse, ot aware of the lab result? ult was on the table in the lab Why was the lab result on the	F	329	recommendations.			
	DON, QI nurse, and to look for the lab results, and staff facil lab result? Because the staff facilitator didrawn and results should be back. (6) and DON not know the lab should be back. (6) and polynomials and results should be nurse, staff facilitator the Coumadin log, a Laboratory Tracking completed as labs where to change the pack up to the QI nuweekend/holiday conintegration of laborat health record, allows	ere drawn. There was no process but to first identify a rse and address						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345354	B. WING			01/	13/2017
NAME OF PROVIDER OR SUPPLIER PINEY GROVE NURSING AND REHABILITATION CENTER				72	TREET ADDRESS, CITY, STATE, ZIP CODE 28 PINEY GROVE ROAD ERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	JLD BE COMPLET	
F 329	responsible for ensur completed. On 1/13/2017 the corcorporate clinical direnurse, and staff facilitizes ponsible for daily in the Coumadin Audit at Action Team Laborate the QI nurse is not in will be responsible for completion of the Coumprovement Action Tool. On Saturday and supervisor will be resmonitoring and compand Quality Improvem Monitoring tool. The Coumprovement Action Tools will be kept labed binders for 24 hour 7 completed Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely, results notification, date of Corder for PT/INR, Coupleted Coumadin Assurance Action Teatools will be reviewed ordered, type of lab, put drawn timely results notification and the put drawn timely results notification and the put drawn timely results notification and the put drawn timely results notificati	porate facility consultant and ctor in-serviced the DON, QI ator that the QI nurse will be monitoring and completion of and Quality Improvement by Monitoring tool. When the facility the staff facilitator in the daily monitoring and umadin Audit and Quality Feam Laboratory Monitoring Computer room in labeled day a week access. The Audit and Quality Improved Impro	F	329			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		345354	B. WING _			C 01/13/2017		
	ROVIDER OR SUPPLIER ROVE NURSING AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	((E <i>l</i>	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD B ISS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 329	or systemic changes deficient practice will On 1/13/2017 the co corporate clinical direnurse, and staff facili responsible for daily the Coumadin Audit Action Team Laborat the QI nurse is not in will be responsible for completion of the Co Improvement Action tool. On Saturday and supervisor will be resmonitoring and compand Quality Improved Monitoring tool. The Improvement Action tools will be kept lab binders for 24 hour 7 completed Coumadin Assurance Action Te tools will be reviewed ordered, type of lab, drawn timely, results notification, date of corder for PT/INR, Co of next scheduled lal results called/faxed tresults with orders in chart, reviewed nurs Coumadin available meeting by the DON facilitator.	reasures will be put in place made to ensure that the land occur. In porate facility consultant and ector in-serviced the DON, Qlatator that the Ql nurse will be monitoring and completion of and Quality Improvement for Monitoring tool. When the facility the staff facilitator or the daily monitoring and furnadin Audit and Quality Team Laboratory Monitoring do Sunday the weekend RN sponsible for the daily pletion of the Coumadin Audit ment Action Team Laboratory Coumadin Audit and Quality Team Laboratory Monitoring computer room in labeled of day a week access. The in Audit and Quality am Laboratory Monitoring do for: resident name, lab physician order in place, lab in chart, physician Coumadin order, date of pumadin order on MAR, date on physician/designee, lab on physician/designee, lab on chart, adverse effects on es note, on care plan, and in cart; in the daily clinical	F	329				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED C 01/13/2017	
		345354	B. WING _				
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		11/13/2017	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 329	STAT lab or when unavailable). The in-service include notifying the onco drawn, by printing requisitions post of with the shift reporesponsibility in for notification of phy Process " also into review laborate follow up with hall notification occurs responsibility to e practitioner has more reviewed in electrofacilitator or DON nurses during new Coumadin Audit to results received, a Quality Improvem as laboratory results received, a Quality Improvem as laboratory results are drawn. The Coumprovement Lab documenting: date type, date lab results are marken notified date physoorders, date of rescomments, DON sadministrator sign date. The Coumal Improvement Lab kept in labeled bir	when there is an order for a the contracted lab service is a "Laboratory Process" is the nurse 's responsibility in ming shift nurses of specimens a copy of the completed draw and placing the requisition of the sheet, the hall nurse 's sollowing up for results and sician. The "Laboratory cludes the DON's responsibility or results 5 times weekly and nurses to ensure physician and Medical Record's naure the physician/nurse tarked the laboratory result as onic medical record. The staff will in-service all newly hired or employee orientation. ON, QI nurse, staff facilitator, ervisor began completing the cool as PT/INRs are drawn, and new orders obtained, and ent Laboratory Monitoring tool alts are received and specimens oumadin Audit tool and Quality oratory Monitoring tool aids in the of audit, resident's name, labults are received, date labults are received, date labults are received, date labults are received, and new orders obtained, and ent Laboratory Monitoring tool aids in the of audit, resident's name, labults are received, date labults are received and publication, signature, DON review date, attributed are received and publication, signature, DON review dat	F	329			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION	()	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	REHABILITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	·		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING 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 329	on the Point-Click-Record System. The physician and nurse for reviewing labor laboratory results at Care electronic meresults are listed at medical profession results are easily a nurse practitioners dashboard. Laborathe electronic medical the electronic medical services provider in available. Since lal into the electronic or nurse practitioners dashboard available. Since lal into the electronic or nurse practitioners practitioners proper copies of results are easily and the electronic or nurse practitioners physician, the preview only the electronic and/or nor eview each lab results and nurse practitioners physician and nurse p	ON in-serviced the director and nurse practitioners Care Electronic Medical ne DON in-serviced the se practitioners on the process atory results and marking as reviewed in the Point Click edical record. All new laboratory is un-reviewed in the electronic ill marked as reviewed by a neal. All un-reviewed laboratory recessible to the physician and on the Point-Click-Care neatory results are integrated with ical record and transmitted into ical record from the laboratory mediately as results are integrated medical record, the physician ners look in the electronic laboratory results instead of sults. Since the DON trained physician has requested to retronic medical record results. It is responsible for ensuring the new practitioners find and sult. Point Click Care screen e provided to the physician and for future reference. The se practitioners have remote	F3	329			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER OVE NURSING AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284		1110/2011
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULI		HOULD BE	(X5) COMPLETION DATE
F 329	training. Interviews wadministrative nursin verification of the insunderstanding of the staff were able to prounderstood their role and training new empexplained the proced results and follow up physician. The prima and explained she had computer to access to residents. The NP has physician on the computer to access to residents. The NP has physician on the computer to access to residents. The paper by the physician and been reviewed. The paper by the physician and been reviewed by the the facility was on Corresults reviewed by the had been notified of a Coumadin audit note current resident on Cresults, the date and lab book was reviewed.	wed for completion of the vere conducted with g staff and floor staff for service training and their material. The Administrative vide feedback they in monitoring lab results bloyees. The floor staff ure for checking for lab with contacting the ary physician was interviewed and received training on the he lab results for her ad been trained by the sputer access. (hard charts and electronic vith orders for lab work were faxed results were initialed the electronic record had exphysician. One resident in burnadin with current lab the physician. If and included verification or results had been received physician. The physician all abnormal lab results. The book was reviewed with the lab physician notification. The ed with the lab work that was	F3	229		
F 514 SS=D	with the floor nurses nurses revealed they notebooks and how t 483.70(i)(1)(5) RES		F 5	14		2/3/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		345354	B. WING _			01/13/2017	
	ROVIDER OR SUPPLIER OVE NURSING AND RI	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 728 PINEY GROVE ROAD KERNERSVILLE, NC 27284	·	31116/2011	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 514	standards and pract maintain medical recare- (i) Complete; (ii) Accurately docur (iii) Readily accessibly (iv) Systematically of (5) The medical record (i) Sufficient information (ii) A record of the record of the resproyided; (iv) The results of an and resident review determinations conditions are as a standard conditions and conditions are standard conditions and conditions are standard conditions and conditions are standard conditions are standard conditions.	ith accepted professional ices, the facility must cords on each resident that enerted; ole; and rganized ord must containtion to identify the resident; esident's assessments; sive plan of care and services and preadmission screening evaluations and fucted by the State; e's, and other licensed	F	514			
	services reports as a This REQUIREMEN by: Based on record re facility a. failed to ke	ology and other diagnostic required under §483.50. T is not met as evidenced reward staff interviews the rep current lab results on the tand b. failed to document		F514 Resident records □ complete/accurate/accessible			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		345354	B. WING			С		
NAME OF D		34334	D. WING_	0.7	TREET ADDRESS SITY STATE ZID SODE	01/	13/2017	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
PINEY GR	OVE NURSING AND	REHABILITATION CENTER			8 PINEY GROVE ROAD			
				K	ERNERSVILLE, NC 27284			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 514	Continued From p	age 31	F 5	514				
	_	sments of Resident #1 after he of five sampled residents.			1. Residents found to have been affect by the deficient practice.	ted		
	The findings include	ded:			On 1/3/17, the physician was not notifi of a PT/INR of 4.9 (high) for Resident			
	Resident #1 was a	admitted to the facility on			or a 1 1/11vix or 4.5 (high) for resident	<i>T</i> 1.		
		noses including liver abscess			On 1/4/17, Resident #1 fell twice. On			
		tment by a midline intravenous			1/4/17, Resident #1 fell at approximate	elv		
	catheter, diabetes, Coumadin treatment for a				5:30 AM resulting in no injuries assess			
	1	alve and adult failure to thrive.			as occurring. On 1/4/17, Resident #1			
					a second time, exact time unknown,			
	a.The admission of	orders dated 12/20/16 included			resulting in a laceration to the back of			
	Coumadin 3 millig	rams (mg) orally each day at			head with bleeding controlled by a			
		range for treatment with 5 to 3.5 due to valve			pressure dressing.			
	1 -	anz (antibiotic) 1 gram each day			On 1/4/17, after Resident #1 □s second			
		heter. The orders included lab			fall, the Quality Improvement (QI) nurs			
		Prothrombin Time/International			notified the physician. On 1/4/17, at 10	:30		
		to be obtained on Monday,			AM, Resident #1 was transferred to			
	· -	riday while on the antibiotic			emergency room for evaluation. Resid	lent		
	therapy.				#1 did not return to the facility.			
	Review of the hard	d chart and the electronic chart						
	revealed no lab re	sults for the PT/INR that was			Address how the corrective actions	will		
		7. Review of the nurse 's notes			be accomplished for those residents			
		on of the lab results or			having the potential to be affected by t	he		
		physician of the abnormal			same deficient practice.			
		on 1/12/17 at 9:30 AM with						
		she was not aware of the lab			On 1/16/17, the Quality Improvement (QI)		
		did not know to check for the			nurse and Director of Nursing (DON)			
		ocess for the lab results from			completed an audit of all falls in the las			
	_	the electronic chart was not "			30 days to ensure neurological checks			
		r interview revealed she had ent about 8:00 AM after she			were completed and documented in the electronic health record (EHR) when	-		
		ident #1 had a hematoma on			head, or face injury was noted. The au	dit		
		ad. She did not do neuro			also ensured notification of physician a			
	checks because h			resident □s responsible party (RP) and				
					resident assessment was documented			
	given him his morning medications. She had the aide to check his vital signs after the hematoma				the EHR. The DON immediately			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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		345354	B. WING _	· · · · · · · · · · · · · · · · · · ·	01	/13/2017	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CC			
DIMEN OF	OVE NUIDOING AND	DELIABILITATION OFNITED		728 PINEY GROVE ROAD			
PINEY GR	OVE NURSING AND	REHABILITATION CENTER		KERNERSVILLE, NC 27284			
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 514	Continued From բ	page 32	F 5	514			
	was assessed. F	urther interview revealed "		corrected any negative findi	nas.		
		ned so fast, " another nurse		, 1911	3 -		
		d the physician, and she did not		3. Address what measures	will be put in		
		mes of the event to document.		place or systemic changes r	made to		
				ensure that the deficient pra	ctice will not		
		/17 at 9:30 AM with nurse #2		occur.			
		not aware of the lab drawn on					
		ow to check for the results and		On 1/12/17, the corporate fa	•		
		e lab results from the lab		consultant in-serviced the D			
	directly to the elec	ctronic chart was not "working.		match lab results to resident			
				results are posted timely to EHR.	tne resident⊔s		
		urse 's notes dated 1/4/17		0.44047.11. DON 01			
		mentation in the electronic chart		On 1/12/17, the DON, QI nu			
	_	ecks after Resident #1 fell at		facilitator (SF), and weeken			
		r flowsheet entitled Neurological orded the vital signs per the		supervisor/charge nurse init in-service of all registered no			
		cal assessment would have		and licensed practical nurse	· · ·		
	_	but lacked the pupil reaction to		the laboratory process. The	• •		
		and mental alertness checks.		was completed 1/31/17. Aft			
		not have any further		registered nurse (RN) or lice			
		n 8:00 AM to 10:00 AM when		nurse (LPN) is allowed to we			
	911 was called du	ue to a second fall. The nurse 's		laboratory in-service is comp			
	notes did not doc	ument the physician was notified		and LPN new hires will rece	ive the		
		AM. A hematoma was found on		laboratory in-service during			
		ent # ' s head after 8:00 AM.		orientation by the SF or DOI	N.		
		of the resident and the					
		ot documented in the nurse 's		On 1/13/17, the DON, QI nu			
	notes.			weekend supervisor/charge	•		
	Davious of the pur	enal a naton dated 1/4/17		in-servicing all RNs and LPN			
		rse 's notes dated 1/4/17 Intation for the second fall that		importance of performing ne checks, how to document th	-		
		e resident was found on the		check, where to document to	_		
		nysician was notified, when the		neurological check, a neuro			
		irrived and when the resident		schedule, and when neurolo	•		
		s not in the notes. The first aid		are to be started. The in-ser	-		
		e injury of lacerations to the		completed 1/31/17. After 1/			
		were not documented. The		or LPN is allowed to work ur			
	assessment of the resident 's condition was not			neurological check in-servic			

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		345354	B. WING	B. WING		01/	13/2017	
NAME OF P	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
DINEY CD	OVE NUDSING AND DE	HABILITATION CENTER		72	28 PINEY GROVE ROAD			
PINET GR	OVE NURSING AND RE	HABILITATION CENTER		K	ERNERSVILLE, NC 27284			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	ID PROVIDER'S PLAN OF CORRECTI			(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 514	4 Continued From page 33		F:	514				
	found in the electroni	ic or hard chart after the			completed. All RN and LPN new hires	will		
	resident was found o				receive the neurological check in-service			
					during new employee orientation by the			
	Interview on 1/12/17	at 9:30 AM with nurse #2			SF or DON.			
	revealed she had che	ecked the resident about						
	8:00 AM after she wa	as informed Resident #1 had			On 2/1/17, the DON, QI nurse, SF, and	I		
	a hematoma on the b	back of his head. She did			weekend supervisor/charge nurse bega	an		
		because he fell again soon			in-servicing all RNs and LPNs on			
		im his morning medications.			completing and documenting resident			
		check his vital signs after the			assessment in the EHR after an incider	nt,		
		ssed. Further interview			including times of notifications,			
	revealed "everything	alled 911 and the physician,			interventions taken and first aid provide This in-service will be completed by	a.		
		the time frames of the			2/3/17. After 2/3/17, no RN or LPN is			
	event to document.	the time hames of the			allowed to work until the documentation	n		
	event to document.				in-service is completed. All RN and LPI			
	Interview on 1/12/17	at 9:40 AM with nurse #1			new hires will receive the documentation			
		pleted the neurological			in-service during new employee			
		ocumented on a separate			orientation by the SF or DON.			
	flow sheet. The flow	sheet was stapled to the			-			
	incident form he had	completed about the fall.						
	He had given the two	forms to the Director of			4. Indicate how the facility plans to			
	Nursing on the morni	ing of 1/4/17.			monitor its performance to make sure			
					solutions are sustained. The POC is to	be be		
		rector of Nursing on 1/12/17			integrated into the quality assurance			
		she did not have the forms			system of the facility.			
		Assurance) nurse would have						
	them. She did not kn	-			Using the Incident Report Audit tool the			
	documented the ched	cks in the electronic chart.			DON, QI nurse, SF, MDS nurse and/or corporate consultant will audit 100% of			
	Interview with the OA	A nurse on 1/12/17 at 2:00			falls weekly x 8 weeks then 3 x weekly			
		the incident form, but did			weeks to ensure neurological checks	^ +		
		gical assessment form. She			were initiated when a fall involving a he	ad		
		it was given to her. The			or face injury is observed or suspected			
		should be documented in the			and an assessment is performed	,		
	_	e QA nurse explained she			including times of notifications,			
		ician and responsible party			interventions taken, and first aid provid	ed		
		ote in the electronic record.			and all are documented in the EHR. Th			
		nt for the floor nurse the			DON will present the findings to the QI			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245254	P WING	D. WING		C		
		345354	B. WING _			01/	13/2017	
NAME OF PI	ROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE			
PINEY GR	PINEY GROVE NURSING AND REHABILITATION CENTER			72	28 PINEY GROVE ROAD			
				K	ERNERSVILLE, NC 27284			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 514	transfer. Interview with the Co 1/12/17 at 4:00 PM re expected to documer residents, incidents, to vital signs in the elect	re 34 re fall, the assessment and reporate Nurse Consultant on evealed the nurses would be at the assessments of transfers to a hospital and tronic chart. The electronic ab results the nurses were to	F	514	improvement committee monthly for review for 3 months. The DON, QI nurse, SF, MDS nurse, and/or corporate consultant will review 100% of laboratory records weekly x 8 weeks then every-other-week x 4 week to ensure laboratory orders are availab in the EHR. The review will be indicate and verified by DON initialing the Quali Improvement Laboratory Monitoring to The results of the audits will be presen by the DON to the monthly QI meeting recommendations.	ks ole d ity ol. ted		