STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING _____ B. WING _____	C 04/20/2017

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the Complaint Investigation Event ID S7GW11 on 4/21/2017.	F 000		
F 280 SS=E	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative.	F 280		5/17/17

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

Electronically Signed | 05/12/2017

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F 280	Continued From page 1 (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 280		

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F 280	Continued From page 2 or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff and resident interviews, the facility failed to notify and invite 1 of 15 residents (Resident #71) and their responsible party to their care plan meeting, and the facility failed to include a nursing assistant in the interdisciplinary care team planning for 7 of 15 residents reviewed (Residents 71, 9, 24, 80, 25, 61, 44). Findings included: 1. Record review indicated resident #71 was admitted to the facility on 09/14/2016 with diagnoses which included Multiple Sclerosis. Review of the resident's admission Minimum Data Set (MDS) dated 09/21/2016 indicated the resident had no cognitive impairment. Review of the most recent quarterly MDS dated 03/13/2017 indicated the resident had no cognitive impairment. In an interview with the resident on 04/17/2017 at 11:16 AM, the resident stated she did not know what a care plan meeting was and had never been asked to come to one since her admission. Review of Social Services and Nursing notes since the admission date of 09/14/2016 indicated no mention of the resident invited to care plan conferences of 09/26/2016, 12/16/2016 and	F 280	Ayden Court Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Ayden Court Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Ayden Court Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F280 Resident #71 care plan was held on 4/19/17 by the MDS Nurse and an invitation was given to the resident on 4/19/17 by the Social Worker. The care plan review for #71 also included a	

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F 280	Continued From page 3 03/14/2017. Review of the Interdisciplinary Care Review dated 03/14/2017 indicated disciplines involved were dietary, nursing, social services and therapy. There was no documentation of a nursing assistant in the care plan review process. Review of records from the 12/2017 care plan conference indicated no record of the resident being invited to the conference. The Social Worker (SW) who was responsible for this meeting was no longer employed by the facility and could not be interviewed. Based on record reviews and staff and resident interviews, the facility failed to notify and invite 1 of 15 residents (Resident #71) and their responsible party to their care plan meeting, and the facility failed to include a nursing assistant in the interdisciplinary care team planning for 7 of 15 residents reviewed (Residents 71, 9, 24, 80, 25, 61, 44). Findings included: 1. Record review indicated resident #71 was admitted to the facility on 09/14/2016 with diagnoses which included Multiple Sclerosis. Review of the resident's admission Minimum Data Set (MDS) dated 09/21/2016 indicated the resident had no cognitive impairment. Review of the most recent quarterly MDS dated 03/13/2017 indicated the resident had no cognitive impairment. In an interview with the resident on 04/17/2017 at 11:16 AM, the resident stated she did not know what a care plan meeting was and had never	F 280	Certified Nursing Assistant (CNA) who cared for the resident. Care plan reviews for Residents # 9, 24, 80, 25, 61, and 44 have been rescheduled and invitations mailed by the Social Worker with documentation noted in resident medical record. Care plan review will include a Certified Nursing Assistant who cares for the resident. The schedule for upcoming care plans for the next 2 weeks will be reviewed and care plan invitations provided to the Resident Representative and the Resident with documentation noted in the resident□s medical record. A nursing assistant caring for the resident to include residents # 9, 24, 80, 25, 61 and 44, will be invited to the care plan reviews by the Social Worker. Attendance of the nursing assistant at the care plan meeting will be documented in the medical record and the attendance log by MDS. The Care Plan Team to include the Social Worker, Dietary Manager, Activity Director, MDS Coordinator and MDS Nurses was in-serviced on 4/19/17 by the Administrator related to the requirements of having care plan meetings that includes a Certified Nursing Assistant (CNA) that cared for the resident with documentation of attendance noted in the resident□s medical record. The Social Worker was in serviced on 4/19/17 by the Administrator on the importance of inviting the Resident Representative and the Resident to the care plan review and documentation of the invitation in the resident□s medical record. All newly hired members of the	

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F 280	Continued From page 4 been asked to come to one since her admission. Review of Social Services and Nursing notes since the admission date of 09/14/2016 indicated no mention of the resident invited to care plan conferences of 09/26/2016, 12/16/2016 and 03/14/2017. Review of the Interdisciplinary Care Review dated 03/14/2017 indicated disciplines involved were dietary, nursing, social services and therapy. There was no documentation of a nursing assistant in the care plan review process. Review of records from the 12/16/2016 care plan conference indicated no record of the resident being invited to the conference. The Social Worker (SW) who was responsible for this meeting was no longer employed by the facility and could not be interviewed. In an interview with the facility Social Worker (SW) on 04/19/2017 at 11:00 AM, the SW stated she was not sure why resident #71 was not invited to the care plan conference on 03/14/2017. She also stated she had no record of the resident's responsible party being invited. The SW also stated she was not aware of new regulations about nursing assistants being a part of the care planning process. 2. Review of the medical record of Resident #9 indicated she was admitted to the facility on 07/19/2016 with cumulative diagnoses which included Type 2 Diabetes, Osteoarthritis, Hypertension and Dementia. Review of the resident's care plan indicated a quarterly interdisciplinary care plan review was	F 280	Care Plan Team will be in serviced during orientation by the Staff Facilitator regarding the requirements of having care plan meetings that includes a Certified Nursing Assistant (CNA). The Administrator will monitor the care plan invitation log for invitations to the Resident Representative and the Resident, with documentation noted in the residents medical record, to include resident #71, 9, 24, 80, 25, 61, and 44, and the attendance sheet for care plan meetings weekly x 8 weeks then monthly x 1 month to ensure a certified nursing assistant who provides care to the resident was invited and actually attended the care plan meeting utilizing A Care Plan Attendance QI Audit Tool. The MDS coordinator will be retrained for any identified areas of concerns with invitations/staff attendance. The DON or Administrator will initial and review the Care Plan Attendance QI Audit Tool for completion and to ensure all areas of concern were addressed. The Executive QI committee will meet monthly and review audits of the Care Plan Attendance QI Audit Tool and address any issues, concerns, and/or trends as well as make changes as needed to include continued frequency of monitoring monthly x 3 months.	

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F 280	Continued From page 5	F 280		

conducted on 03/30/2017 and consisted of dietary, nursing, social services and activities. There was no nursing assistant involved in the review.

The facility Social Worker was interviewed on 04/20/2017 at 2:45 PM and stated there was not a nursing assistant included in the care plan meetings of Resident #9 and stated she was not aware of the new regulations.

3. Review of the medical record of Resident #24 indicated she was admitted to the facility on 01/24/2012 with cumulative diagnoses which included Type 2 Diabetes and Dementia.

Review of the resident's care plan indicated a quarterly interdisciplinary care plan review was conducted on 04/13/2017 and consisted of dietary, nursing, social services and activities. There was no nursing assistant involved in the review.

The facility Social Worker was interviewed on 04/20/2017 at 2:45 PM and stated there was not a nursing assistant included in the care plan meetings of Resident #24 and stated she was not aware of the new regulations.

4. Review of the medical record of Resident #80 indicated he was admitted to the facility on 08/15/2014. The resident's cumulative diagnoses included End Stage Renal Disease and History of Cerebral Infarcts.

Review of the resident's care plan indicated a quarterly interdisciplinary care plan review was conducted on 03/30/2017 and consisted of dietary, nursing, social services and activities.

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F 280	Continued From page 6	F 280		

There was no nursing assistant involved in the review.

The facility Social Worker was interviewed on 04/20/2017 at 2:45 PM and stated there was not a nursing assistant included in the care plan meetings of Resident #80 and stated she was not aware of the new regulations.

The facility administrator was not available for an interview on 04/20/2017. The corporate Vice President (VP) was interviewed on 04/20/2017 at 3:00 PM and asked the expectation for care plan meetings. The VP stated residents and their responsible parties should be invited to care plan meetings, and a nursing assistant must be present and part of interdisciplinary care planning.
5. Record review revealed Resident #25 was admitted to the facility on 4/28/2015 with diagnosis that included adult failure to thrive, anxiety disorder, and acute respiratory failure. Review of the resident's care plan indicated an annual care plan review was conducted 4/13/2017 and signatures of those present consisted of dietary, nursing, social services and activities staff. There was no Nursing Assistant signature that indicated a Nurse Assistant was involved in the care plan review.
The facility director of nursing was interviewed on 4/20/2017 at 3:50pm and stated there was no Nurse Assistant included in the care plan meeting of Resident #25. She also reported she was unaware about the new regulation requiring a Nurse Assistant to participate in the care plan meetings for residents until today. She stated the facility is putting a plan in place to assure a Nurse Assistant is participating in all resident care plan reviews in the future.

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F 280	Continued From page 7	F 280		

6. A review of the medical record revealed Resident #61 was admitted 1/13/2011 with dx of A-fib, Alzheimer's disease, dementia, depression and anxiety.

The Annual Minimum Data Set (MDS) dated 10/20/2016 noted Resident #61was moderately impaired for cognition and needed extensive assistance for Activities of Daily Living with the physical assistance of one to two persons.

The care plan dated 4/13/2017noted the care plan meeting was attended by Dietary, Nursing, Social Services and Therapy.

04/19/2017 at 3:03 PM, in an interview with the facility Social Worker (SW), the SW stated she was not aware of the new regulation requiring a Nursing Assistant be present at the care plan meeting until recently.

04/19/2017 at 3:46 PM in an interview, the Corporate Vice President (VP) stated the care plan meeting would involve the resident if they wanted to attend, the family would be invited, and the MDS coordinators, the Dietary representative, the SW and the doctor would be involved. The Corporate VP stated the care plan meetings were supposed to have an NA in the meetings, and the facility was developing a plan.

7. A review of the medical record revealed Resident #44 was admitted 3/1/2016 with diagnoses of A-fib, renal failure and depression.

The Annual Minimum Data Set (MDS) dated 3/7/2017 noted Resident #44 to be moderately

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F 280	Continued From page 8 impaired for cognition and needed supervision to extensive assistance for all Activities of Daily Living (ADLs) with the physical assistance of one person. A review of the care plan schedule noted the care plan was scheduled for 3/7/17. A review of nurses notes revealed on 3/16/2017 the care plan meeting was conducted with Dietary, MDS nurses and Activities present. It was noted the chart and care plan were reviewed with the MDS nurse. On 04/20/2017 at 11:20 AM, in an interview, the MDS nurse stated the care plan may not always occur on the start date listed in the computer. The MDS nurse stated the meeting occurred on the date noted in the nurses notes. On 04/19/2017 at 3:46 PM, in an interview, the Corporate Vice President (VP) stated the care plan meeting would involve the resident, if they wanted to attend and the family would be invited. The MDS nurses, Dietary representative, a Nursing Assistant and the doctor would be involved. The Corporate VP stated the care plan meetings were supposed to have an NA in the meetings, and the facility was developing a plan. 04/20/2017 at 2:50 PM, the facility Social Worker (SW) stated she understands the care plan meetings must include a nursing assistant if it was held after 3/8/2017.	F 280		
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility	F 309		5/17/17

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F 309	Continued From page 9 residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on closed record review and staff interviews, the facility failed to carry out physician's orders for weights for 1 of 1 residents (Resident #115) reviewed for hospitalization within 30 days of admission. The failure to weigh the resident as ordered placed the resident at risk	F 309	F309 Resident # 115 no longer at facility. A 100% audit was completed on 5/11/17 by Director of Nursing to include all residents that were new admissions or	

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F 309	Continued From page 10 for exacerbation of Chronic Congestive Heart Failure. Findings included: Review of the medical record of resident #115 indicated the resident was admitted to the facility 12/28/2016 following a 17 day hospitalization for treatment of exacerbation of Congestive Heart Failure (CHF). The resident's facility admission diagnoses included Chronic Congestive Heart Failure, Atherosclerotic Heart Disease, Aortic Valve Stenosis, Hypertension, Type II Diabetes and Chronic Kidney Disease. Review of Resident #115's hospital discharge summary dated 12/28/2016 described the resident's treatment for the 17 day stay. Her issues and treatments consisted of CHF exacerbation and treatment on the intensive care unit, urinary tract infection and acute respiratory failure with hypoxia. The resident also underwent Coronary Artery Bypass Grafting (CABG) x 2. The resident suffered cardiac postoperative shock also while hospitalized. The discharge summary also indicated she was removed from all diuretics due to returning to her pre hospital weight along with becoming hypovolemic following aggressive diuresis treatment. (Hypovolemia is a state of decreased blood volume; more specifically, decrease in volume of blood plasma. In this case, it was a direct of diuretic medications to decrease fluid). The summary also indicated "Please evaluate her daily for need to add them back." Review of the after hospital care plan/discharge	F 309	readmissions within the past 30 days. The hospital discharge summary and History and Physical were reviewed to ensure that if resident had orders for weight monitoring; these were clarified by the residents MD and residents had a weight obtained and documented in the electronic medical record upon admission/re-entry into the facility. All identified areas of concern were immediately addressed by the Director of Nursing. 100% in service for all Licensed nurses and nursing assistants was conducted on 3-8-17 by the DON on procedure for obtaining weights with return demonstration, to include that weights must be obtained on admission and or re-entry, then weekly for 4 weeks, once weight is stable x 4 weeks, may resume monthly weight monitoring. Monthly weights must be completed by the 10th of each month. RR and MD notified of significant changes by staff and documentation of appropriate intervention and follow up completed on 3-22-17. All newly hired licensed nurses and nursing assistants will be in-serviced regarding procedure for obtaining weights with return demonstration, to include that weights must be obtained on admission and or re-entry, then weekly for 4 weeks, once weight is stable x 4 weeks, the resident may resume monthly weight monitoring. Monthly weights must be completed by the 10th of each month. RR and MD notified of significant changes by staff and documentation of appropriate	

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F 309	Continued From page 11 (provided by the discharging hospital) dated 12/28/2016 included a summary of the hospital stay and signs and symptoms to look for. Under the section "When to call your doctor" there were instructions to call the doctor if there was weight gain of 3 pounds in one day or more than 5 pounds in one week. Review of physician orders upon admission into the facility dated 12/28/2016 indicated an order for weights on admission and every week. Review of weights in the resident's medical record revealed no weights were present for the resident's stay from 12/28/2016 through 01/10/2017. Review of dietary notes indicated an entry on 01/05/2017 "Resident admitted to facility with complaint of shortness of breath (SOB) and chest pressure, CHF, Coronary Artery Disease (CAD) with multiple vessel disease and respiratory distress. No weight in the computer at this time. Weekly weights in progress." Current weight was listed as "0". The note was signed by the Dietary Supervisor. Review of a second dietary (14 day) note dated 01/09/2017 indicated "No current weights in the computer at this time. Current weight "0". Resident continues on weekly weights per facility protocol." The note was signed by the Dietary Supervisor. Review of daily nursing charting from 12/28/16 through 01/10/2017 indicated no breathing issues or edema. In an interview with the facility Director of Nursing (DON) on 04/20/2017 at 9:50 AM, the DON was asked about the resident's weights not in the	F 309	intervention and follow up by the Staff Facilitator during orientation. The Director of Nursing will review the admission checklist during am clinical meeting each day for all newly admitted or re-admitted residents to ensure weight was obtained and documented in the electronic medical record and if no weight obtained and/ or documented, the hall nurse on duty will obtain the weight and document in the electronic medical record. The Staff Facilitator, QI Nurse, and/ or the DON will check weekly on Fridays to ensure weights have been entered in the electronic medical record weekly X 8 weeks then monthly x 1 month, using a Weight Monitoring review tool. Any areas of concern identified will be addressed immediately by the DON, Staff Facilitator, or the QI Nurse to include obtaining a re-weight of the resident if necessary and additional training for the licensed nurse or nursing assistant. The Administrator will initial and review the Weight Monitoring Review QI Tool to ensure all concern were addressed weekly X 8 weeks then monthly for 1 month. The Executive QI committee will meet monthly and review audits of the Weight Monitoring Review QI Tool and address any issues, concerns, and/or trends as well as make changes as needed to include continued frequency of monitoring monthly x 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345490	A. BUILDING _____ B. WING _____	C 04/20/2017

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

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F 309	Continued From page 12	F 309		

record. She stated they also kept a record of weights in the quality assurance office. The DON was unable to locate any weights for Resident #115 and stated she did not know how it was missed.

The facility Dietary Supervisor was interviewed on 04/20/2017 at 10:00 AM and reported on both of her assessments on 01/05/2017 and 01/09/2017, she went directly to the facility Director of Nursing and told her there were no weights on the resident, and the DON told her they would get weights.

Review of a progress note indicated the resident was seen by the facility physician on 01/10/2017 in the facility.
Review of facility staff records and interview with the DON on 04/20/2017 revealed the Nurse Supervisor as well as the oncoming nurse on duty on 01/10/2017 were no longer employed and were not available for an interview.

The DON was interviewed on 04/20/2017 at 11:00 AM and stated staff became aware the resident's immediate family took her out of the facility on 01/10/2017 around lunch time. The DON stated Resident #115's family members took her to an urgent care, and from there, she was sent to the local hospital for evaluation and was admitted into the hospital and did not return to the facility.

Review of hospital emergency department report dated 01/10/2017 indicated the resident was seen on 01/10/2017 and admitted into the hospital for acute exacerbation of CHF. (Acute congestive heart failure (CHF) is the rapid onset of symptoms and signs of heart failure and may occur with or without previous cardiac disease.)

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	345490	A. BUILDING _____ B. WING _____	C 04/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 309	Continued From page 13	F 309		

The resident's baseline Brain Natriuretic Peptide (BNP) before the discharge on 12/28/2016 was below 300 and was 1100 with mild bilateral crackles when seen in the emergency department on 01/10/2017. (The BNP level goes up when heart failure develops or gets worse, and it goes down when the condition is stable.) The resident was admitted to the medical floor with fluid restrictions and daily weights. The hospital record also indicated the resident was discharged from the hospital with her family on 02/03/2017.

The facility Medical Director/Physician was interviewed on 04/20/2017 at 3:45 PM. The physician stated he saw Resident #115 almost every day when she was in the facility, mostly at requests of family members. He stated the resident had serious medical issues and complications on admission and a long history of repeated CHF events. The physician stated standard treatment of a resident with this history would be a baseline admission weight and weekly. He stated he was not aware the facility did not weigh the resident when she was in the facility until now. The physician also stated the resident had many years of numerous hospitalizations for heart disease prior to the admission into the facility. The physician stated the failure of weighing the resident with her complicated and long history of heart disease probably did not precipitate the admission into the hospital and stated anything could have caused a rise in this resident's BNP including taking her out of the facility abruptly. The physician also stated he reviewed the hospital records, and they indicated upon entry to the hospital on 01/10/2017, only a mild decompensation of chronic heart failure. The physician then stated

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F 309	Continued From page 14 "But she should have been weighed when she was in the facility."	F 309		