STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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 On 09/11/17 an amended Statement of Deficiencies was provided to the facility because the State Agency removed information from tag F-353 that was in the facility's original CMS 2567 report. Event ID# M4DK11.	F 000		
F 253 SS=E	483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to repair wheelchairs for 2 of 12 residents on 1 of 4 halls (Resident #33 and Resident #13), remove large yellow stain on floor in 1 of 60 resident rooms on 1 of 4 halls (Resident room #210), repair 2 holes in bathroom doors in 2 of 60 resident rooms on 1 of 4 halls (Resident room #114 and Resident room #115), repair worn varnish on the sink cabinet in 2 of 60 resident rooms on 1 of 4 halls (Resident room #114 and #410), repair dirty/black and cracked caulking around base of toilets, repair chipped and jagged sides on bathroom doors, paint door frames of inside bathroom doors, repair rusted and missing door frames inside bathrooms, repair missing tiles, remove stained tile around toilet and repair dry wall for 7 of 31 shared bathrooms on 3 of 4 halls (Resident shared bathrooms between rooms #205 and #203, #206 and #208, #215 and #217, #216 and #214, #414 and #416, #417 and #417, and #506 and #508.) The findings included:	F 253	Valley Nursing 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 qualify of care of residents. The plan of correction is submitted as a written allegation of compliance. Valley Nursing Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further Valley Nursing Center reserves the right to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or administrative or legal proceedings. " Plan for correcting the specific deficiency and processes that lead to	9/5/17

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

Electronically Signed | 09/06/2017

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F 253	Continued From page 1 1. a. Observations made of Resident #33's personal wheelchair in room #207-2 on 08/15/17 at 8:50 AM and 08/17/17 at 5:50 PM revealed the bilateral arm rests were ripped and white foam padding was exposed. An interview with the Environmental Service Director (ESD) during rounds on 08/17/17 at 5:50 PM revealed the facility had extra wheelchair parts and the bilateral arm rests could be replaced. b. Observations made of Resident #13's personal wheelchair in room #214-B on 08/15/17 at 11:30 AM and 08/17/17 at 5:20 PM revealed the bilateral arm rests were cracked and worn with white foam padding exposed. An interview with the ESD during rounds on 08/17 17 at 5:20 PM revealed the facility had extra wheelchair parts and the bilateral arm rests could be replaced. 2. a. Observations made on 08/14/17 at 2:40 PM and 08/17/17 at 5:07 PM of room #114 revealed a hole in the middle of the bathroom door (room side) and worn varnish on the front and sides of the cabinet under the sink had worn off. An interview conducted with the Maintenance Director during rounds on 08/17/17 at 5:07 PM revealed the bathroom door in room #114 would be replaced when 100 hall was remodeled and the sink cabinet needed to be sanded and stained. b. Observations made on 08/14/17 at 2:49 PM, 08/17/17 at 12:27 PM and 08/17/17 at 5:08 PM of room #115 revealed a hole in the middle of the	F 253	deficiency cited: 1. a. and b. The Maintenance Director replaced the wheelchair armrests for resident #33 and for resident #13 on 8/17/17. 2. a. Bathroom door for room #114 was repaired and worn varnish on sink cabinet was sanded and stained 8/17/17. b. Bathroom door for room #115 was repaired on 8/17/17. c. Bathroom 203 & 205: Base of toilet was cleaned and re-caulked; chipped wood veneer on door was smoothed, patched, and stained; rusted door frame repaired, and both door frames painted by 8/23/17. d. Bathroom 206 & 208: Caulking around toilet base was removed and replaced on 8/21/17. e. Room 210: The yellow stain next to the wall did not come out with floor stripping, therefore the floor tiles in the stained area were replaced on 8/25/17. f. Bathroom 210 & 212: Caulking around toilet base was removed and replaced on 8/21/17. g. Bathroom 215 & 217: Caulking around toilet base was removed and replaced on 8/21/17. h. Bathroom 214 & 216: Caulking around toilet base was removed and replaced on 8/21/17. i. Room 410: Worn varnish on sink cabinet was sanded and stained on 8/22/17. j. Bathroom 414 & 416: Missing piece of tile at base of toilet was replaced on	

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F 253	Continued From page 2 bathroom door (room side). An interview conducted with the Maintenance Director during rounds on 08/17/17 at 5:08 PM revealed the bathroom door of room #115 would be replaced when 100 hall was remodeled. c. Observations of the shared bathroom for rooms #205 and #203 made on 08/14/17 at 2:07 PM, 08/15/17 at 8:35 AM and 08/17/17 at 5:30 PM revealed black caulking around the base of the toilet, chipped and jagged wood on the #205 room door sides (doorknob and hinge sides), rusted area on the bottom of the door frame on room #203 frame side and paint peeling off of both inside door frames in the bathroom. An interview with the Maintenance Director during rounds on 08/17/17 at 5:30 PM revealed he did not even think the caulking needed to be around the base of the toilets and he planned to check on that. He also stated that he needed to "bondo" the bottom of the door frame to remove the rust and repaint it. d. Observations of the shared bathroom between rooms #206 and #208 made on 08/15/17 at 8:39 AM and 08/17/17 at 5:37 PM revealed black caulking around the base of the toilet. An interview with the Maintenance Director during rounds on 08/17/17 at 5:37 PM revealed he would check to see if the caulking around the toilet base actually needed to be used. e. Observations made of the floor in room #210 on 08/15/17 at 9:04 AM and 08/17/17 at 5:25 PM revealed a large yellow stain in the middle of the room next to the wall opposite the beds.	F 253	8/22/17. k. Bathroom 415 & 417: The discolored tile at the base of the toilet was replaced on 8/22/17. l. Bathroom 506 & 508: The previous wall repairs were painted, both rusted door frames were repaired, stain was removed from tile at base of toilet, and caulk was removed and replaced. All stated repairs were completed by 8/25/17. Facility staff failed to identify these areas listed that required additional Housekeeping and/or Maintenance services. On 8/18/17, the Maintenance Director and the Environmental Services Director (ESD) audited all wheelchairs, resident rooms, and resident bathrooms in the facility to identify any other arm rests in need of replacement; doors, door frames, and walls in need of repair; discolored caulk at toilets; stained or missing tiles; and sink cabinets with worn varnish. Repairs or services for any other areas identified during this audit were completed by 09/01/17. " Procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 8/18/17, the Environmental Services staff received in-service education by the ESD on need for increased room, bathroom and equipment observation during their daily cleaning and the requirement to report areas observed to	

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F 253	Continued From page 3 An interview with the Maintenance Director during rounds on 08/17/17 at 5:25 PM revealed the stain was made due to a chair that sat in that spot for a long time. An interview with the ESD during rounds on 08/17/17 at 5:52 PM revealed they had tried to remove the stain but it would not come off. f. Observations made of the shared bathroom between rooms #212 and #210 on 08/15/17 at 9:04 AM and 08/17/17 at 5:25 PM revealed black caulking around the base of the toilet. An interview with the Maintenance Director during rounds on 08/17/17 at 5:25 PM revealed he would check and find out if the caulking actually needed to be used. g. Observations made of the shared bathroom between rooms #215 and #217 on 08/14/17 at 3:54 PM and 08/17/17 at 5:20 PM revealed black caulking around the base of the toilet. An interview with the Maintenance Director during rounds on 08/17/17 at 5:20 PM revealed he would check to find out if the caulking actually needed to be used. An interview with the ESD during rounds on 08/17/17 at 5:20 PM revealed the caulking was old and she would have the Maintenance Assistant to repair it. h. Observations made of shared bathroom between rooms #216 and #214 on 08/14/17 at 4:03 PM and 08/17 17 at 5:10 PM revealed yellow caulking around the base of the toilet.	F 253	need additional housekeeping or maintenance services. Staff were reminded to note and report issues observed to the ESD daily and to use the available Maintenance Request forms, which are picked up by maintenance staff twice daily, for all issues requiring repairs. The maintenance staff and ESD will address all requests made for repairs and services daily, to ensure of timely interventions. The Maintenance Director will ensure that repairs are made timely and satisfactorily and the ESD will ensure areas requiring additional housekeeping services handled timely and satisfactorily. " The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: New auditing tools were created and implemented for use to document areas in resident rooms, bathrooms, and wheelchairs in need of additional housekeeping or maintenance services. The Assistant Administrator educated the Maintenance Director and the ESD on the use of their auditing tool on 8/28/17. Audits will be done twice monthly. One time by the Maintenance Director and one time by the ESD. This will ensure that areas in need of additional housekeeping or maintenance services are documented and addressed. Areas observed to require additional services will be listed and will receive timely services. The	

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F 253	Continued From page 4 An interview with the ESD during rounds on 08/17/17 at 5:10 PM revealed they would have to replace it because the yellow caulking would not come off. i. Observations made of cabinet under the sink in room #410 on 08/14/17 at 2:22 PM and 08/17/17 at 5:35 PM revealed the varnish on the cabinet had worn off. An interview with the ESD during rounds on 08/17/17 at 5:35 PM revealed the cabinet would be repaired when 400 hall was remodeled. j. Observations made of the shared bathroom between rooms #414 and #416 on 08/15/17 at 10:37 AM and 08/17/17 at 5:43 PM revealed a piece of tile missing from the floor on the right side next to the base of the toilet. An interview with the Maintenance Director during rounds on 08/17/17 at 5:43 PM revealed he would check to find out if caulking actually needed to be used. k. Observations made of the shared bathroom between rooms #417 and #415 on 08/15/17 at 8:39 AM and 08/17/17 at 5:45 PM revealed a black rectangle shape on the tile which extended out from under the current oval shaped toilet. An interview with the ESD during rounds on 08/17/17 at 5:45 PM revealed they had tried to remove the stain but the stain would not come off. The ESD stated it was out of her control. l. Observations made of the shared bathroom between rooms #506 and #508 on 08/15/17 at	F 253	Maintenance Director and the ESD will complete these audits and will forward a copy of the monthly audits to the Assistant Administrator for review. The Assistant Administrator will complete and document random observations of 10 resident wheelchairs, 10 resident rooms, and 5 resident bathrooms weekly for 4 weeks, then monthly for 3 months. If audit reveals any area to require additional services, the Assistant Administrator will meet with the Maintenance Director and/or the ESD to discuss audit findings and provide staff education as needed to ensure that a sanitary, orderly, and comfortable interior is maintained. The Assistant Administrator will report finding of these random observations to the QAPI committee monthly for 4 months for review and discussion. The QAPI committee will evaluate and modify action plan as needed to ensure continual compliance. " The title of the person responsible for implementing the acceptable plan of correction: The Assistant Administrator will be responsible for implementing the acceptable plan of correction. " Date when corrective action will be completed: September 5th, 2017	

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9:04 AM and 08/17/17 at 6:30 PM revealed the walls on both sides had patched unpainted areas on it, rust on the bottom of both door frames at the bottom, tile around the toilet was stained and black caulking around the base of the toilet.

An interview with the Administrator during rounds on 08/17/17 at 6:30 PM revealed she did not know not know that bathroom was in that condition and it was not acceptable. The Administrator further stated the repairs to the bathroom would have to be scheduled because the resident that used that commode would become upset if she knew she could not use the bathroom so it would have to be planned.

An interview was conducted on 08/17/17 at 4:55 PM the Maintenance Director revealed he audited each hall by making walking rounds once a month and made repairs accordingly. He also stated the staff filled out work requisitions and he checked his box twice a day for needed repairs. The Maintenance Director continued to state that the facility was in the process of remodeling a hall at a time and they would be finished with 300 hall after they placed the decorative items. Their plan was to remodel 100 hall next.

During an interview on 08/17/17 at 4:55 PM the ESD stated she made walking rounds on each hall every day and checked the resident rooms for needed repairs by both Housekeeping and Maintenance. The ESD stated that most of the time she fixed needed repairs and not wait for repair requisitions to be made out because both departments worked closely together.

During an interview with the Administrator on 08/17/17 at 5:52 PM revealed she agreed that the

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F 253	Continued From page 6 facility was the Resident's home and if something tore up they want it fixed and if a resident wanted their room a certain way the facility tried to accommodate them if at all possible. The Administrator stated her expectation was for the Maintenance Director to continue with the monthly audits and repairs and the remodeling would continue on 100 hall after they finished 300 hall.	F 253		
F 282 SS=D	483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident interviews, the facility failed to follow the established restorative care plans for services to maintain the functional abilities for 2 of 4 sampled residents (Residents #48 and #162). The findings included: 1. Resident #48 was admitted to the facility on 04/11/17 with diagnoses including cryptogenic pneumonia, anemia, chronic obstructive pulmonary disease and depression. The admission Minimum Data Set (MDS) dated 04/18/17 coded Resident #48 with intact cognition, having no behaviors, requiring	F 282	" Plan for correcting the specific deficiency and processes that lead to deficiency cited: 1. Resident #48 received restorative services per the plan of care on 8/18/17. These restorative services continued per the care plan until resident was put back in skilled Physical Therapy on 8/29/17. A screening of the resident□s current abilities by the Physical Therapist showed that resident #48 had a functional improvement in his abilities indicating that he would benefit from skilled PT services. 2. Resident #162 received restorative	9/5/17

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F 282	Continued From page 7 extensive assistance for bed mobility and total assistance with transfers, and being nonambulatory. He was coded as having lower extremity impairment on both sides and receiving physical therapy. Review of the discharge summary from physical therapy dated 05/22/17 revealed Resident #48 was discharged from physical therapy with recommendations including restorative nursing to prevent functional decline. A care plan established on 06/06/17 and reviewed on 07/14/17 included restorative nursing needed for lower and upper bilateral active range of motion (arom) exercises and bed mobility to maintain current abilities. The goals included: 1. The resident would complete upper and lower arom with 3 pound weights or blue theraband for 2 sets with 10 repetitions or the omnicycle on level 1 for at least 15 minutes up to 2 times a week; and 2. The resident would complete rolling side to side in bed and bridging from lying to sitting with moderate assistance for at least 15 minutes up to 2 times a week. The interventions were the same as the goals. Review of the restorative documentation service log revealed that from 06/06/17 through 08/15/17, Resident #48 received restorative therapy 5 days as follows: *On 06/16/17 15 minutes of arom; *On 06/22/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/19/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/24/17 15 minutes of bed mobility; and *On 08/04/17 15 minutes of bed mobility.	F 282	services per the care plan on 8/15 and 8/16. These services have continued as listed in this resident□s plan of care. Resident #162 was screened by Physical Therapist on 8/25/17, but no skilled PT services were indicated as the resident remained at her normal baseline functional status. The restorative services had not been consistently documented as per the plan of care for resident□s #48 and #162. The Rehab Director audited 100 percent of residents who□s plan of care include restorative nursing services on 8/18/17. All residents who are to receive restorative nursing services, have received those services per their plan of care since 8/21/17. " Procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 8/21/17, the Rehab Director met with and educated the restorative nursing staff. This education included time management of restorative case load, documentation of restorative services provided and resident refusals of services, and communication to ensure restorative services are provided as per the plan of care by other qualified staff members if they are unavailable or unable to complete those services. The DON and ADON began in-service education on 8/29/17 for all CNA staff on	

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F 282	Continued From page 8 Resident #48 stated on 08/16/17 at 12:26 PM that he has not received any assistance with restorative exercises or weights. Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals and set up a schedule for the restorative aides to follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. Resident #48's plan was developed on 06/06/17 as stated in the plan of care. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated Resident #48 was scheduled for the restorative plan to be provided Monday and Wednesday each week, however, staff were permitted flexibility and if needed, could make up a missed service later in the week. On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the	F 282	the importance of providing restorative nursing services to all residents requiring the services per their individual plan of care. Hall staff will be responsible to assist with providing restorative nursing services to ensure that all residents receive those services, as indicated in their care plan, by a qualified person. The Rehab Director reviewed all the restorative care plans and made necessary revisions to ensure the care plans reflected the residents current restorative service needs. " The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: New monitoring tool created by the Rehab Director for auditing restorative services. This audit will ensure that all residents who are to receive restorative services, receive those services routinely as specified in each resident□s plan of care, unless there is a documented medical reason or the resident exercises their right to refuse services. The Rehab Director or the ADON will conduct Restorative Nursing audits beginning 8/21/17. These audits will be conducted weekly x4 weeks, then twice monthly for 3 month. The ADON will address any areas of concern discovered during the audit and provide additional staff education as needed to ensure	

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F 282	Continued From page 9 floor as a nurse aide or medication aide. RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and working in the dining room during meals. She stated she has never provided restorative services to Resident #48. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes she cannot. On 08/17/17 at 4:08 PM, the Director of Nursing (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week. She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as care planned. 2. Resident #162 was admitted to the facility on 04/13/17. Her diagnoses included left femur fracture, difficulty walking, diabetes and Alzheimer's disease. The admission Minimum Data Set dated 04/20/17 coded her with severely impaired cognitive skills, having no behaviors, requiring extensive assistance for most activities of daily living skills except eating, being nonambulatory and receiving physical and occupational therapies. The Physical Therapist wrote a referral for a	F 282	compliance is maintained. The ADON will report findings of the Restorative Audits to the QAPI committee monthly for 4 months for review and discussion. The QAPI committee will evaluate and modify action plan as needed to ensure continual compliance. " The title of the person responsible for implementing the acceptable plan of correction: The Assistant Director of Nursing will be responsible for implementing the acceptable plan of correction. " Date when corrective action will be completed: September 5th, 2017	

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restorative plan on 07/24/17.

A care plan was established 07/25/17 for restorative nursing to complete active range of motion (arom) to bilateral upper and bilateral lower extremities and transfer training to maintain her current abilities. The goals were for to go from chair to toilet and back with 5 repetitions with moderate assistance of 1 staff for at least 15 minutes up to 2 times a week. The interventions included:
1. Bilateral upper extremity range of motion with unweighted dowel rod for 2 sets of 10 repetitions in all planes and bilateral lower extremity range of motion with 2 pound weights or blue theraband for 2 sets of 10 repetitions in all planes for 15 minutes; and
2. Resident to complete transfers from and to bed, chair and toilet for 5 repetitions with moderate assistance.

Review of the restorative documentation service log revealed that from 07/25/17 through 08/16/17 revealed Resident #48 received the following restorative services:
*On 08/04/17 15 minutes of transfer training and arom;
*On 08/15/17 15 minutes of transfer training and arom; and
*On 08/16/17 15 minutes of transfer training and arom.

Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed the facility had identified a problem with the delivery of restorative services. As a result, she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals and set up a schedule for the restorative aides to

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follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated all exercises were scheduled for 2 days a week but staff were permitted flexibility and if needed, could make up a missed service later in the week.

On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the floor as a nurse aide or medication aide.

RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and working in the dining room during meals. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes cannot.

On 08/17/17 at 4:08 PM, the Director of Nursing

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F 282	Continued From page 12 (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week. She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as care planned.	F 282		
F 311 SS=D	483.24(a)(1) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS (a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interviews, the facility failed to provide the planned restorative services to maintain the activities of daily living skills for 2 of 4 residents sampled for restorative services (Residents #48 and #162). The findings included: 1. Resident #48 was admitted to the facility on 04/11/17 with diagnoses including cryptogenic pneumonia, anemia, chronic obstructive pulmonary disease and depression. Physician orders dated 04/12/17 included physical therapy to be provided. The admission Minimum Data Set (MDS) dated	F 311	" Plan for correcting the specific deficiency and processes that lead to deficiency cited: 1. Resident #48 received restorative services per the plan of care on 8/18/17. These restorative services continued per the care plan until 8/29/17 when resident was put back in skilled Physical Therapy due to the resident exhibiting a functional improvement in physical abilities for activities of daily living skills since his discharge from skilled PT services on 5/22/17. 2. Resident #162 received the restorative services per the care plan on 8/15 and 8/16 and again on 8/21/17. These	9/5/17

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F 311	Continued From page 13 04/18/17 coded Resident #48 with intact cognition, having no behaviors, requiring extensive assistance for bed mobility and total assistance with transfers, and being nonambulatory. He was coded as having lower extremity impairment on both sides and receiving physical therapy. Review of the discharge summary from physical therapy dated 05/22/17 stated Resident #48 did not make significant progress toward goals, however, he was able to improve trunk motor control in sitting activity and bed mobility since the start of care. Resident #48 was discharged from physical therapy with recommendations including restorative nursing to prevent functional decline. A hand written Restorative Plan dated 05/30/17 noted a referral signed by the Physical Therapist (PT) for Active/Passive Range of Motion for lower extremities with 3 pound weights or theraband to bilateral lower extremities with 10 repetitions times 2 sets and lower extremity omnicycle level 1 as tolerated. In addition the referral included the resident rolling side to side and bridging supine to and from sitting with assistance as tolerated. A care plan established on 06/06/17 and reviewed on 07/14/17 included restorative nursing needed for lower and upper bilateral active range of motion (arom) exercises and bed mobility to maintain current abilities. The goals included: 1. The resident would complete upper and lower arom with 3 pound weights or blue theraband for 2 sets with 10 repetitions or the omnicycle on level 1 for at least 15 minutes up to 2 times a week; and 2. The resident would complete rolling side to	F 311	services have continued each week as listed in this resident□s plan of care. She was screened by Physical Therapy on 8/25/17, but no skilled PT services were indicated as the resident has remained at her baseline functional status. She has maintained her level of activities of daily living skills. The restorative services had not been consistently documented as per the plan of care for resident□s #48 and #162, however, neither resident failed to maintain their activities of daily living skills. The Rehab Director audited 100 percent of residents who□s plan of care include restorative nursing services. All residents who□s care plan includes restorative nursing services have consistently received those services since 8/21/17. No decline in activities of daily living skills were identified during the audit. " Procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 8/21/17, the Rehab Director met with and educated the restorative nursing staff on the importance of providing services necessary to maintain the resident□s activities of daily living skills per their plan of care. This education included time management of restorative case load, documentation of restorative services provided and resident refusals of services, and communication to ensure restorative	

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F 311	Continued From page 14 side in bed and bridging from lying to sitting with moderate assistance for at least 15 minutes up to 2 times a week. The interventions were the same as the goals. Review of the restorative documentation service log revealed that from 06/06/17 through 08/15/17, Resident #48 received restorative therapy 5 days as follows: *On 06/16/17 15 minutes of arom; *On 06/22/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/19/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/24/17 15 minutes of bed mobility; and *On 08/04/17 15 minutes of bed mobility. Resident #48 stated on 08/16/17 at 12:26 PM that he has not received any assistance with restorative exercises, weights or such. Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed upon admission, Resident #48 received therapies. On 05/22/17 physical therapy discharged him and wrote a referral for restorative services. The Director of Rehab stated that the facility had identified a problem with the delivery of restorative services. As a result, she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals and set up a schedule for the restorative aides to follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. Resident #48's plan was developed on 06/06/17 as stated in the plan of care. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to	F 311	services are provided as per the plan of care by other qualified staff members if they are unavailable or unable to complete those services. The DON and ADON began in-service education on 8/29/17 for all CNA staff on the importance of providing necessary services to maintain the resident□s activities of daily living skills and providing restorative nursing services to all residents requiring these services per their care plan. Hall staff will be responsible to assist with providing necessary services to maintain the resident□s activities of daily living skills and providing restorative nursing services to ensure that all residents receive the services by a qualified person as indicated by their care plan. The Rehab Director reviewed all the restorative care plans and made necessary revisions to ensure the care plan reflected each resident□s current service needs to maintain their activities of daily living skills. The skilled therapy staff will continue to do routine screens of residents for changes in functional abilities and will recommend skilled services as appropriate to maintain or improve functional activities of daily living skills. " The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with	

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F 311	Continued From page 15 rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated Resident #48 was scheduled for the restorative plan to be provided Monday and Wednesday each week, however, staff were permitted flexibility and if needed, could make up a missed service later in the week. On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the floor as a nurse aide or medication aide. She stated that when pulled,she tried to provide restorative services such as splint applications in between duties. She stated this has been a problem for longer than 2 months but with new staff hired it was improving. RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and working in the dining room during meals. She stated she has never provided restorative services to Resident #48. She further stated that this morning she was pulled from restorative duties to work on the floor as a nurse aide for	F 311	regulatory requirements: New monitoring tool created for auditing restorative services to ensure residents receive services, per their individual plan of care, to assist in maintaining their activities of daily living skills. This audit will ensure that all residents who are to receive restorative services, receive those services as specified in each resident□s plan of care unless there is a documented medical reason or the resident exercises their right to refuse services. The Rehab Director or the ADON will conduct the Restorative Nursing audits beginning 8/21/17. These audits will be conducted weekly x4 weeks, then twice monthly for 3 month. The ADON will address any areas of concern discovered during the audit and provide additional staff education as needed to ensure compliance is maintained. The ADON will report findings of the Restorative Audits to the QAPI committee monthly for 4 months for review and discussion. The QAPI committee will evaluate and modify action plan as needed to ensure continual compliance. " The title of the person responsible for implementing the acceptable plan of correction: The Assistant Director of Nursing will be responsible for implementing the acceptable plan of correction.	

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F 311	Continued From page 16 awhile. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes cannot. RA #2 stated there were currently 3 restorative aides with 2 scheduled daily including the weekends. The Physical Therapist who referred Resident #48 to restorative services stated during interview conducted on 08/17/17 at 11:07 AM that upon discharge Resident #48 still had some trouble with moving from a lying to sitting position. He referred Resident #48 to restorative in order for Resident #48 to maintain strength and range of motion. He further stated he saw Resident #48 two weeks ago per the resident's request to have more therapy and he had not lost function. On 08/17/17 at 2:26 PM the staffing coordinator was interviewed. She stated there were 3 restorative aides and sometimes, she had to pull them from restorative to work on the halls as nurse aides or medication aides. Due to call outs she stated she had to use the restorative aides on the floor yesterday and this date. She stated she let administration know when restorative staff have been pulled to work on the floor. On 08/17/17 at 4:08 PM, the Director of Nursing (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week. She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as planned.	F 311	Date when corrective action will be completed: September 5th, 2017	

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2. Resident #162 was admitted to the facility on 04/13/17. Her diagnoses included left femur fracture, difficulty walking, diabetes and Alzheimer's disease.

The admission Minimum Data Set dated 04/20/17 coded her with severely impaired cognitive skills, having no behaviors, requiring extensive assistance for most activities of daily living skills except eating, being nonambulatory and receiving physical and occupational therapies.

The Physical Therapist wrote a referral for a restorative plan on 07/24/17 for services including bilateral upper extremity range of motion with an unweighted bar and active range of motion (arom) to all joints and plans as tolerated. The referral included lower strengthening exercises to bilateral lower extremities with 2 pound weights or theraband to all plans for 2 sets of 10 repetitions. A third intervention on this referral included for the resident to complete sit to stand transfers as tolerated.

A care plan was established 07/25/17 for restorative nursing to complete arom to bilateral upper and bilateral lower extremities and transfer training to maintain her current abilities. The goals were for to go from chair to toilet and back with 5 repetitions with moderate assistance of 1 staff for at least 15 minutes up to 2 times a week. The interventions included:
1. Bilateral upper extremity range of motion with unweighted dowel rod for 2 sets of 10 repetitions in all planes and bilateral lower extremity range of motion with 2 pound weights or blue theraband for 2 sets of 10 repetitions in all planes for 15 minutes; and
2. Resident to complete transfers from and to

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bed, chair and toilet for 5 repetitions with moderate assistance.

Review of the restorative documentation service log revealed that from 07/25/17 through 08/16/17 revealed Resident #48 received the following restorative services:
*On 08/04/17 15 minutes of transfer training and arom;
*On 08/15/17 15 minutes of transfer training and arom; and
*On 08/16/17 15 minutes of transfer training and arom.

Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed the facility had identified a problem with the delivery of restorative services. As a result, she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals and set up a schedule for the restorative aides to follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated all exercises were scheduled for 2 days a week but staff were permitted flexibility and if needed, could make up

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F 311	Continued From page 19 a missed service later in the week. On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the floor as a nurse aide or medication aide. She stated that when pulled,she tried to provide restorative services such as splint applications in between duties. She stated this has been a problem for longer than 2 months but with new staff hired it was improving. RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and working in the dining room during meals. She further stated that this morning she was pulled from restorative duties to work on the floor as a nurse aide for awhile. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes cannot. RA #2 stated there were currently 3 restorative aides with 2 scheduled daily including the weekends. On 08/17/17 at 2:26 PM the staffing coordinator was interviewed. She stated there were 3 restorative aides and sometimes, she had to pull them from restorative to work on the halls as nurse aides or medication aides. Due to call outs she stated she had to use the restorative aides on the floor yesterday and this date. She stated she let administration know when restorative staff have been pulled to work on the floor.	F 311		

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F 311	Continued From page 20 On 08/17/17 at 4:08 PM, the Director of Nursing (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week. She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as planned.	F 311		
F 353 SS=D	483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 353		9/5/17

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F 353	Continued From page 21 (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. (a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. (a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. (a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. This REQUIREMENT is not met as evidenced by: Based on record reviews, and staff and resident interviews the facility failed to have sufficient restorative staff to provide restorative services to 2 of 4 sampled residents. Residents #48 and #162 did not receive restorative services which were care planned. The findings included: 1. Resident #48 was admitted to the facility on 04/11/17 with diagnoses including cryptogenic pneumonia, anemia, chronic obstructive pulmonary disease and depression. The admission Minimum Data Set (MDS) dated	F 353	" Plan for correcting the specific deficiency and processes that lead to deficiency cited: 1. Resident #48 received restorative services per the plan of care from 8/18/17 until 8/29/17 when resident was put back in skilled Physical Therapy due to exhibiting a functional improvement in physical abilities for activities of daily living skills since being discharged from skilled PT services. 2. Resident #162 has consistently received restorative services, per her plan	

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VALLEY NURSING CENTER	581 NC HIGHWAY 16 SOUTH TAYLORSVILLE, NC 28681

(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 353	Continued From page 22 04/18/17 coded Resident #48 with intact cognition, having no behaviors, requiring extensive assistance for bed mobility and total assistance with transfers, and being nonambulatory. He was coded as having lower extremity impairment on both sides and receiving physical therapy. Review of the discharge summary from physical therapy dated 05/22/17 stated Resident #48 did not make significant progress toward goals, however, he was able to improve trunk motor control in sitting activity and bed mobility since the start of care. Resident #48 was discharged from physical therapy with recommendations including restorative nursing to prevent functional decline. A hand written Restorative Plan dated 05/30/17 noted a referral signed by the Physical Therapist (PT) for Active/Passive Range of Motion for lower extremities with 3 pound weights or theraband to bilateral lower extremities with 10 repetitions times 2 sets and lower extremity omnicycle level 1 as tolerated. In addition the referral included the resident rolling side to side and bridging supine to and from sitting with assistance as tolerated. A care plan established on 06/06/17 and reviewed on 07/14/17 included restorative nursing needed for lower and upper bilateral active range of motion (arom) exercises and bed mobility to maintain current abilities. The goals included: 1. The resident would complete upper and lower arom with 3 pound weights or blue theraband for 2 sets with 10 repetitions or the omnicycle on level 1 for at least 15 minutes up to 2 times a week; and 2. The resident would complete rolling side to	F 353	of care, since 8/16/17. She was screened by Physical Therapy on 8/25/17, but no skilled PT services were indicated as the resident remained at her baseline functional status. She has maintained her level of activities of daily living skills. Restorative staff experienced recent turnover and had failed to consistently document the restorative services as per the plan of care for resident□s #48 and #162. The Rehab Director audited 100 percent of residents who□s plan of care include restorative nursing services. All residents who are to receive restorative nursing services have consistently received those services per the plan of care since 8/21/17. " Procedure for implementing the acceptable plan of correction for the specific deficiency cited: On 8/21/17, the Rehab Director met with and educated the restorative nursing staff on the importance of providing necessary services per the care plans to assist to maintain the resident□s activities of daily living skills. This education included time management of restorative case load, documentation of restorative services provided and residents refusal of services, and communication to ensure restorative services are provided as per the plan of care by other qualified staff members if they are unavailable or unable to complete those services.	

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F 353	Continued From page 23 side in bed and bridging from lying to sitting with moderate assistance for at least 15 minutes up to 2 times a week. The interventions were the same as the goals. Review of the restorative documentation service log revealed that from 06/06/17 through 08/15/17, Resident #48 received restorative therapy 5 days as follows: *On 06/16/17 15 minutes of arom; *On 06/22/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/19/17 15 minutes of arom and 15 minutes of bed mobility; *On 07/24/17 15 minutes of bed mobility; and *On 08/04/17 15 minutes of bed mobility. Resident #48 stated on 08/16/17 at 12:26 PM that he has not received any assistance with restorative exercises, weights or such. Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed upon admission, Resident #48 received therapies. On 05/22/17 physical therapy discharged him and wrote a referral for restorative services. The Director of Rehab stated that the facility had identified a problem with the delivery of restorative services. As a result, she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals and set up a schedule for the restorative aides to follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. Resident #48's plan was developed on 06/06/17 as stated in the plan of care. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to	F 353	The Administrator advised the Staffing Coordinator, on 8/21/17, that permission must be given to her by the DON or ADON prior to utilizing a restorative aide for medication aide or assigning as a hall CNA. The staffing coordinator was also told to ensure that hall staff and the Rehab Director are advised if restorative aides are given hall assignments. This is to ensure that qualified staff know of the need to provide and document the necessary restorative services per the resident□s plan of care. The DON and ADON began in-service education on 8/29/17 for all CNA staff on the importance of providing necessary restorative services per the plan of care to maintain the resident□s activities of daily living skills and it is the responsibility of all CNA□s to provide those services. Hall staff and therapy staff will be responsible to assist with providing necessary services to maintain the resident□s activities of daily living skills and providing restorative services to ensure that all residents receive the services as indicated in the plan of care by a qualified staff person. " The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: New monitoring tool created for auditing restorative services to ensure that	

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F 353	Continued From page 24 rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated Resident #48 was scheduled for the restorative plan to be provided Monday and Wednesday each week, however, staff were permitted flexibility and if needed, could make up a missed service later in the week. On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the floor as a nurse aide or medication aide. She stated that when pulled,she tried to provide restorative services such as splint applications in between duties. She stated this has been a problem for longer than 2 months but with new staff hired it was improving. RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and working in the dining room during meals. She stated she has never provided restorative services to Resident #48. She further stated that this morning she was pulled from restorative duties to work on the floor as a nurse aide for	F 353	residents receive those services by a qualified staff person as per the plan of care unless there is a documented medical reason or the resident exercises their right to refuse services. The Rehab Director or the ADON will conduct the Restorative Nursing audits beginning 8/21/17. These audits will be conducted weekly x4 weeks, then twice monthly for 3 month. The ADON will address any areas of concern discovered during the audit and provide additional staff education as needed to ensure compliance is maintained. The ADON will report findings of the Restorative Audits to the QAPI committee monthly for 4 months for review and discussion. The QAPI committee will evaluate and modify action plan as needed to ensure continual compliance. " The title of the person responsible for implementing the acceptable plan of correction: The Assistant Director of Nursing will be responsible for implementing the acceptable plan of correction. Date when corrective action will be completed: September 5th, 2017	

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awhile. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes cannot. RA #2 stated there were currently 3 restorative aides with 2 scheduled daily including the weekends.

The Physical Therapist who referred Resident #48 to restorative services stated during interview conducted on 08/17/17 at 11:07 AM that upon discharge Resident #48 still had some trouble with moving from a lying to sitting position. He referred Resident #48 to restorative in order for Resident #48 to maintain strength and range of motion. He further stated he saw Resident #48 two weeks ago per the resident's request to have more therapy and he had not lost function.

On 08/17/17 at 2:26 PM the staffing coordinator was interviewed. She stated there were 3 restorative aides and there were 2 scheduled each day so weekends were also covered. She stated she normally had 3 nurse aides and a medication aide for each halls but sometimes she had to pull restorative staff to work on the halls as nurse aides or medication aides. Due to call outs she stated she had to use the restorative aides on the floor yesterday and this date. She stated she let administration know when restorative staff have been pulled to work on the floor. She further stated restorative staff were the last resort to be pulled when there were call outs. She stated she was unaware that restorative services were not being provided.

On 08/17/17 at 4:08 PM, the Director of Nursing (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week.

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She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as planned.

The Director of Rehab was interviewed again on 08/17/17 at 5:22 PM. She provided an action plan to develop the restorative program which included monitoring to ensure the services were being provided. She stated that services were not being provided as planned and stated the services could be provided if restorative were kept on restorative duties and not pulled to cover for medication aides and nurse aides. She further stated she did not have any responsibility related to the scheduling of staff.

2. Resident #162 was admitted to the facility on 04/13/17. Her diagnoses included left femur fracture, difficulty walking, diabetes and Alzheimer's disease.

The admission Minimum Data Set dated 04/20/17 coded her with severely impaired cognitive skills, having no behaviors, requiring extensive assistance for most activities of daily living skills except eating, being nonambulatory and receiving physical and occupational therapies.

The Physical Therapist wrote a referral for a restorative plan on 07/24/17 for services including bilateral upper extremity range of motion with an unweighted bar and active range of motion (arom) to all joints and plans as tolerated. The referral included lower strengthening exercises to bilateral lower extremities with 2 pound weights or theraband to all plans for 2 sets of 10 repetitions.

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A third intervention on this referral included for the resident to complete sit to stand transfers as tolerated.

A care plan was established 07/25/17 for restorative nursing to complete arom to bilateral upper and bilateral lower extremities and transfer training to maintain her current abilities. The goals were for to go from chair to toilet and back with 5 repetitions with moderate assistance of 1 staff for at least 15 minutes up to 2 times a week. The interventions included:
1. Bilateral upper extremity range of motion with unweighted dowel rod for 2 sets of 10 repetitions in all planes and bilateral lower extremity range of motion with 2 pound weights or blue theraband for 2 sets of 10 repetitions in all planes for 15 minutes; and
2. Resident to complete transfers from and to bed, chair and toilet for 5 repetitions with moderate assistance.

Review of the restorative documentation service log revealed that from 07/25/17 through 08/16/17 revealed Resident #48 received the following restorative services:
*On 08/04/17 15 minutes of transfer training and arom;
*On 08/15/17 15 minutes of transfer training and arom; and
*On 08/16/17 15 minutes of transfer training and arom.

Interview with the Director of Rehab on 08/16/2017 at 2:45 PM revealed the facility had identified a problem with the delivery of restorative services. As a result, she developed the restorative plans for services "up to" 2 times a week to give some leeway in meeting the goals

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and set up a schedule for the restorative aides to follow which scheduled each resident on restorative exercises two days a week and each resident needing splint application 5 days a week. She further stated that administration was aware the restorative services were still not being provided and the facility was continuing to rebuild the restorative program via weekly restorative meetings held with the Administrator, Director of Nursing, MDS nurses and herself. She stated the facility lost some restorative aides and the restorative aides on staff had the responsibilities of the restorative exercises, splint application, monthly and weekly weights and transportation duties. In addition, often the restorative aides were pulled to the floor to work as medication aides and nurse aides. She stated all exercises were scheduled for 2 days a week but staff were permitted flexibility and if needed, could make up a missed service later in the week.

On 08/16/2017 3:21 PM Restorative Aide (RA) #1 stated during interview that she was not always able to complete restorative services as scheduled twice a week as she was often pulled from restorative services to complete transportation, obtain weights, and or work the floor as a nurse aide or medication aide. She stated that when pulled,she tried to provide restorative services such as splint applications in between duties. She stated this has been a problem for longer than 2 months but with new staff hired it was improving.

RA #2 stated during interview on 08/17/17 at 10:20 AM that she has worked here as a restorative aide about a month. Her duties include obtaining weekly and monthly weights, providing restorative plans and services, and

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working in the dining room during meals. She further stated that this morning she was pulled from restorative duties to work on the floor as a nurse aide for awhile. RA #2 stated that sometimes she can do all restorative tasks including splints and exercises and sometimes cannot. RA #2 stated there were currently 3 restorative aides with 2 scheduled daily including the weekends.

On 08/17/17 at 2:26 PM the staffing coordinator was interviewed. She stated there were 3 restorative aides and there were 2 scheduled each day so weekends were also covered. She stated she normally had 3 nurse aides and a medication aide for each halls but sometimes she had to pull restorative staff to work on the halls as nurse aides or medication aides. Due to call outs she stated she had to use the restorative aides on the floor yesterday and this date. She stated she let administration know when restorative staff have been pulled to work on the floor. She further stated restorative staff were the last resort to be pulled when there were call outs. She stated she was unaware that restorative services were not being provided.

On 08/17/17 at 4:08 PM, the Director of Nursing (DON) was interviewed. DON stated the facility has recently hired two restorative aides. One started about a month ago and one moved from nurse aide duties to restorative duties last week. She stated the facility identified a problem with restorative services and have been working on a plan to improve the restorative program but it has not been finalized as of yet. She stated she was aware that restorative services were not being provided as planned.

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F 353	Continued From page 30 The Director of Rehab was interviewed again on 08/17/17 at 5:22 PM. She provided an action plan to develop the restorative program which included monitoring to ensure the services were being provided. She stated that services were not being provided as planned and stated the services could be provided if restorative were kept on restorative duties and not pulled to cover for medication aides and nurse aides. She further stated she did not have any responsibility related to the scheduling of staff.	F 353		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is	F 431		9/5/17

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F 431	Continued From page 31 maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to remove expired medications that were available for use from 1 of 3 medication rooms (Medication Room 600 hall) and 1 of 5 medication carts (600 Hall cart) checked for expired medications. The findings included:	F 431	" Plan for correcting the specific deficiency and processes that lead to deficiency cited: 1. & 2. The expired over-the counter medications were removed from the 600 hall Medication Room and the 600 Medication Cart by the Registered Nurse who accompanied the surveyor at the time of observation on 8/16/17.	

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F 431	Continued From page 32 1. a. On 08/16/17 at 2:41 PM the following observations of the 600 hall Medication Room's storage cabinet were made: * An unopened 250 milliliter bottle of sterile water with the expiration date of 01/2017. * An unopened 16 ounce bottle of iron supplement with the expiration date of 08/2016. * An unopened 16 ounce bottle of milk of magnesia with the expiration date of 04/2017. * 2 unopened bottles of 120 milligram magnesium oxide tablets with the expiration dates of 07/2017. b. On 08/16/17 at 2:54 PM the following observations of the 600 hall medication cart were made: * An opened 16 ounce bottle of milk of magnesia with the expiration date of 04/2017. * An opened bottle of aspirin 325 milligram tablets with the expiration date of 01/2017. On 08/16/17 at 3:50 PM at interview with the Director of Nursing (DON) revealed the stock medications were ordered and delivered once a week to the main medication room. The DON stated the first shift nursing supervisor was responsible for putting the medications up and restocking the 400/500 halls and 600 hall medication room cabinets with the delivered medications. The DON further stated it was her expectation that the first shift nursing supervisor check for expiration dates as she stocked the	F 431	Those medications were delivered to the DON who then conducted a 100 percent audit of the 600 hall Medication Room and the 600 hall medication cart. There were no other expired medications located. All other medication storage rooms and medication carts received a 100 percent audited on 8/18/17. No expired medications or supplies were observed. The over-the-counter medications in 600 hall Medication Room storage cabinets had not been effectively audited for expiration dates and expiration dates had not been observed when stocking the 600 medication cart from these cabinets. " Procedure for implementing the acceptable plan of correction for the specific deficiency cited: In-service education began 8/22/17 for licensed nursing staff and medication aides on the proper rotation of medications, observation of expiration dates prior to stocking medication carts and prior to administering medications, and the requirement for immediate removal and sequestering of any expired medications located. The Assistant Director of Nursing (ADON) will ensure the return to pharmacy or disposal of expired medications per pharmacy guidelines. The Lead Nurse Consultant for the pharmacy provided additional in-service education for licensed nurses and	

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F 431	Continued From page 33 new medications and the nurses check the expiration dates as they resupplied their medication carts as well as before they poured up medications for use.	F 431	medication aides on proper medication storage and auditing procedures on 9/5/17. The ADON will be responsible to ensure medication room and medication cart audits are conducted weekly x4 weeks, then every other week for 1 month, then continue monthly thereafter. The audits will ensure that no expired medications are available for use. " The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with regulatory requirements: New Medication Storage Audit tool created and implemented for use to ensure no expired medications are present for use in the medication rooms or medication carts. Any expired medications observed will be removed by the auditor and given to the ADON. All medication rooms and medication carts will receive 100 percent audits beginning 8/22/17. These audits will be conducted weekly x4 weeks, then every other week for 1 month, then continue monthly thereafter. The ADON will be responsible for these audits. The Pharmacy Staff, (consisting of pharmacy technician, registered nurse consultant, and pharmacist) will also conduct look behind audits of medication storage rooms and medication carts.	

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(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 431	Continued From page 34	F 431	The Consultant Pharmacist conducted a 100 percent audit of medication storage rooms and medication carts on 8/29/17. Pharmacy staff will do additional 100 percent audits of all medication storage rooms and medication carts monthly for 3 more months, Sept. □ Nov 2017. Pharmacy staff will then do rotating audits of medication rooms and medication carts monthly beginning in December. Any issues identified will be corrected and reported to the ADON. The ADON will be responsible to ensure that no expired medications are available for use in the medication rooms or the medication carts. The ADON will address any issues or concerns identified during all medication storage audits and provide additional staff education as needed to ensure compliance is maintained. The ADON will report finding of the Medication Storage Audits to the QAPI committee monthly for 4 months for review and discussion. The QAPI committee will evaluate and modify action plan as needed to ensure continual compliance. " The title of the person responsible for implementing the acceptable plan of correction: The Assistant Director of Nursing will be responsible for implementing the acceptable plan of correction.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345247	A. BUILDING _____ B. WING _____	C 08/17/2017

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F 431	Continued From page 35	F 431	" Date when corrective action will be completed: September 5th, 2017	