PRINTED: 06/15/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		345415	B. WING_			C 05/18/2018
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	<u> </u>	03/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656 SS=E	CFR(s): 483.21(b)(1) §483.21(b) Compreh §483.21(b)(1) The fa implement a comprel care plan for each re resident rights set for §483.10(c)(3), that in objectives and timefr medical, nursing, and needs that are identif assessment. The cor describe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the r under §483.10, include treatment under §483. (iii) Any specialized sere a result of recommendations. If findings of the PASAI rationale in the reside (iv)In consultation with resident's representat (A) The resident's go desired outcomes. (B) The resident's pref future discharge. Fact whether the resident' community was assel local contact agencie entities, for this purpo (C) Discharge plans	ensive Care Plans cility must develop and nensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's dimental and psychosocial fied in the comprehensive inprehensive care plan must g- are to be furnished to attain ent's highest practicable dipsychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required diesident's exercise of rights ding the right to refuse ding the right to refuse ding the nursing facility will derivices or specialized derivices or specialize	F6			6/14/18
ABORATORY		n the comprehensive care SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE	TITLE		(X6) DATE

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

06/12/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Electronically Signed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345415	B. WING _			05/	18/2018	
NAME OF P	ROVIDER OR SUPPLIER	•		ST	REET ADDRESS, CITY, STATE, ZIP CODE	-		
DIMEN /// L		UD LINVING OTD		10	10 LAKEVIEW DRIVE			
PINEVILLI	E REHABILITATION AN	ND LIVING CTR		PI	NEVILLE, NC 28134			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	,	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	((EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 656	Continued From pa	ge 1	F 6	656				
	plan, as appropriate	e, in accordance with the						
		rth in paragraph (c) of this						
	section.							
	This REQUIREMENT by:	NT is not met as evidenced						
	-	tions, family interview, staff			F656 Regarding the alleged deficient			
		cal record review, the facility			practice of failure to implement nutrition	า		
	failed to implement	nutrition care plans as			care plan by:			
	evidenced by not m	nonitoring weights weekly for			1a-failing to monitor weekly weights pe	r		
		sing during dining (Resident			MD order for Resident #1: The facility			
		high calorie supplement			failed to ensure Registered Dietitian □s			
		2 of 5 sampled residents			current recommendations for weekly			
	reviewed at risk for	weight loss.			weights were communicated to physici			
					and updated in resident orders and car	е		
	The findings include	ed:			plan; facility further failed to ensure	4-1		
	1a Daoidant #1 wa	a admitted to the facility			compliance (obtaining of weekly weigh			
		s admitted to the facility included Alzheimer's disease,			with current physician order for Reside #1. The interdisciplinary team, including			
	•	mentia, gastroenteritis and			Director of Nursing & Registered Dietiti	-		
	•	llitus, among others.			reviewed current plan of care and	all		
	type 2 diabetes me	intas, among others.			assessed diagnostic information, weigh	nts		
	A physician's order	dated 7/28/17 recorded to			nutritional status and determined that	ito,		
		hts on Friday, every day shift.			weekly weights were no longer necess	arv.		
	, , ,				The Physician was notified and order w			
	The care plan, revis	sed September 2017 identified			received to discontinue weekly weights			
	Resident #1 at risk	for potential nutritional			5/22/2018.			
	problems related to	diagnoses of dementia, type			1b-failing to provide supervision to			
	2 diabetes mellitus	and non-compliant with his			Resident #1 during dining per MD			
		ncluded to obtain/monitor			progress note & MDS assessment: The	3		
	diagnostic data (lab	os, weight, and height).			facility failed to ensure care plan was			
					updated with resident □s current level of	of		
		ninimum data set (MDS),			assist required with eating. Resident			
		#1 with impaired cognition			observed & assessed at lunch and sup	•		
	_	5% or more in the last month.			per Director of Nursing on 06/07/18 and	ı at		
		essed Resident #1 with receipt			breakfast on 06/08/2018 per unit	io		
	or a therapeutic die	t, but not on a physician			coordinator & licensed nurse. Resident	15		
	prescribed weight it	Joo uicl.			independent with eating and requires set-up of meal. Resident □s care plan			
	A 5/16/18 dietary p	rogress note assessed			updated to reflect level of supervision			
	pi		1		======================================		1	

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		TE SURVEY MPLETED				
		345415	B. WING			C 05/18/2018
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		70/10/2010
				1010 LAKEVIEW DRIVE		
PINEVILLE	REHABILITATION AND	D LIVING CTR		PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656	Continued From pag	e 2	F 65	6		
F 656	Resident #1 with a 6 months and a 10.719 days. A physician presupplement was order Review of the medical Resident #1 revealed monitoring for the folomorphisms (a) March 2018 (b) April 2018 (c) January 20 December 20 November 20 September	% weight loss in the last 6 % weight loss in the last 30 escribed high calorie ered. al record and weight data for d no record of weekly weight lowing 10 months: 2 weeks) 8 (3 weeks) 1 week) 18 (1 week) 2017 (2 weeks) 2017 (3 weeks) 17 (3 weeks) 2017 (3 weeks)	F 65	required with meals on 6/7/20 2-failing to provide high calories supplement on meal trays as of Dietary staff failed to validate providing lunch meal on 05/17 Resident #74 has been providing supplement as ordered with validate providing lunch meal on 05/17 Resident #74 has been providing supplement as ordered with validation with Dietary Manager beginning 05/21/18. Director of Nursing (DON) and residents with physician orders weights on 05/18/2018. Residented the only resident with orders for weights. The Director of Nursing 100 Nursing 10	pordered: presence of ray before //2018. ed a alidation by g on lited current s for weekly lent #1 was or weekly ng (DON),	
	room on 5/15/18 from 5/17/18 from 1:20 PM meal. Resident #1 w independently after r tray set up. Resident ordered. An interview on 05/1 Certified Dietary Mar and monthly weights the results were give review. The CDM fur reviewed this data w reweight or supplementally at the supplemental puring a telephone in AM, NA #2 stated sh Tuesday from the CD	served continuously in his in 1:42 PM to 1:58 PM and in 1:42 PM to 1:58 PM and in to 1:30 PM with his lunch as observed feeding himself eceiving staff assistance with it if the received his diet as 8/18 at 09:06 AM with the inager (CDM) revealed weekly were obtained by NA #2 and in to the DON and the RD for ther stated that the DON/RD eekly to determine if a		provided in service education of unit coordinators responsible factoring weights on 06/8/2 regarding policy and procedure determining residents requiring weights, obtaining and recording Care plans for current resident nutritional risk and requiring as with feeding were reviewed by Registered Dietitian and the Dieginning on 06/07/2018 with interventions evaluated and up 06/14/2018. The Dietary Mana Registered Dietitian and/or ME coordinators will review and up plans quarterly, annually, signing change or when an intervention changed, to reflect the current the resident in regard to assist meals. Dietary Manager & dietary supperformed audit of current facinesidents with supplements or	for obtaining 2018 e for g weekly ng weights. ts with essistance of the ON, odated by ager, DS odate care difficant on has needs of tance with opervisor lity	

Facility ID: 923298

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION		E SURVEY PLETED
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NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	05	0/10/2010
	10 115211 011 001 1 21211			1010 LAKEVIEW DRIVE		
PINEVILLE	REHABILITATION ANI	D LIVING CTR		PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 656	Continued From pag	ne 3	F 65	3		
	the CDM and placed #2 further stated she yesterday (Thursday required weekly weig she received each T	r, 5/17/18) that Resident #1 ghts, he was not on the list uesday.		meals to ensure supplement pro meal tray with each meal beginn 05/21/2018 times three weeks. I Manager educated dietary staff r residents requiring supplements accuracy and meal tray set-up o 6/8/2018.	ing Dietary regarding , tray card	
	AM, the Registered I facility previously ide 4 -6 weeks ago with result selected one sweekly/monthly weig additionally, she and (DON) began review Tuesday when she vereviewed weight hist stated that some of I missing. The RD furt aware that Resident obtain weekly weight weekly weights for a them, she would required stated she was not a data for Resident #1 the additional weight			DON and/or unit coordinators wi residents with RD or MD recommendations/orders for wei monitoring weekly to ensure wei been obtained and recorded per recommendation or order; any corders or recommendations will communicated by licensed nurse provider via Provider acute communication log. Report will by Director of Nursing and/or unicoordinators to monthly QAPI coto include findings, recommendation trends noted. MDS coordinator will audit five cofor residents at nutritional risk per for correct and relevant intervent four weeks with report to monthly committee; then will audit five care	ght ghts have hanges to be e to oe made it immittee itions &/or are plans er week tions x y QAPI ire plans	
	DON stated that she physician orders to be stated she could not weight data was mis Resident #1, but for the RD re-implement review of weights. 1b. Resident #1 was	on 05/18/18 at 5:19 PM, the expected care plans and perfollowed or clarified. She speak to those weeks that sing and was not obtained for the prior 2 months, she and ted the collaboration and admitted to the facility included Alzheimer 's		per month x three months with re monthly QAPI committee; then we five per quarter x three quarters report to monthly QAPI committee include trends and/or recomment Dietary Manager or supervisor we presence of ordered supplement care plans/MD orders on meal to Should a supplement be unavail Dietary manager or supervisor we Licensed Nurse who will obtain it	eport to vill audit with ee to dations. vill validate ts per ays daily. able, vill notify	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345415	B. WING		0.6	C 5/18/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		0/10/2010	
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F 656	Continued From pag	e 4	F 65	56			
	disease, bipolar diso gastroenteritis and ty among others.	rder, dementia, vpe 2 diabetes mellitus,		for suitable available substit The QAPI committee will ev of plan and make changes a	aluate efficacy		
	(CAAs) documented	trition Care Area Assessment Resident #1 was at risk for ue to the diagnosis of					
	Resident #1 at risk for problems related to c 2 diabetes mellitus a	ed September 2017 identified or potential nutritional diagnoses of dementia, type nd non-compliant with his cluded to monitor/record food					
	that due to impaired	s progress note recorded cognition/dementia, Resident ce with activities of daily uent monitoring.					
	assessed Resident #	nimum data set (MDS), t1 with impaired cognition, and supervision with meals.					
	room on 5/15/18 from 5/17/18 from 1:20 PM meal. Resident #1 w independently after r	served continuously in his in 1:42 PM to 1:58 PM and id to 1:30 PM with his lunch as observed feeding himself eceiving staff assistance with #1 was not supervised by servations.					
	#1 revealed she work on the 7AM - 3PM sh #1 was a picky eater his meal was set up	7/18 at 11:03 AM with Nurse ked with Resident #1 often nift. Nurse #1 stated Resident , routinely fed himself after buy staff, but that she was quired supervision with his					

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		345415	B. WING			C 5/18/2018	
	ROVIDER OR SUPPLIER E REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP COI 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	•	5/10/2010	
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F 656	meals. An interview on 05/1 unit manager (UM) re Resident #1. The UI staff of his food prefewell/independently a that she was not awas supervision with measure and interview on 05/1 Aide #1 (NA #1) revewith Resident #1 on described Resident #1 easily redirected, fed his food preferences stay with him through up his tray and cut up that he required super During an interview of DON stated that she followed or clarified. 2. Resident #74 was 1/20/18. Diagnoses if dementia, dysphagia due to inhalation of for Medical record reviewing physician's order for frozen high calorie status. A 3/18/18 dietary profession.	7/18 at 12:25 PM with the evealed she was familiar with M stated Resident #1 advised erences, ate fter staff set up his tray and are that he required als. 7/18 at 12:30 PM with Nurse ealed she worked routinely the 7AM - 3PM shift. She #1 as combative at times, but I himself, and advised staff of a She stated that staff did not nout the meal but would set to his food. She was unaware ervision with meals. on 05/18/18 at 5:19 PM, the expected care plans to be re-admitted to the facility on included Alzheimer's disease, and recurrent pneumonitis pood.	F 6	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345415	B. WING _			C 5/18/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		0/10/2010
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FINEVILLI	- KEHABIEHAHON AND	LIVING CTK		PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 656	Continued From page	e 6	F 6	56		
	calories and protein for	or a history of weight loss.				
	Continued medical re Resident #74 was dis Services effective 4/1 Palliative Care.	charged from Hospice				
	data set, Care Area A revealed Resident #7 severely impaired cog staff assistance with f weight loss, received supplement TID with currently stable. Care	gnition, required extensive reeding, had a history of				
	12:46 PM, Resident # family member. The f Resident #74 was supsupplement with each always receive it, whi supper the night before member stated his member stated his member stated that have the supplement during these times Resthe supplement. A fol occurred on 05/17/18 revealed Resident #7 supplement on his su (5/16/18) and she had	observation on 05/15/18 at 474 was being fed lunch by a samily interview revealed that opposed to receive a frozen in meal, but that he did not ch happened as recently as re (5/14/18). The family eal trays often came without she would have to ask for it. at at times the facility did not for weeks at a time and esident #74 did not receive low up family interview at 10:00 AM. The interview 4 did not receive the frozen pper tray the night before did to request it.				
	05/17/18 at 12:05 PM meal tray was deliver	I lunch meal occurred on I for Resident #74. When his ed by dietary staff, a frozen on his meal tray and had to				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345415	B. WING _			C 05/18/2018
	ROVIDER OR SUPPLIER E REHABILITATION AN	D LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		03/10/2010
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656	(CDM) occurred on of revealed she conduct the breakfast/lunch in palatability and accurated she had not it accuracy, but that she meal. The CDM furth dietary staff to provide the tray tickets. Reving documented a frozen provided with each in expected the frozen resident's meal tray and that the resident ask for it. An interview with the 2:45 PM revealed he receive foods per caticket without having A telephone interview 3:39 PM with the Rerevealed she did not frozen supplement for had gained weight we seemed to be doing diet regimen. The RI supplement provided	e Certified Dietary Manager 05/17/18 at 1:25 PM and cted monthly tray audits for meals to review for food tracy of tray tickets. The CDM dentified concerns with tray me had not audited the suppermer stated that she expected de all items as recorded on ew of the tray ticket for the interview revealed it in supplement was to be meal. The CDM stated she supplement to come on the from the dietary department to the dietary department to the Administrator on 5/17/18 at the expected residents to re plan/physician's order/tray	F	956		
	there was a period of was not available and different vendor. The	that she remembered that If time that the supplement Id was now ordered through a Resident #74 was provided a				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		345415	B. WING			05/	18/2018
PINEVILLE REHABILITAT		LIVING CTR		1	BTREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		
PREFIX (EACH I	DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAN DEFICIENCY)		(X5) COMPLETION DATE
unavailable. dietary staff tray ticket. An interview staff #1 reverses Resident #74 supplement. there were or supplement vendor was I The Director 05/18/18 at 5 expected die available for Nutrition/Hyd CFR(s): 483. §483.25(g) A (Includes nas both percuta percutaneous enteral fluids comprehensiensure that at §483.25(g)(1 of nutritional desirable both balance, unled demonstrate preferences §483.25(g)(2)	on 05/18 aled she to no 5/17 Dietary staff residents tration Si 25(g)(1). Assisted residents are with a status, so a resident status, so the thindicate of the status, so the thindicate of the status, so the status are status and status are status and status are status and status are status are status and status are statu	ent during the times it was stated she expected the e all supplements per the 8/18 at 09:31 AM with dietary delivered the lunch meal to 7/18 and forgot the frozen staff #1 further stated that s when the frozen available because the delivery. In was interviewed on and stated that she is to have supplements in the frozen area graphs. The following the first in the frozen area graphs and graphs are significant to the frozen area graphs. The frozen are significant to the frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs. The frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs are significant to the frozen area graphs are significa		656			6/14/18

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		345415	B. WING	-		05/18/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE		
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PINEVILL	E REHABILITATION A	AND LIVING CTR		PINEVILLE, NC 28134			
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F 692	Continued From p	age 9	F 69	2			
	1	ffered a therapeutic diet when	' ' ' '				
		al problem and the health care					
	provider orders a						
	This REQUIREME	ENT is not met as evidenced					
	by:	ations, family interview, staff		E602 Degarding the alleged	deficient		
		lical record review, the facility		F692 Regarding the alleged practice of failure to maintain			
		sician orders as evidenced by		nutrition/hydration status by			
		ights weekly for 10 months		follow physicians order to mo			
	_	providing a high calorie		weights for Resident #1 & to			
		dent #74) for 2 of 5 sampled		calorie supplement to Reside	. •		
		d at risk for weight loss.		The facility failed to ensure F			
	Toolaonio Toviono	a at not for weight loop.		Dietitian ☐s current recomme	-		
	The findings include	ded:		weekly weights were commu			
	The midnings make			physician and updated in res			
	1. Resident #1 wa	s admitted to the facility		and care plan; facility further			
		es included Alzheimer's disease,		ensure compliance (obtaining			
		ementia, gastroenteritis and		weights) with current physici			
		ellitus, among others.		Resident #1. Interdisciplinary			
	"	, g		including Director of Nursing			
	A physician's orde	er dated 7/28/17 recorded to		Registered Dietitian, met and			
		ghts on Friday, every day shift.		current plan of care & curren			
		3. 3		status. Resident #1 was asse			
	The care plan, rev	rised September 2017 identified		Registered Dietician and the			
	Resident #1 at risl	k for potential nutritional		determined that weekly weig	hts are not		
	problems related t	o diagnoses of dementia, type		indicated at this time. The P	hysician was		
	2 diabetes mellitus	s and non-compliant with his		notified and order was receive	/ed to		
	diet. Interventions	included to obtain/monitor		discontinue weekly weights of	on		
	diagnostic data (la	abs, weight, and height).		05/22/2018.			
				Dietary staff failed to validate	presence of		
		minimum data set (MDS),		ordered supplement on mea	•		
		nt #1 with impaired cognition		providing lunch meal on 05/1			
		5% or more in the last month.		Resident #74 has been prov			
		sessed Resident #1 with receipt		supplement as ordered with	•		
		et, but not on a physician		with validation by the Dietary	•		
	prescribed weight	loss diet.		supervisor beginning on 05/2	21/18.		
	A 5/16/18 dietary ¡	progress note assessed		Director of Nursing (DON) au	udited current		
	Resident #1 with a	a 6% weight loss in the last 6		residents with physician orde	ers for weekly		

Facility ID: 923298

PRINTED: 06/15/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		345415	B. WING			C 5/18/2018	
NAME OF P	ROVIDER OR SUPPLIER	2.2		STREET ADDRESS, CITY, STATE, ZIP COL	•	3/10/2010	
	10 115211 011 001 1 2.2.1			1010 LAKEVIEW DRIVE	,_		
PINEVILLI	REHABILITATION AND	LIVING CTR					
				PINEVILLE, NC 28134			
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F 692	Continued From page	e 10	F 6	92			
	days. A physician pre supplement was orde	_		weights on 05/18/2018. Res the only resident with orders weights. The Director of Nurs provided in service education unit coordinators responsible	for weekly sing (DON), n to CNA and		
	Resident #1 revealed	no record of weekly weight		& monitoring weights on 06/8	3/2018		
	monitoring for the foll	owing 10 months:		regarding policy and procedu			
	· April 2018 (2	,		determining residents requiri			
	· March 2018	,		weights, obtaining and record	0 0		
	April 2018 (•		DON or unit coordinators will	review		
	January 201			residents with RD or MD			
		2017 (2 weeks)		recommendations/orders for	•		
		2017 (3 weeks)		monitoring weekly to ensure			
	October 201	•		been obtained and recorded			
	· September 2	2017 (3 weeks)		recommendation or order. at to orders or recommendation			
	· July 2017 (1	•		communicated by licensed n			
	July 2017 (1	week)		provider via Provider acute	JISE (U		
	Pecident #1 was obs	erved continuously in his		communication log. Director	of Nursing		
		1:42 PM to 1:58 PM and		will report monthly to QAPI co			
		I to 1:30 PM with his lunch		include findings, recommend			
		as observed feeding himself		trends noted.	adono aron		
		eceiving staff assistance with					
		#1 received his diet as		Dietary Manager & Supervisor audit of current facility reside	nts with		
	An interview on 05/19	3/18 at 09:06 AM with the		supplements ordered with me ensure supplement provided			
		ager (CDM) revealed weekly		with each meal beginning 05			
	_	were obtained by NA #2 and		times three weeks. Dietary M			
		n to the DON and the RD for		educated dietary staff regard	-		
	_	ther stated that the DON/RD		requiring supplements, tray of			
		eekly to determine if a		and meal tray set-up on 6/8/2	•		
	reweight or suppleme			Dietary Manager or dietary s			
	- 12.g 3. 00pp.0110	· · · · · · · · · · · · · · · · · · ·		continue to validate presence			
	During a telephone in	nterview on 05/18/18 at 09:11		supplements per care plans/l			
		e received a weekly list each		meal trays daily. Should a su			
		M of residents to obtain		unavailable, dietary manager	• •		
	•	nd she weighed all residents		supervisor will notify licensed			
		d she provided the results to		will obtain MD order for suita			

Facility ID: 923298

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345415	B. WING			C 48/2048	
NAME OF P	ROVIDER OR SUPPLIER	0.101.10	1	STREET ADDRESS, CITY, STATE, ZIP CODE	05/	18/2018	
PINEVILLI	E REHABILITATION AND	LIVING CTR		1010 LAKEVIEW DRIVE PINEVILLE, NC 28134			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 692	Continued From page	e 11	F 69	2			
	#2 further stated she yesterday (Thursday,	5/17/18) that Resident #1 hts, he was not on the list		substitute. The QAPI committee will evaluate effi of plan and make changes as appropri			
	AM, the Registered D facility previously ider 4 -6 weeks ago with we result selected one st weekly/monthly weight additionally, she and (DON) began reviewing Tuesday when she wing reviewed weight historia stated that some of himissing. The RD furth aware that Resident weekly weights for a weekly weights for a weekly weights for a weekly weight	nts. The RD stated that the Director of Nursing ng weight data each sited the facility. The RD ory for Resident #1 and is weekly weights were her stated that she was #1 had an MD order to s and if she were expecting resident but did not see hest the weight. The RD ware of any additional weight and could not explain why					
	be followed or clarifie speak to those weeks missing and was not but for the prior 2 more-implemented the cweights.	d. She stated she could not sthat weight data was obtained for Resident #1, nths, she and the RD ollaboration and review of					
	1/20/18. Diagnoses ir	re-admitted to the facility on ncluded Alzheimer's disease, and recurrent pneumonitis					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345415	B. WING		C 05/18/2018
	ROVIDER OR SUPPLIER E REHABILITATION AN	ND LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	1 33.10.20.10
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION
F 692	physician's order for frozen high calorie (TID) with meals duand abnormal lab restatus. A 3/18/18 dietary procession of the status. Continued medical Resident #74 was of the status of	•	F 693	,	
	Resident #74 was s supplement with ea always receive it, w supper the night be member stated his the supplement and	supposed to receive a frozen ach meal, but that he did not which happened as recently as a fore (5/14/18). The family meal trays often came without d she would have to ask for it.			

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		345415	B. WING			C 05/18/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		13/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 692	during these times R the supplement. A for occurred on 05/17/18 revealed Resident #* supplement on his si (5/16/18) and she has to 16/17/18 at 12:05 Ph meal tray was delive supplement was not be requested. An interview with the (CDM) occurred on 0 revealed she conduct the breakfast/lunch repalatability and accuracy, but that sh meal. The CDM furth dietary staff to provide the tray tickets. Review Resident #74 during documented a frozen provided with each mexpected the frozen resident's meal tray and that the resident ask for it. An interview with the 2:45 PM revealed hereceive foods per ph without having to ask. A telephone interview.	to for weeks at a time and desident #74 did not receive sollow up family interview 8 at 10:00 AM. The interview 74 did not receive the frozen supper tray the night before ad to request it. The lunch meal occurred on and for Resident #74. When his red by dietary staff, a frozen on his meal tray and had to a Certified Dietary Manager 05/17/18 at 1:25 PM and ceted monthly tray audits for meals to review for food tracy of tray tickets. The CDM dentified concerns with tray the had not audited the supper ner stated that she expected de all items as recorded on the work of the tray ticket for the interview revealed it in supplement was to be meal. The CDM stated she supplement to come on the from the dietary department of the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement to come on the from the dietary department of the supplement of the supple	F 6	92		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
		345415	B. WING _			C 05/18/2018
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134		00/10/2010
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F 692	revealed she did not frozen supplement fo had gained weight wi seemed to be doing with diet regimen. The RD supplement provided Resident #74 needed The RD also stated the there was a period of was not available and different vendor. The say whether or not Rocomparable supplement unavailable. The RD	want to discontinue the r Resident #74 because he th the supplement and well since it was added to his of further stated that the additional protein that I due to his nutritional status. The state of the that the supplement of the that the supplement of the that the supplement of the state of the seident #74 was provided a sent during the times it was stated she expected the e all supplements per the	F	692		
F 756 SS=D	staff #1 revealed she Resident #74 on 5/17 supplement. Dietary sthere were other time supplement was not a vendor was late with The Director of Nursin 05/18/18 at 5:14 PM expected dietary staff available for residents. Drug Regimen Reviec CFR(s): 483.45(c)(1) Fedra was described by the staff available for residents. See 18483.45(c) Drug Reg \$483.45(c) Drug Reg \$483.45(c)(1) The drug to be reviewed at licensed pharmacist.	available because the delivery. In the second of the seco	F 7	756		6/14/18

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345415	B. WING				18/2018
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F 756	irregularities to the a facility's medical dire and these reports mu (i) Irregularities includrug that meets the (d) of this section for (ii) Any irregularities during this review museparate, written repattending physician adirector and director minimum, the reside and the irregularity th (iii) The attending phresident's medical reirregularity has been action has been take be no change in the physician should docthe resident's medical \$483.45(c)(5) The famaintain policies and drug regimen review limited to, time frame the process and step when he or she identiced.	narmacist must report any tending physician and the ctor and director of nursing, ust be acted upon. Ide, but are not limited to, any criteria set forth in paragraph an unnecessary drug. Inoted by the pharmacist ust be documented on a cort that is sent to the and the facility's medical of nursing and lists, at a int's name, the relevant drug, he pharmacist identified. In yesician must document in the cord that the identified reviewed and what, if any, in to address it. If there is to medication, the attending cument his or her rationale in	F	756			
	This REQUIREMENT by: Based on record revice consultant interviews respond if not in agree pharmacist recommereduction (GDR) for	T is not met as evidenced riew, staff, and pharmacist the physician failed to be ement with the consultant endation for gradual dose antipsychotic medication and the use of an antipsychotic			F756 Regarding alleged deficient pract of failure to act on drug regimen review physician failure to respond to consultate pharmacist recommendation for graduatiose reduction of Resident #69 antipsychotic medication and failure to	by ont	

			DATE SURVEY COMPLETED			
		345415	B. WING		0!	C 5/18/2018
NAME OF PI	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE		
				1010 LAKEVIEW DRIVE		
PINEVILLI	E REHABILITATION ANI	D LIVING CTR		PINEVILLE, NC 28134		
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F 756	Continued From pag	e 16	F 75	56		
	and antidepressant r residents reviewed for (Resident #69). Findings included:	nedication for 1 of 5 or unnecessary medication		clarify diagnosis for use: facility (at time of resident admission & pharmacist recommendation (№ 2018)) failed to return and/or dresponse to pharmacist□s	& time of March	
	-			recommendation to begin a gra		
		nt #69 was admitted to the		reduction on resident #69 and		
	facility with diagnose dementia.	s of non-Alzneimer's		not offer any clarification of ind use of antipsychotic. This failu		
	03/02/18 indicated R 0.25 milligram (mg) administered by mou dementia and Escita (antidepressant) table	ith two times a day for		Current physician was contacte 05/17/2018 to review Resident medication regimen, pharmacis recommendations, diagnoses a behaviors specific to use of an medication. Physician determi appropriate use, clarified diagn gave order for trial dose reduct	: 69□s st and tipsychotic ined nosis and	
		Minimum Data Set (MDS) 3/09/18 indicated Resident		All residents currently prescribe		
	#69 had severe cogr			antipsychotic medication review		
	_	non-Alzheimer's dementia		06/08/2018 for consultant phar		
	and anxiety disorder			recommendations and corresponding physician response. Any outsta	onding anding	
		cal record revealed on 18 the consulting pharmacist ne physician clarify a		physician responses to be obta 06/14/2018. Consultant pharmacy recomme	•	
		nt #69's use of Risperidone		are provided monthly to Director		
	and Escitalopram Ox for the use of Risper	calate and consider a GDR idone.		Nursing via secure email. Direct Nursing will provide recommen physician and retain copies of		
	1	#69's medical record and		recommendations until physicia		
	responded with docu	ealed the physician had not mentation or provided a		response received. Responses be implemented as directed an	nd filed in	
	rationale to the cons			resident □s medical record. Th	•	
		rch and April 2018 for		will be implemented as of 06/14		
	clarification of a diag			any new recommendations and		
	consideration of GDF	titalopram Oxalate and		adopted as facility process for pharmacist recommendations.	попину	

` '	IDENTIFICATION NI IMBED:) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
	345415	B. WING _				C 18/2018	
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 03/	10/2010	
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(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
A review of the medication of (MAR) for the Month of Aprindicated via staff document #69 received Risperidone of mouth two times a day for complete the consultation of the and conducted with the Director who stated she could not find any indication that the physical with a rationale to the consultarified a diagnosis for the and Escitalopram Oxalate at GDR for Risperidone as reconsulting pharmacist in Markesident #69. The DON starecognized that the physicial addressing the consulting precommendations and the plonger working at the facility DON stated she would confus to address the pharmacist of Resident #69. On 05/17/18 at 12:23 PM at made to the physician who addressing the consulting precommendations for Resident #69. On 05/17/18 at 4:25 PM at was conducted with the corwho stated he recommended 2018 that the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the process of the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the physician recommended the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the physician recommended the physician recommended the physician claruse of Risperidone and Esconsideration of a GDR for Resident #69 and had not recommended the physician recommend	all and March 2018 tation that Resident 0.25 mg 1 tablet by dementia. Interview was of Nursing (DON) and documentation or ician had responded ulting pharmacist and use of Risperidone and consideration of commended by the arch and April 2018 for ated the facility had an had not been obstrained by the fact the new physician recommendations for telephone call was was responsible for obstrained the facility and was a interview. elephone interview assulting pharmacist and in March and April iffy a diagnosis for the citalopram Oxalate and Risperidone for	F 7	756	As of 06/14/2018, consultant pharmacy recommendations that remain outstand after one week of the recommendation be re-forwarded to physician weekly fo follow-up. Recommendations outstand after three weeks will be reported to Nursing Home Administrator for follow-with Medical Director. This process will remain in effect for six months (until 12/30/2018). Administrator of Director of Nursing will report physician response rate to consultant pharmacist recommendation to monthly Quality Assurance Committe to assess any trends and identify any recommendations. The QAPI committee will evaluate efficient of plan and make changes as appropriate to plan and make changes as appropriate to the consultant pharmacist recommendations.	ting will r ing up I see acy		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		345415	B. WING _		C 05/18/2018
	ROVIDER OR SUPPLIER E REHABILITATION AND	LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134	03/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 756	Continued From page	e 18	F 7	56	
F 867	from the physician in regarding his recomm pharmacist stated he a GDR for Risperidor reviewing Resident # as per the regulation. stated he had attended meeting in April 2018 physician, Administra a problem with the physician, Administra a problem with the physician pharmacis. On 05/18/18 at 9:44 A conducted with the Administra a problem with the physician was that addressed, responde the consulting pharmacist addressed, responde the consulting pharmacist and April 2018 for the use of Risperio Oxalate and consider Risperidone for Residual that the facility had physician had not be pharmacist recomme was no longer workin QAPI/QAA Improvem CFR(s): 483.75(g)(2) \$483.75(g) Quality as \$483.75(g)(2) The quassurance committee (ii) Develop and imple action to correct identifies REQUIREMENT by: Based on observation	March and April 2018 nendations. The consulting requested consideration of the in March 2018 after 69's admission medications The consulting pharmacist and a quality assurance and had discussed with the tor, and DON that there was resician addressing the toreommendations. AM an interview was dministrator who stated his the physician would have d and provided a rationale to acist recommendations in for providing a diagnoses done and Escitalopram ration of a GDR for dent #69. The Administrator recognized that the en addressing the consulting indations and the physician g at the facility. ent Activities (iii) seessment and assurance. ality assessment and must: ement appropriate plans of tified quality deficiencies; is not met as evidenced ins, staff interviews, and	F 8	67 F 867	6/14/18
		ns, staff interviews, and cility's Quality Assessment		1) F656 Regarding the alleged defici	ent

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		345415	B. WING _		0	5/18/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
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PINEVILL	E REHABILITATION A	AND LIVING CTR		PINEVILLE, NC 28134		
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F 867	Continued From p	age 19	F 8	367		
F 867	implemented proceinterventions the of June, 2017. This during the facility's investigation survey were in the areas implementation of maintaining nutrito of the facility to su federal surveys of facility's inability to Assurance Prograt. The findings include This tag is cross reconstructed. The facility care plans as evidenterview, staff interview, the facility care plans as evidenting (Resident # supplement (Residents reviewed The facility was redevelop/implement regarding nutrition cited during a reconstructed for nutrition.	committee failed to maintain edures and monitor committee put into place in was for two deficiencies cited is recertification and complaint ey 06/02/17. The deficiencies of development and comprehensive care plans and on status. The continued failure stain compliance during two record shows a pattern of the o sustain an effective Quality m. Ided: Dep/Implement Comprehensive on observations, family erview and medical record failed to implement nutrition lenced by not monitoring reneed by not monitoring reneed by not monitoring and providing a high calorie dent #74) for 2 of 5 sampled d at risk for weight loss. Cited for 483.20 (b) for failure to at comprehensive care plans and complaint ey on 06/02/17 for failure to at a comprehensive care plan	F 8	practice of failure to implement care plan by: 1a-failing to monitor weekly MD order for Resident #1: The failed to ensure Registered Ecurrent recommendations for weights were communicated and updated in resident order plan; facility further failed to compliance (obtaining of weights were communicated and updated in resident order plan; facility further failed to compliance (obtaining of weights were not failed to care assessed diagnostic informational status and determine weekly weights were not failed a received to discontinue weekly weights were not failed as received to discontinue weekly 2/2/2018. 1b-failing to provide supervist Resident #1 during dining per progress note & MDS assessed facility failed to ensure care updated with resident supdated with resident curvassist required with eating. For observed & assessed at lunction per Director of Nursing on 06 breakfast on 06/08/2018 per coordinator & licensed nurse independent with eating and set-up of meal. Resident supdated to reflect level of surequired with meals on 6/7/2 2-failing to provide high calo supplement on meal trays as	weights per he facility Dietitian sr weekly I to physician ers and care ensure ekly weights) for Resident m, including ered Dietitian erand attion, weights, sined that ger necessary, and order was kly weights on sion to er MD sment: The plan was rent level of Resident ch and supper 6/07/18 and at unit erequires care plan pervision 018. rie	
	Nursing on 05/18/	Administrator and Director of 18 at 5:20 PM revealed they t concern related to nutrition		Dietary staff failed to validate ordered supplement on mea providing lunch meal on 05/	l tray before	

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		345415	B. WING _				C 18/2018
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F 867	since January 2018 a	e 20 ministration (Administrator and DON since March 2018), esults of audits that were	F 8	367	Resident #74 has been provided a supplement as ordered with validation the Dietary Manager beginning on	by	
	1b. This tag is cross of the second s	referred to: ition/Hydration Status: ns, family interview, staff I record review, the facility cian orders as evidenced by its weekly for 10 months oviding a high calorie at #74) for 2 of 5 sampled at risk for weight loss. and for 483.25 for failure to applement as ordered. The cited during a recertification gation survey on 06/02/17 a nutrition supplement as ministrator and Director of at 5:20 PM revealed they and the control of the			Director of Nursing (DON) audited curresidents with physician orders for wee weights on 05/18/2018. Resident #1 with endry resident with orders for weekly weights. The Director of Nursing (DON provided in service education to CNA a unit coordinators responsible for obtain & monitoring weights on 06/8/2018 regarding policy and procedure for determining residents requiring weekly weights, obtaining and recording weight Care plans for current residents with nutritional risk and requiring assistance with feeding were reviewed by the Registered Dietitian and the DON, beginning on 06/07/2018 with interventions evaluated and updated by 06/14/2018. The Dietary Manager, Registered Dietitian and/or MDS coordinators will review and update car plans quarterly, annually, significant change or when an intervention has changed, to reflect the current needs of the resident in regard to assistance with meals. Dietary Manager & dietary supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided of meal tray with each meal beginning 05/21/2018 times three weeks. Dietary Manager educated dietary staff regardinesidents requiring supplements, tray of accuracy and meal tray set-up on	kly ras ,), ind ing its. f th on	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X: AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING		(X3	(X3) DATE SURVEY COMPLETED			
		345415	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	010110		STREET ADDRESS, CITY, STATE, ZIP CODE		05/18/2018
				1010 LAKEVIEW DRIVE		
PINEVILL	E REHABILITATION AND	LIVING CTR		PINEVILLE, NC 28134		
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F 867	Continued From page	e 21	F 8	678/2018. DON and/or unit coordinators will residents with RD or MD recommendations/orders for weigh monitoring weekly to ensure weigh been obtained and recorded per recommendation or order; any chorders or recommendations will be communicated by licensed nurse provider via Provider acute communication log. Report will be by Director of Nursing and/or unicoordinators to monthly QAPI conto include findings, recommendated trends noted. MDS coordinator will audit five cafor residents at nutritional risk perfor correct and relevant intervent four weeks with report to monthly committee; then will audit five cafor monthly QAPI committee; then will audit five cafor equarter x three quarters were perforted to monthly QAPI committee; then we five per quarter x three quarters were perforted to monthly QAPI committee include trends and/or recomment. Dietary Manager or supervisor were plans/MD orders on meal translations and presence of ordered supplement care plans/MD orders on meal translations. The QAPI committee will obtain the for suitable available substitute. The QAPI committee will evaluate of plan and make changes as ap 2) F692 Regarding the alleged depractice of failure to maintain.	ght ghts have hanges to be to be to be made it mmittee tions &/or are plans er week ions x y QAPI are plans eport to will audit with be to dations. Will validate is per ays daily able, will notify MD order the efficacy propriate	e e

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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NAME OF D	DOVIDED OD CUIDDUED	343413		CTDEET ADDRESS CITY STATE ZID CODE	05/18/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
PINEVILL	E REHABILITATION AND	LIVING CTR		1010 LAKEVIEW DRIVE	
				PINEVILLE, NC 28134	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	O BE COMPLETION
F 867	Continued From page	e 22	F 86	nutrition/hydration status by failing to follow physicians order to monitor we weights for Resident #1 & to provide calorie supplement to Resident #74: The facility failed to ensure Register Dietitian so current recommendation weekly weights were communicated physician and updated in resident or and care plan; facility further failed to ensure compliance (obtaining of we weights) with current physician orde Resident #1. Interdisciplinary team, including Director of Nursing (DON) Registered Dietitian, met and review current plan of care & current reside status. Resident #1 was assessed b Registered Dietician and the DON a determined that weekly weights are indicated at this time. The Physician notified and order was received to discontinue weekly weights on 05/22/2018. Dietary staff failed to validate preser ordered supplement on meal tray be providing lunch meal on 05/17/2018 Resident #74 has been provided a supplement as ordered with every m with validation by the Dietary Manag supervisor beginning on 05/21/18. Director of Nursing (DON) audited coresidents with physician orders for weights on 05/18/2018. Resident #74 the only resident with orders for weights. The Director of Nursing (DON) audited in service education to CN, unit coordinators responsible for obt & monitoring weights on 06/8/2018 regarding policy and procedure for	eekly high ed s for to ders o ekly r for & ed nt y the nd not n was ace of fore eal er or urrent reekly was kly ON), A and

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NAME OF PROVIDER OR SUPPLIER PINEVILLE REHABILITATION AND LIVING CTR PINEVILLE REGULATORY GYNERAGY OF DEFICIENCIES BY FILL REGULATORY OR LISC IDENTIFYING INFORMATION) F 867 Continued From page 23 F 867 Continued From page 23 F 867 F 867 Continued From page 23 F 867 Continued From page 23 F 867 DN or unit coordinators will review residents with RD on D recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendations orders of resommendations will be communicated by licensed nurse to provider via Provider acute communication log. Director of Nursing will report monthly to QAPI committee to include findings, recommendations &/or trends noted. Dietary Manager & Supervisor performed audit of current facility residents with supplements provided on meal tray with each meal beginning 05/21/2018, times three weeks. Diem (March Manager educated dietary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on (68/2018.) Dietary Manager or dietary supplements provided unser the provided presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, dietary manager or supervisor will notify licensed nurse who will obtain MD order for suitable available			245445	R WING			
PINEVILLE REHABILITATION AND LIVING CTR (SA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL TAG (EACH OBFICIENCY MUST SE PRECEDED BY FULL TAG (EACH OBFICIENCY MUST SE PRECEDED BY FULL TAG (EACH OBFICIENCY ACTION APPROPRIATE DEFICIENCY)			345415	B. WING _			05/18/2018
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CAN D SUMMARY STATEMENT OF DEFICIENCIES PROFITED PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROFIDERS PLAN OF CORRECTION CASH CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY F 867 Continued From page 23 F 867 determining residents requiring weekly weights, obtaining and recording weights. DON or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendations will be communicated by Incessed nurse to provider acute communication Director of Nursing will report monthly to QAPI committee to include findings, recommendations &/or trends noted. Dietary Manager & Supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018, times three weeks Detary Manager dedicated dietary staff regarding residents requiring supplements requiring supplements requiring supplements requiring supplements Dietary Manager or detary supervisor will validate presence of ordered supplements Dietary Manager or detary supervisor will validate presence of ordered supplements Dietary Manager or detary supervisor will validate presence of ordered supplements Dietary Manager or detary supervisor will validate presence of ordered supplements Dietary Manager or detary supervisor will validate presence of ordered supplements Dietary Manager or detary supervisor will validate presence on meal tray daily. Should a supplement be unavailable, dietary manager or supervisor will notify licensed rurse who will obtain MD order or suitable available	PINEVILLI	E REHABILITATION AND	LIVING CTR		1010 LAKEVIEW DRIVE		
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determining residents requiring weekly weights, obtaining and recording weights. DON or unit coordinators will review residents with RD or MD recommendations/orders for weight monitoring weekly to ensure weights have been obtained and recorded per recommendation or order. any changes to orders or recommendation or order any changes to orders or recommendations will be communicated by licensed nurse to provider via Provider acute communication log. Director of Nursing will report monthly to QAPI committee to include findings, recommendations &/or trends noted. Dietary Manager & Supervisor performed audit of current facility residents with supplements ordered with meals to ensure supplement provided on meal tray with each meal beginning 05/21/2018, times three weeks. Dietary Manager educated dierary staff regarding residents requiring supplements, tray card accuracy and meal tray set-up on 6/8/2018. Dietary Manager or dietary supervisor will validate presence of ordered supplements per care plans/MD orders on meal trays daily. Should a supplement be unavailable, dietary manager or supprvisor will obtain MD order for suitable available	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETION
The QAPI committee will evaluate efficacy of plan and make changes as appropriate The Regional Director of Clinical Services	F 867	Continued From page	÷ 23	F8	determining residents requiring weights, obtaining and recording DON or unit coordinators will residents with RD or MD recommendations/orders for we monitoring weekly to ensure we been obtained and recorded perecommendation or order. any to orders or recommendations we communicated by licensed nurse provider via Provider acute communication log. Director of will report monthly to QAPI comminclude findings, recommendation trends noted. Dietary Manager & Supervisor paudit of current facility residents supplements ordered with meal ensure supplement provided on with each meal beginning 05/21 times three weeks. Dietary Manager equiring supplements, tray card and meal tray set-up on 6/8/201 Dietary Manager or dietary supervalidate presence of ordered super care plans/MD orders on medaily. Should a supplement be unavailable, dietary manager or supervisor will notify licensed now will obtain MD order for suitable substitute. The QAPI committee will evaluation of plan and make changes as a	g weights. Eview Eight Eights have Eight changes Will be Eight changes Will change Eight changes Eight chan	

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		345415	B. WING		C 05/18/2018		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		18/2018	
PINEVILLE REHABILITATION AND LIVING CTR				1010 LAKEVIEW DRIVE			
				PINEVILLE, NC 28134			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OULD BE COMPLETION		
F 867	Continued From page	24	F 86	provided in service education for the Management team consisting of the Administrator, Director of Nursing, M coordinators, Social Worker, Dietary Manager, Physician, Activities Direct and unit coordinators, regarding QAF how to identify, plan and implement a quality plan for improvement and one monitoring to assure compliance. The Administrator and/or the Director Nursing will review audits to identify patterns and/or trends and will adjust to maintain compliance and review p during the monthly QAPI meeting for least 6 months or until compliance is maintained.	or PI, a going of of plan		