STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL096004	A. BUILDING: _____ B. WING _____	03/06/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY REST VILLA NO 2	305 SOUTH VANCE STREET EUREKA, NC 27830

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on March 6, 2015.	D 000		
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 2 of 3 sampled residents (#1 and #2) had an on-site Licensed Health Professional Support review and evaluation quarterly. The findings are:	D 280		

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D 280	Continued From page 1 1. Review of Resident #1's current FL-2, dated 10/24/14, revealed: - Diagnoses included vascular dementia, seizure disorder, chronic constipation, chronic obstructive pulmonary disease, delusions, personality disorder, major depression -severe and recurrent, and history of polysubstance abuse. - Resident was incontinent of bladder. - Orders for Haldol injection 100 mg/ml, inject 2ml intramuscularly every 28 days and use of a manual wheelchair. - Admission date to the facility was 4/26/06. Review of the Licensed Health Professional Support (LHPS) evaluation and review dated 11/4/14 revealed: - The tasks of wheelchair use and intramuscular Haldol injections - No falls lately, no complaints reported by resident. Recommendations made on the 11/4/14 LHPS review by the RN: - Fall precautions. - Seizure precautions. Quarterly LHPS reviews for Resident #1 were performed by the LHPS nurse on a quarterly basis in February, May, August, and November of each year since 2011 and filed in the resident record. There was no LHPS review for Resident #1 in February 2015. Resident #1 was not interviewable due to diagnosis of dementia. Interview with the Manager at 3:00pm on 3/6/15 revealed:	D 280		

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D 280	Continued From page 2 - She did not realize the quarterly LHPS reviews were 1 month overdue for facility residents. - The RN who completed the LHPS reviews was hired by the Administrator. - The Administrator contacted the LHPS to schedule and initial and quarterly LHPS reviews. The Administrator was not available for interview. The LHPS nurse was not available for review. 2. Review of Resident #2's current FL-2, dated 7/8/14, revealed: - Diagnoses included end stage renal disease, chronic obstructive pulmonary disease, chronic renal failure, hypertension, obstructive sleep apnea, dyslipidemia, angulated left inguinal hernia, and non-ischemic cardiomyopathy. - Orders for use of a cane for ambulation, use of a CPAP (Continuous Positive Air Pressure) machine for sleep apnea. - Admission date to the facility was 7/7/14. LHPS reviews were documented in the resident record for 9/16/14 and 11/4/14. Review of the Licensed Health Professional Support (LHPS) evaluation and review dated 11/4/14 revealed: - No physical examination was done by the LHPS nurse, as Resident #2 was out of the facility. - The LHPS nurse reviewed the resident record. - The tasks of use of a cane for ambulation, CPAP for sleep apnea, which the resident was not using, and dialysis on Tuesdays, Thursdays and Saturdays. Recommendations made on the 11/4/14 LHPS review by the RN: - Fall precautions.	D 280		

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D 280	Continued From page 3 Further review of the resident record revealed: - Resident #2 was evaluated by a Physical Therapist on 10/30/14, who recommended lumbar and trunk rotation for strengthening and to decrease back pain. Physical therapy notes were documented for 11/7/14, 11/13/14, and 11/14/14. - Resident received skilled nursing assessments on 11/2/14, 11/4/14, 11/6/14, 11/10/14, 11/13/14(for fluid overload and shortness of breath at dialysis requiring oxygen), and on 11/19/14, 11/21/14, 12/1/14, and 12/29/14. Upon discharge from skilled nursing on 12/29/14, he was assessed with 4+ pitting edema to both legs. There was no LHPS review for Resident #2 in February 2015. Interview with the Manager at 3:00pm on 3/6/15 revealed: -She did not realize LHPS evaluations were to be completed within the first 30 days of admission, as the FL-2 documented use of a cane for ambulation. - She did not realize the quarterly LHPS reviews were 1 month overdue for facility residents. - The RN who completed the LHPS reviews was hired by the Administrator. - The Administrator contacted the LHPS to schedule and initial and quarterly LHPS reviews. The Administrator was not available for interview. The LHPS nurse was not available for review. Resident #2 declined to be interviewed.	D 280		