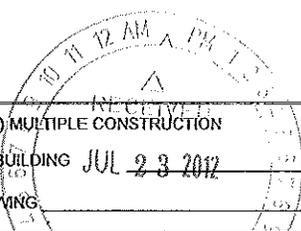


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING JUL 23 2012 B. WING	(X3) DATE SURVEY COMPLETED C 06/27/2012
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147
--	--

(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 309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to monitor and assess the bowel patterns of a resident who had a history of constipation and failed to include a plan of care and follow the Physician ' s orders to administer medications. This was evident in 1 of 3 residents in the survey sample who had chronic constipation (Res. #1). Findings include:</p> <p>Review of the facility ' s Standing Orders/Constipation which were reviewed and revised 6/9/10, indicated the Bowel Protocol read: if no BM every 3 rd day, Resident may request as below oral medication, suppository or Fleet enema on as needed basis as follows:</p> <ol style="list-style-type: none"> 1. Milk of Magnesia 30 milliliters by mouth every day for constipation and check bowel sounds every shift times 2 days. 2. Rectal check for hard stool, remove and continue with #3 and #4. 3. Glycerin Suppository 1 rectally every day as needed for constipation times 3 days or #4. 4. Fleet enema 1 rectally everyday as needed for constipation times three days. Notify MD if no 	F 309	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 309 Provide Care/ Services for Highest Well Being</p> <p>Corrective Action: Resident # 1 has had bowel movements recorded in smart charting by CNAs and has not required any additional interventions since 5/20/2012. Resident # 1 Miralax and Colace omission was identified 5/10/2012. MD was notified and resident has continued to receive the laxative medication per MD order.</p>	
---------------	---	-------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Adm. N</i>	(X6) DATE 7/18/12
---	------------------------	----------------------

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.

H.M.R.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 1 response from protocol; if bowel sounds are absent or sluggish; if projective vomiting has occurred; or if resident has small loose stools as these may be symptoms of pending ileus or obstruction.</p> <p>Record review indicated Resident #1 was admitted to the facility on 2/07/12 with multiple diagnoses including Dementia without behavior disturbance, Long Term Use of Anticoagulants, Anemia, Osteoarthritis, and Arthritic pain. The resident ' s medications included : Ferrous Sulfate (an iron supplement) 325 milligrams, 1 tab by mouth every morning and Norco(Generic for Hydrocodone) 10-325 milligram tablet, 1 tab by mouth three times per day as needed in April of 2012 and routinely beginning in May of 2012 for Arthritic Pain.</p> <p>Review of the current Significant Change Minimum Data Set (MDS) Assessment with Assessment Reference Date of 4/20/2012 indicated the resident had a significant change to include Hospice services. The Cognitive Patterns included Signs and Symptoms of Delirium which were coded as Inattention and Disorganized Thinking. Functional Status: Extensive Assistance Required for Toilet use with two person physical assist. Pain was coded on the MDS as present, frequent, and severe.</p> <p>The Care Area Assessment (CAA) Summary dated 4/25/12 indicated the resident triggered for Cognitive Loss/Dementia and Psychotropic Drug Use with the current care plan to be continued. Pain triggered and a New Care Plan was started.</p> <p>Review of the initial Care Plan of 2/07/12 and</p>	F 309	<p>Care plan developed for constipation on July 5, 2012.</p> <p>Identification of other residents who may be involved with this practice: An audit was completed on July 9- 11, 2012 on all residents for documentation of bowel movements in the last 14 days. Anyone without a bowel movement in three days has had an intervention as laxative per MD order, dietary management or follow up with Physician or Nurse practitioner. No other resident was identified. All residents MARs have been reviewed and compared to Physician Orders to ensure all medications are correct and are on the MAR and given per MD order. This Audit was done July 1- July 11, 2012 by the DON and Nursing Supervisor. No issues were identified. All residents with a history of constipation as a diagnosis were reviewed on July 17, 2012 by the DON for current issues with constipation and care planned accordingly. The audit revealed 39 residents were identified.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 2</p> <p>updated on 5/07/12 indicated Resident #1 was " At risk for side effects from antipsychotic drug use. The goal: Will have no adverse reactions related to medication usage/side effects. Approaches: Administer medication as ordered by physician. Monitor bowel elimination pattern and report any abnormalities to physician. Observe for side effects, document and report to physician. "</p> <p>Review of the documentation on the Medication Administration Record (MAR) indicated the resident received Norco for pain three times per day each day in April, May, and June of 2012. Ferrous Sulfate was documented on the MAR daily in April, May, and June of 2012. Both the Ferrous Sulfate and the Norco are medications that are known to increase the risk of constipation. The facility was unable to provide evidence of bowel movements or Physician ' s orders for laxatives for Resident #1 before 4/6/12.</p> <p>Review of the record of bowel movements on the Completed Care Tasks facility form from 4/6/12 - 4/12/12 indicated Resident #1 did not have a bowel movement (BM) for 7 days. The bowel protocol was not implemented. The resident had a BM on 4/13/12. The resident had no BM for 2 1/2 days (4/13/12 - through 4/15/12). The resident had no BM on 4/16/12.</p> <p>The resident had new Physician ' s telephone orders dated 4/17/12 at 2:00 PM for MOM (Milk of Magnesia) 30 milliliters by mouth everyday as needed for constipation and Check Bowel Sounds every shift times 2 days.</p> <p>Review of the documentation on the Medication</p>	F 309	<p>All residents with current constipation concerns were care planned.</p> <p>Systemic Changes: The No Bowel Movement Report is in AHT and lists any resident that has not had a bowel movement recorded in the computer in the last three day. This report will be printed everyday on the 7-3 shift and distributed to the charge nurse for review of the residents listed. The charge nurse will verify the three day period and provide laxative per MD order. If no success on day four the MD or NP will be notified for further orders. If there is a discrepancy with documentation it will be noted in the nurse's note and explanation listed on the NO BM Report. : As of July 18, 2012 Bowel Movements have been added to the MAR (Medication Administration Record) for documentation q shift by the Nurses to ensure all bowel movements are recorded. The completed BM reports will be reviewed and any issues identified will be discussed at the Daily</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 3</p> <p>Administration Record (MAR) indicated the Nurse began the facility Standing Orders protocol for constipation on 4/17/12 for the resident. The MAR read, " MOM (Milk of Magnesia) 30 Milliliters as needed times 2 days. " The documentation on the MAR indicated the resident received 1 dose of Milk of Magnesia on 4/17/12 and none for 4/18/12. The MAR also read, " Check Bowel sounds every shift x 2 days. " The documentation on the MAR indicated the bowel sounds were checked once on 7-3 shift on 4/17/12 and once on 11-7 shift on 4/18/12, instead of every shift according to the facility protocol.</p> <p>The resident had new Physician ' s telephone orders dated 4/17/12 at 3:30 PM for Colace 100 milligrams 2 = 200 milligrams by mouth at bedtime, and Miralax 17 grams in 8 ounces of water daily for constipation.</p> <p>Review of the documentation on the MAR indicated there was no documentation to indicate the Miralax was given on 4/17/12. Colace 100 milligrams 2= 200 milligrams was documented as given by mouth at Bedtime as ordered on 4/17/12. The resident went 5 days from 4/18/12 to 4/23/12 without a BM. Miralax was given on 4/18/12.</p> <p>Additional review of the Physician ' s telephone orders dated 4/17/12 indicated there was an order for a DRE (Digital Removal) of stool.</p> <p>According to the Nursing notes on 4/17/12 at 9:55 PM Nurse did a DRE (Digital Removal) of stool from the resident.</p>	F 309	<p>Clinical QA Meeting on Monday through Friday. The completed BM reports will be filed in the QA Notebook. The QA Committee consists of DON, SDC, MDS, Unit Managers, and other member of the clinical team as requested by the DON. Physician Orders for medication are written on a Telephone order sheet in the chart. The white copy will be faxed to Pharmacy for inputting medication order into the computer Monthly Physician order. The white copy will then go to Medical Records who will audit to ensure pharmacy has the medication listed on computerized monthly orders. The pink copy will go to Nursing Supervisor or MDS Coordinator who will review the orders and compare to the MAR for transcription accuracy. Any discrepancies will be reported to the pharmacy for correction by the Nursing Supervisor. The yellow copy will remain on the chart. The Medical Director reviewed and revised the standing orders for constipation to</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 4</p> <p>The resident went 3 days from 4/26/12 to 4/28/12 without a BM. The bowel protocol was not implemented. The resident did not have a BM on 4/29/12 and 4/30/12.</p> <p>Review of the Physician 's Order sheet for the month of May 2012 indicated the 4/17/12 orders for Colace 100 milligrams 2 tabs by mouth for constipation and Miralax 17 grams in 8 ounces of water for constipation were hand written on the Physician 's order sheet. Review of the May 2012 MAR indicated the MD orders were not followed and the lack of documentation/blanks on the MAR from May 1 - May 10, 2012, indicated the Colace and the Miralax was not given to the resident for 10 days.</p> <p>Nurses notes on 5/13/12 at 7:46 PM read, " NA (Nursing Assistant) reported that resident had a hard bowel which was stuck. Another nurse and I went, took resident in room to assess resident 's stool. Resident began to get combative once we tried to put (the resident) on the toilet. I was able to digitally remove a lot of stool from the resident. "</p> <p>Review of the record of bowel movements on the Completed Care Tasks facility form indicated the resident went 2 days from 5/15/12 through 5/16/12 PM without a BM. For the next 3 days from 5/17/12 through 5/19/12 the resident did not have a BM. The bowel movement protocol was not implemented. The resident had a BM on 5/20/12, then no BM for 3 days from 5/20/12 to 5/22/12. The bowel movement protocol was not implemented.</p> <p>Review of the Physician 's orders for April</p>	F 309	<p>include monitor bowel sounds as needed.</p> <p>At the end of each month as the new MAR is prepared there will be three checks to ensure accuracy. First the Physician orders for the new month will be printed and compared to the Chart Physician Telephone orders by charge nurses on each unit. Any changes will be written on the new month's physician orders and transcribed to the new MAR. Second the completed physician orders will be checked against the current MAR for accuracy by the administrative RNs. Third review will be done by 11-7 Nurses on the last day of the month prior to implementing the new month's MAR. The current months MAR will be reviewed and reconciled with the new MAR prior to being implemented.</p> <p>On July 3 through July 13, 2012 all Nurses were inserviced on transcription of medication and month end order checks. The procedure for end of month review was demonstrated and</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 5</p> <p>through June 27, 2012 indicated the resident did not have orders for relief of constipation until 4/17/12. The Colace order was discontinued on 5/30/12. A new order for Senna S 2 by mouth two times per day for constipation was ordered 5/30/12. Review of the May and June 2012 MAR indicated the Senna S was documented given as ordered from 5/30/12 through June 26, 2012 when the survey started.</p> <p>A staff interview was conducted with the Director of Nurses (DON) on 6/26/12 at 4:50 PM regarding the concern the resident did not have regular bowel movements (BMS) from 4/01/12 - 4/17/12, and still had problems with BMS after 4/17/12 through 5/22/12.</p> <p>The DON indicated, " The protocol is started when the resident 's name shows up on our No BM Report. (Resident #1) has not shown up on this list. " The DON indicated, " The No BM Report is generated if a resident does not have a BM for 3 days. The Nursing Assistants enter the information about no bowel movements in the computer, and the computer generates the No BM Report. I cannot explain why Resident #1 has not shown up on our No BM Report. I cannot explain the reason for her not having a BM or why nothing was ordered before 4/17/12. "</p> <p>Interview conducted on 6/27/12 at 10:30 AM with the first shift Nurse (Nurse #5) regarding an episode of bowel incontinence on 5/13/12 with the Nurse doing a DRE (Digital Removal) of stool from the resident. The Nurse indicated, " Basically a NA (Nursing Assistant) told me the resident couldn ' t get her stool out/have a bowel movement, so I went and got another Nurse (Nurse #6). Then we took the resident to the</p>	F 309	<p>procedure detailed. The Nurses' Aides and Nurses were inserviced by the DON on July 9 through the 13, 2012 on Bowel Movement Management and assessment including documentation of bowel movements utilizing the computer smart charting and the MAR. Also included was a review of the MD standing orders for constipation and the required documentation for follow up for a resident listed on the No Bowel Movement Report or had not had had a bowel movement recorded for three days. Any in-house staff who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Monitoring: Using the QA Survey Tool the DON will review that the</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	<p>Continued From page 6</p> <p>bathroom, and we sat the resident on the toilet. Once (Resident #1) sat on the toilet, (Resident #1) began getting combative and swatting/swinging at us while we were putting (Resident #1) on the toilet. There was some hard stool, and I tried to get the stool out digitally, and I was able to get out a large amount and then (Resident #1) was able to have a bowel movement on (Resident #1 's) own after that. (Resident#1) was not impacted. (Resident #1) was constipated. I cannot make the judgment whether (Resident #1) is impacted or not, because the Doctor makes the diagnosis. The (family member) tells me the resident has been having the problem of being constipated. "</p> <p>Interview with the DON on 6/27/12 at 11:20 AM indicated, " If the orders are for the bowel sounds to be checked every shift, it is supposed to be done every shift. "</p> <p>During an interview with Nurse #1 conducted on 6/27/12 at 11:50 AM, the Nurse could not explain why the medications (Colace and Miralax) had not been given from May 1 - May 10, 2012.</p> <p>During an interview with Nurse #2 conducted on 6/27/12 at 12:10 PM regarding the reason the Colace and the Miralax were not given from May 1 - May 10, 2012, the Nurse could not explain why the Colace and Miralax was not documented on the MAR and/or not given.</p> <p>A staff interview with Nurse #3 was conducted on 6/27/12 at 12:45 PM. The nurse was not able to explain why the medications (Colace and Miralax) had not been given from May 1 - May 10, 2012.</p>	F 309	<p>documentation was accurate in computer smart charting system, MAR, a laxative or intervention done, and the desired results obtained with bowel movement being recorded and care planned. In addition using the QA Survey Tool the we will review up to three new Physician Orders for medications using the pink copies. To ensure the order was transcribed and correct on the MAR. Also recorded will be verification that pharmacy has entered any continuing medication to the computer physician's monthly orders. Three residents with laxative orders will have a MAR review to verify medication was administered. To ensure compliance the QA Survey Tool and any issues identified will be discussed at the Daily Clinical QA Meeting on Monday through Friday. The QA Committee consists of DON, SDC, MDS, Unit Managers, and other member of the clinical team as requested by the DON. This will be done five times a week for four weeks then monthly for 3 months. Identified</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2012
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA			STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN ST SALISBURY, NC 28147		
(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 309	Continued From page 7 A staff interview was conducted with Nurse #4 on 6/27/12 at 1:00 PM. When asked the reason the Colace and the Miralax had not been given to the resident from May 1 - May 10, 2012, and/or documented as given, Nurse #4 indicated the reason the Colace and Miralax orders were not documented was, "When the Pharmacy had printed out the new Medication sheet for May, 2012, the medications were not on the sheet. I noticed it on 5/11/12 and started the medications on 5/11/12. I left a note for the Director of Nurses (DON) on 5/11/12 that it had not carried over from the April MAR. I talked with the resident 's (family) about it on May 11, 2012, and I told the (family) the resident did not receive it from May 1 - 10th for that reason. " A staff interview with the DON was conducted on 6/27/12 at 1:15 PM. When asked about her expectations for following the MD orders to give the Colace and Miralax from May 1 through May 10, the DON indicated, " It ' s safe to say it (Colace and Miralax) wasn ' t given, and should have been given. My expectation is that it should not have gone 10 days without somebody catching it on the MAR to MAR check from the last of the month (April 30th) to the beginning of the new month (May 1). The pharmacy didn't print it out on the MAR. On 5/11/12 the (family member) took out stool from (Resident #1 ' s) rectum. It was not hard and then on 5/13/12 the Nurse said it was hard stool, and was digitally removed by the Nurse. I don't think it was an impaction, because when it was removed, it was soft, and (Resident #1) was able to pass it. "	F 309	issues will be reported immediately to DON or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting. The weekly Committee members will include at a minimum: Administrator, DON, SDC, Support Nurse, MDS nurses, Social Services, dietary and other clinical team members as needed. Date of Compliance: July 18, 2012		