DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION (X3

JUN 1 0 2011

PRINTED: 06/09/2011 FORM APPROVED OMB NO: 0938-0391

(X3) DATE SURVEY COMPLETED

> C 04/26/2011

> > (X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

A. BUILDING

B. WING

345228

NAME OF PROVIDER OR SUPPLIER

RIDGEWOOD MANOR

(X4) ID

PREFIX

STREET ADDRESS, CITY, STATE, ZIP CODE

1624 HIGHLAND DRIVE

MANOR	v	ASHINGTON, NC 27889
SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION
(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	
	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE	F 514	

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews, the facility failed to ensure 4 of 4 closed records were readily accessible for review on the facility's computer system.

On 4/26/11 at 11:30 AM, 4 closed records located on the facility's computer system was unable to be accessed by the reviewer, with the access code provided by the facility.

Interview on 4/26/11 at 11:40 AM, with the Staff Development Coordinator (SDC) she indicated the reviewer should have been able to gain access to the closed records on the facility's computer system independently; with the access code provided by the facility. The SDC elaborated she would inform the administrator the access code provided to the reviewer by the facility, was unsuccessful, when attempted to access the closed records.

On 4/26/11 at 11:45 AM, the Administrator stated

In the future surveyors will have access to closed records on the facilities computer system without disclosing the resident's identity prior to review. This will be communicated to the Director of Nursing, Staff Development Coordinator, and Assistant Director of Nursing, so that can be communicated to any surveyor needing to

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

This practice will be reviewed annually by the Quality Assurance Committee to insure future compliance.

access the medical records.

This measure was put in place on June 8, 2011.

LABORATORY DIRECTOR'S OF PROMISER SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

(X6) DATE
6/9/1

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345228	B. WING		C 04/26/2011		
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1624 HIGHLAND DRIVE WASHINGTON, NC 27889				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE	
F 514	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			514			