

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

APR 28 2014

PRINTED: 04/10/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/03/2014 |
|--|--|--|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401 |
|--|--|

| (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 164 SS=D | <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and family interview the facility failed to protect residents' personal identification, medical and medication history in an unsupervised area for 5 of 8 sampled residents reviewed for privacy (#4, #5, #6, #7 and #8).</p> | F 164 | <p>F164 Resident's Medical Records are to be protected at all times. Procedures in place to assure this include but not limited to:</p> <p>A. All new hire employees are given the HIPPA guidelines and requirements and as a condition of their employment, they sign a statement that they agree to keep the patients records confidential. This will be updated yearly as necessary.</p> <p>B. We have in serviced every employee in every department of the building on the HIPPA regulations. Also the HIPPA requirements are posted in all the break rooms of the building.</p> <p>C. All contracted professional providers whom we do not have the Business Associate Addendum are required to sign that statement and return to us ASAP.</p> <p>D. Although all of our residents were given this new HIPPA information at the beginning of the year, we are giving the new info to them again. Every patient in the building will have this HIPPA information to assure them of our compliance of protecting their health information.</p> <p>1. Corrective action by those affected by the deficient practice is: Every patient in the entire building is being given the HIPPA regulations as a reminder of their rights for their Protected Health Information.</p> <p>2. For every resident that has the potential to be affected by the deficient practice: We have distributed HIPPA information to every patient in the building.</p> <p style="text-align: right;">Continued on next page.</p> <p>This facility alleges compliance of F164 by May, 1 2014</p> <p>*Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law."</p> | 05/01/2014 |
|---------------|---|-------|---|------------|

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

Sue Pauls

TITLE _____ (X6) DATE

Administrator 4/23/14

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

PRINTED: 04/10/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537 | (X2) MULTIPLE CONSTRUCTION- A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/03/2014 |
|--|---|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401 | | |
| (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 164 | Continued From page 1 The findings included: 1. Observation was made on 04/02/14 at 9:00 PM of a copy of resident #4's face sheet and a copy of the March 2014 medication record in the family living room on the 300 hall in small stack of papers on the far left end of a long table. The resident's name was on the face sheet and the March 2014 medication record. There was no one present in the room. Review of a copy of resident #4's face sheet included the resident's social security number, diagnosis, responsible party contact information and other confidential information. On the face sheet the resident's height, weight, blood pressure and the last time they were seen by the facility doctor was hand written at the bottom of the face sheet. A copy of the resident's medication record for the month of March 2014 was stapled to the face sheet. 2. Observation was made on 04/02/14 at 9:00 PM of a copy of resident #5's face sheet and a copy of the March 2014 medication record in the family living room on the 300 hall in small stack of papers on the far left end of a long table. The resident's name was on the face sheet and the March 2014 medication record. There was no one present in the room. Review of a copy of resident #5's face sheet included the resident's social security number, diagnosis, responsible party contact information and other confidential information. On the face sheet the resident's height, weight, blood pressure and the last time they were seen by the facility doctor was hand written at the bottom of | F 164 | 3. We have put measures in place whereby the Management Team will do daily routine rounds in the building, coinciding with their Ambassador rounds, to make sure deficient practice will not occur again. If any areas are found during the morning rounds it will be corrected immediately with that employee and will then be reported immediately to the Administrator. This will be discussed in our morning meetings (Every morning from 9 a.m. to 10 a.m.) Monday through Friday to alert the management team of the issues). Monday through Friday to alert the management team of the issues). It will also be sent through our QAPI monthly meeting. 4. The above measures outlined will be taken QAPI committee every month, which will evaluate its effectiveness by monitoring the corrective action for 4 consecutive months for compliance. This facility alleges compliance of F164 by May, 1 2014 "Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law." | 05/01/2014 | |

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

PRINTED: 04/10/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|--|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/03/2014 |
| NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401 | | |
| (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 164 | <p>Continued From page 2</p> <p>the face sheet. A copy of the resident's medication record for the month of March 2014 was stapled to the face sheet.</p> <p>3. Observation was made on 04/02/14 at 9:00 PM of a copy of resident #6's face sheet in the family living room on the 300 hall in small stack of papers on the far left end of a long table. There was no one present in the room.</p> <p>Review of a copy of resident #6's face sheet included the resident's social security number, diagnosis, responsible party contact information and other confidential information. On the face sheet the resident's height, weight, blood pressure and the last time they were seen by the facility doctor was hand written at the bottom of the face sheet.</p> <p>4. Observation was made on 04/02/14 at 9:00 PM of a copy of resident #7's face sheet and a copy of the March 2014 medication record in the family living room on the 300 hall in small stack of papers on the far left end of a long table. The resident's name was on the face sheet and the March 2014 medication record. There was no one present in the room.</p> <p>Review of a copy of resident #7's face sheet included the resident's social security number, diagnosis, responsible party contact information and other confidential information. On the face sheet the resident's height, weight, blood pressure and the last time they were seen by the facility doctor was hand written at the bottom of the face sheet. A copy the resident's medication record for the month of March 2014 was stapled to the face sheet.</p> | F 164 | <p>This facility alleges compliance of F164 by May, 1 2014.</p> <p>"Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law."</p> | 05/01/2014 | |

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

PRINTED: 04/10/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|--|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/03/2014 |
| NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401 | | |
| (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 164 | <p>Continued From page 3</p> <p>5. Observation was made on 04/02/14 at 9:00 PM of a copy of resident #8's face sheet and a copy of the March 2014 medication record in the family living room on the 300 hall in small stack of papers on the far left end of a long table. The resident's name was on the face sheet and the March 2014 medication record. There was no one present in the room.</p> <p>Review of a copy of resident #8's face sheet included the resident's social security number, diagnosis, responsible party contact information and other confidential information. On the face sheet the resident's height, weight, blood pressure and the last time they were seen by the facility doctor was hand written at the bottom of the face sheet. A copy the resident's medication record for the month of March 2014 was stapled to the face sheet.</p> <p>During an interview on 04/02/14 at 9:10 PM, the Unit Coordinator stated she was not aware of how the papers got in the room.</p> <p>During an interview on 04/03/14 at 12:30 PM, a family member presented pictures of various concerns. The family member further stated she had proof of where the facility left personal information of five residents on the table in the family living room on the 300 hall to include the resident's social security numbers, date of birth and medical history. She then showed a screen on her personal cell phone that included multiple pages of paper. She then enlarged one page that was a facility face sheet that indicated the name of a resident that currently resided in the facility. The same page displayed the resident's name, date of birth and social security number.</p> | F 164 | <p>This facility alleges compliance of F164 by May, 1 2014</p> <p>"Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law."</p> | 05/01/2014 | |

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

PRINTED: 04/10/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/03/2014 |
|--|---|--|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401 | | |
| (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 164 | <p>Continued From page 4</p> <p>In a telephone interview on 04/03/14 at 6:17 PM, the Unit Clerk stated that the family living room was used by the Podiatrist on March 31, 2014. The Unit Clerk further stated that she gathers the resident's information to include a copy of the face sheet and medication record for the Podiatrist visit. The Unit Clerk stated once the information is gathered she gives it to the person that assists the Podiatrist, and they take the information back to there office when the examinations are done. Further interview with the Unit Clerk revealed that resident's #4, #5, #6, #7 and #8 were not seen on March 31, 2014 by the Podiatrist even though they were on the list.</p> <p>During an interview on 04/03/14 at 6:00 PM, the administrator stated that it is her expectation that the resident medical information be kept safe.</p> | F 164 | <p>This facility alleges compliance of F164 by May, 1 2014</p> <p>"Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law."</p> | 05/01/2014 | |