

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890
---	--

(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 166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, staff and resident interviews, the facility failed to promptly resolve a grievance for 1 of 5 residents reviewed for resolving grievances (resident # 4).</p> <p>Findings included:</p> <p>Review of a facility policy entitles "Grievance Policy and Procedure" dated September 2002 indicated: A grievance should be filed in writing detailing the date, time, location and particulars of the alleged incident. This form should be turned into the administrator or placed in the complaints/suggestion box if after hours or on the weekend.</p> <p>Review of the clinical record of resident #4 indicated she was admitted to the facility 12/19/2013. The resident's cumulative diagnoses included Dementia.</p> <p>Review of a nursing note dated 5/11/2014 at 2:50 PM indicated "Resident's family reported a lot of resident 's clothes were missing along with bras and underwear. Nurse and myself asked laundry to look. Myself checked and none in laundry. Will pass on to next shift and Director of Nursing (DON)." (signed by Medication Technitian #1)</p>	F 166	<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 dates indicated.</p> <p>Corrective Action for Resident Affected A grievance was written for Resident #4 on 5/28/14 for 5/11/14. Administrator called the RP to determine what items were missing. The RP stated that only 2 bras were missing and should have 4 or 5 in her drawer. Also there was a shirt she found hanging on the door that was not Resident's. Administrator then went to Resident #4's room and found 2 bras in her drawer and then went to laundry where 2 other bras were found. Administrator then called RP back and informed them of her findings and the RP was satisfied.</p>	6/12/14
---------------	---	-------	--	---------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/12/2014
---	-------	--------------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2014
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
(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 166	<p>Continued From page 1</p> <p>In an interview with the DON on 5/28/2014 at 10:45 AM, the DON indicated there was a process in place for filing grievances. The DON also indicated the expectation was staff should follow policy and procedures when grievances were voiced by residents and families. The DON also reported she had no knowledge of the resident's family complaint of clothes missing and also stated no grievance was filed by staff.</p> <p>A Facility Medication Technitian #1 was interviewed on 5/28/2014 at 11:00 AM. When asked what the policy was if a family member or resident reported a grievance, the Medication Technitian stated " If a resident or family member has a grievance, I report it to my nurse, and I report it to the DON and Social Worker. Then I fill out a grievance form and put it in the grievance box." The Medication Technitian stated the nursing note written on 5/11/2014 at 2:50 PM was written by her, and she stated the events in the note were accurate. She further reported she should have filled out a grievance form but did not.</p>	F 166	<p>Corrective Action for Resident Potentially Affected All residents have the potential to be affected by this alleged deficient practice. Residents were interviewed by Department Heads on 5/28-5/31/14 to ensure that Residents had no outstanding or unknown grievances currently. Responsible Parties were also contacted to ensure that all concerns they may have are recorded on a Grievance Form and all grievances are answered in a timely manner. The inquiry, disposition, and decision was completed within 7 days of receiving the grievance. There were no outstanding grievances found.</p> <p>Systemic Changes An in-service was conducted on 5/30/14 by the Administrator and on 6/6/14 by the DON. Those who attended were all staff in all departments. Hospice providers were included by sending the policy for Grievances to inservice staff who work at this facility and/or to have their staff members join the inservice 5/30/14 because they do provide care and interact with residents and families in the facility. Any in-house staff member who did not receive in-service training by 6/6/14 will not be allowed to work until training has been completed. The in-service topics included review of grievance policy, each staff member's responsibility to fill it out when receiving a concern in a timely manner and examples of what grievances may include. This information has been integrated into</p>		

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

PRINTED: 06/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/28/2014
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
(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 166	Continued From page 2	F 166	<p>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>Quality Assurance The Administrator will monitor this issue using the QA Tool for Grievances". The monitoring each week will include verifying with 5 staff members have filled out grievances they have received and will include 5 residents and responsible party to ensure they do not have grievances that have not been reported and that the Grievance Process is carried out in a timely manner. See attached monitoring tool. This will be done weekly times three months or until resolved by QOL/QA committee. Reports will be given to the weekly Quality of Life- QA committee and corrective action initiated as appropriate. Results of the audits will then be shared in the Quarterly QA Meeting with the Medical Director with verification of his attendance along with all members of the QA Team and Department Heads.</p> <p>Compliance Date: June 12, 2014</p>		