

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

PRINTED: 05/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/21/2016
NAME OF PROVIDER OR SUPPLIER POPLAR HEIGHTS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 SOUTH POPLAR STREET ELIZABETHTOWN, NC 28337	
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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 observations, staff interviews and record review the facility failed to provide privacy for 2 of 3 sampled residents by leaving window blinds open during incontinent care for resident #2 and during a bath for resident # 4 so the residents exposed bodies could not be viewed</p>	F 164	<p>1. Nursing assistants assigned to residents #2 and #4 on 4/20/16 during surveyor observation of AM care were provided education by the Nurse Practice Educator on providing privacy when performing personal care. Education was</p>	5/18/16

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

TITLE

(X6) DATE

Electronically Signed

05/06/2016

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.

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F 164	<p>Continued From page 1 from outside the window.</p> <p>Findings included:</p> <p>Resident # 4 was admitted to the facility on 12/17/2009 with diagnoses which included dementia. The most recent Minimum Data Set (MDS) dated 3/5/2016 indicated the resident was severely cognitively impaired and required total assistance with bathing and toileting. The clinical medical record also revealed the resident was on Hospice services.</p> <p>On 4/20/2016 at 8:30 AM Nursing Assistant (NA) #1 accompanied the resident ' s Hospice Aide into the resident ' s room to assist with the resident ' s bath. NA #1 knocked on the door prior to entering room, closed the door after she entered the resident ' s room and pulled the privacy curtain located in the center of the room. Resident # 4 was in the bed next to the window. The blinds on the window were open and raised approximately 2 feet and full view of the facility ' s side parking lot was observed from the window. The Hospice Aide informed resident # 4 of the intent to give her a bath and the aide began gathering the needed supplies. The Hospice Aide uncovered the resident, took off the resident ' s night clothes and proceeded to bathe her. NA # 1 stood at the end of the bed and assisted by retrieving supplies when needed. The Hospice Aide completed the resident ' s care and dressed the resident.</p> <p>Resident # 2 was admitted to the facility on 8/18/2011 with diagnoses which included Anxiety and Depression. The most recent Minimum Data Set (MDS) dated 1/29/2016 indicated the resident had severe cognitive impairment, required extensive assistance with 1 person assist for</p>	F 164	<p>provided on 4/21/16 and the hospice CNA was educated on 5/6/16.</p> <p>2. Residents receiving personal care in the facility have the potential to be affected. Nursing staff will be educated by the Nurse Practice Educator on providing privacy during personal care. Education will be completed by 5/13/16.</p> <p>3. DNS, ADNS, and Unit Managers will monitor provision of privacy during personal care daily x 1 week, 3 x week x 1 week, 2 x week x 2 weeks, then weekly x 1 month, and monthly x 1 month. Documented results of monitoring will be kept by the DNS and additional training will be provided for staff as indicated by monitoring results.</p> <p>4. Results of monitoring will be reported to the Quality Assurance Committee monthly x 3 months for review and further recommendation.</p>		

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F 164	Continued From page 2 toileting and was always incontinent of bowel and bladder. On 4/20/2016 at 10:00 AM NA #2 was observed providing incontinence care for resident # 2. NA #1 assisted with care. NA #1 knocked on the door prior to entering the room and closed the door after she entered the resident ' s room. Resident # 2 was in a private room and the bed was positioned next to the window. The blinds on the window were open and full view of the facility ' s side parking lot was observed from the window. NA # 2 explained to the resident incontinence care was to be provided. NA # 2 uncovered the resident and removed resident # 2 ' s pants and brief. NA# 2 cleaned the resident with disposable wipes, applied a clean disposable brief and reapplied the resident ' s pants. During an interview on 4/20/16 at 10:15AM, NA # 1 indicated the blinds should have been closed when care was provided to ensure privacy during incontinent care for resident #2 and during the bath for resident #4. NA # 1 reported she did not know why she had not closed the blinds. On 4/20/2016 at 11:00 AM NA #2 was interviewed. NA #2 acknowledged the blinds should have been closed before providing incontinent care for resident # 2. NA # 2 did not have an explanation as to why she had not closed the blinds. During an interview on 4/20/2016 at 4:00 PM the Director of Nursing stated the expectation was for blinds to be closed when resident care was provided to ensure privacy.	F 164			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253		5/18/16	

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F 253	Continued From page 3 The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior for 8 of 17 resident room window screens observed with holes. Findings: An observation on 04/20/16 at 10:50 a.m. revealed 8 of 17 resident room window screens to contain one or more holes (rooms 232, 228, 226, 224, 218, 214, 303 and 307). During an interview with the Administrator on 04/20/16 at 11:10 a.m., the Administrator stated she had been aware the facility had maintenance concerns upon the beginning of her tenure as Administrator in March 2016. The Administrator indicated she had put a detailed plan of correction in place to correct the maintenance concerns and had been working with the Maintenance Director to prioritize and correct the concerns. The Administrator stated window screens were not listed in her plan of correction notebook. During an interview with the Maintenance Director on 04/21/16 at 11:08 a.m., the Maintenance Director stated he was responsible for checking resident room window screens on a weekly basis for needed maintenance. He stated he made notes in his computer system about planned maintenance for the facility. When asked if he had any notes in his computer system regarding the resident room window screens with holes in	F 253	1. Identified window screens for rooms 232, 228, 226, 224, 218, 214, 303, 307 have been repaired. 2. Residents residing in the facility have the potential to be affected. The Administrator and the Regional Property Manager performed an inspection of the exterior of the facility to identify additional window screens needing repair. Once identified, a plan of correction was developed by the Administrator and Regional Property Manager and these repairs will be completed by the 5/18/16. Education will be provided by the Administrator to the Maintenance Director, Housekeeping Director, and/or designee on importance of monthly facility rounds and documentation of identified concerns. 3. Monthly environmental and maintenance rounds will be performed and documented by the Housekeeping Manager and the Maintenance Director. These rounds will be reviewed by the Administrator and plans of correction developed as needed to address identified needs. 4. Results of monthly rounds will be reviewed by the Quality Assurance Committee monthly x 3 months to ensure continued compliance.		

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F 253	Continued From page 4 them, the Maintenance Director stated there were none but he had made " self-notes " about the screens and had planned to repair the screens one room at a time. During an interview with the Administrator on 04/21/16 at 11:26 a.m., the Administrator stated it was her expectation maintenance projects be completed in a reasonable and timely manner.	F 253			
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced	F 520		5/18/16	

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F 520	Continued From page 5 by: Based on observation and staff interviews, the facility Quality Assurance Committee failed to maintain and monitor interventions that were put into place in October 2015. These interventions were in an area originally cited in the recertification survey of 10/09/15 and recited in the complaint survey of 04/21/16. The deficiency was in the area of housekeeping and maintenance services. Findings included: This citation is cross referenced to F253: Housekeeping and Maintenance services. Based on observation and staff interviews, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior on 8 of 17 resident room window screens with holes. The facility was cited during the 10/09/15 recertification / complaint survey for F253 for failing to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior on 3 of 4 halls observed. During an interview with the Administrator on 04/20/16 at 11:10 a.m., the Administrator stated she had been aware the facility had maintenance concerns upon the beginning of her tenure as Administrator in March 2016. The Administrator indicated she had put a detailed plan of correction in place to correct the maintenance concerns and had been working with the Maintenance Director to prioritize and correct the concerns. The Administrator stated window screens were not listed in her plan of correction notebook. During an interview with the Maintenance Director on 04/21/16 at 11:08 a.m., the Maintenance Director stated he was responsible for checking resident room window screens on a weekly basis	F 520	1. The goal of the Quality Assurance Committee is to make a good faith attempt to identify areas of deficiency and to develop and implement plans of action to correct these concerns, including monitoring the effect of implemented changes and, as needed, making revisions to the new and on-going action plans. The interventions implemented for the recertification survey of 10/9/15 have been reviewed. Routine monitoring of window screens was added to the environmental rounds checklist. The previous monitoring put in place in October 2015 will be re-implemented and placed into the monthly Quality Assurance meetings. 3. Environmental/Maintenance has been added to the standing agenda items for the monthly Quality Assurance meetings. The Administrator will review the electronic documentation of facility rounds monthly to ensure continued compliance and to ensure identified concerns are documented and reported to the Quality Assurance Committee for review. 4. Results of environmental/maintenance rounds will be reported to the Quality Assurance Committee monthly with identified concerns addressed with a plan of correction. These plans of correction will be reviewed monthly until resolved and PRN as identified by monthly rounds. Environmental/Maintenance will remain as a standing agenda item on the Quality Assurance monthly agenda.		

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F 520	Continued From page 6 for needed maintenance. He stated he made notes in his computer system about planned maintenance for the facility. When asked if he had any notes in his computer system regarding the resident room window screens with holes in them, the Maintenance Director stated there were none but he had made " self-notes " about the screens and had planned to repair the screens one room at a time. During an interview with the Administrator on 04/21/16 at 11:26 a.m., the Administrator stated it was her expectation maintenance projects be completed in a reasonable and timely manner.	F 520		