STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345336	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF ROANOKE RAPIDS	305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870

(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 000	INITIAL COMMENTS There were no deficiencies cited as a result of the complaint investigation survey of 10/19/16. Event ID # OXWE11. Complaint intake # NC00121386 and NC00121659	F 000		
F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the	F 156		11/4/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/04/2016

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 156	Continued From page 1	F 156		

facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

The facility must furnish a written description of legal rights which includes:
A description of the manner of protecting personal funds, under paragraph (c) of this section;

A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

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F 156	Continued From page 2 The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to post names, addresses and telephone numbers of state client advocacy groups, the protection and advocacy network and the facility also failed to prominently display written information about how to apply for and use Medicare and Medicaid benefits for 4 of 4 days of the survey. The findings include: During an observation on 10/17/2016 at 1:05 PM there was no information posted in the facility on how to apply for and use Medicare/Medicaid benefits and there was no contact information for State client advocacy groups, such as the State licensure and certification agency, the protection and advocacy network, such as Adult Protective Services and the Medicaid fraud control unit posted in the facility. During an observation on 10/18/2016 at 9:49 AM there was no information posted in the facility on how to apply for and use Medicare/Medicaid benefits and there was no contact information for State client advocacy groups, the protection and advocacy network and the Medicaid fraud control	F 156	Upon notification of findings related to failure to post advocacy network and Medicare and Medicaid application information, the facility Social Services Director immediately posted the required information in the hallway near the front entrance of the center on 10/19/16. The Administrator of the facility has also provided notification to new admissions that date back to September 1, 2016, whether they have discharged or are presently in the center. This notification was mailed to each responsible party by November 4, 2016. Social Services Director as well as Admissions has been educated on importance of making residents aware of advocacy groups that are available for support both in the center as well as community once they are discharged. This education was completed on 10/20/16 by the Administrator. This citation will be reviewed and presented to the facility QAPI meeting	

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F 156	Continued From page 3 unit posted in the facility. During an observation on 10/18/2016 at 12:38 PM there was no contact information posted in the facility on how to apply for and use Medicare/Medicaid benefits and there was no contact information for State client advocacy groups, the protection and advocacy network and the Medicaid fraud control unit posted in the facility. During an observation on 10/19/2016 at 3:18 PM there was no contact information posted in the facility on how to apply for and use Medicare/Medicaid benefits and there was no contact information for State client advocacy groups, the protection and advocacy network and the Medicaid fraud control unit posted in the facility. During an interview on 10/19/2016 at 3:26 PM, the facility Social Worker looked at the area where the information was supposed to be located and revealed during renovations the information must have been taken down. During an interview on 10/19/2016 at 3:52 PM, the Administrator stated she would get it fixed immediately.	F 156	monthly for 3 months by the Administrator. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS Coordinator, Admissions Coordinator, Medical Director, Director of Social Services, Quality of Life Director, Chaplain, and Environmental Services.	
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced	F 253		11/4/16

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F 253	Continued From page 4 by: Based on observation, staff interviews and review of housekeeping/maintenance records the facility failed to clean heating and air conditioning systems for the following rooms Room 18,11,37, 39, 40, 43, 48, 50, 53 and 55 for 2 of 4 halls and failed to clean a wheel chair and seat cushion in room 47 for 1 or 4 halls. The findings included: On 10/ 17/16 at 2:32 PM the heating and air conditioning system in room18 was observed with a large volume of gray dust on the front panels with food and trash on the inside of the unit. On 10/19/16 7:59 AM housekeeping staff stated she wiped down all surfaces in the residents ' rooms and the heating and air conditioning vents. She further stated that housekeeping would wipe out the units when they saw trash. On 10/19/16 at 11:27 AM the heating and air conditioning system in room18 was observed with gray dust on the front panels with dried food and trash on the inside of the unit. On 10/19/16 at 11:43 AM the administrator stated that the heating/air conditioning unit looked like food had dropped into the vents and needed to be cleaned. On 10/ 17/16 at 2:25 PM the heating and air conditioning system in room11 was observed with a large volume of gray dust on the front panels with food and trash on the inside of the unit. On 10/19/16 7:59 AM housekeeping staff stated	F 253	Housekeeping was immediately sent into rooms 18, 11, 37, 39, 40, 43, 48, 50, 53, and 55 to clean the vents and filters in the Heating Ventilation and Air Conditioning units on October 19, 2016. Additionally, housekeeping was sent to clean the cushion and wheelchair in room 47 on October 19, 2016. A house sweep was conducted for Heating Ventilation and Air Conditioning units, wheelchairs, and cushions by housekeeping, maintenance, and the administrator. Each room was inspected and cleaned by November 3, 2016. Education will be provided by the Administrator on the importance of maintaining a clean environment for our residents to insure that the center remains free of odors and pests. Housekeeping was in-serviced on how to properly clean the HVAC units and on how to apply the deep clean schedule to insure the facility is maintained. This will be completed by 11/3/16. Rounds to be made by the Administrator or the Administrator in Training on at least 10% of the center. These rounds will be documented on the audit tool and will be monitored for five days per week for two weeks, then weekly for two weeks, then monthly for two months. All data will be summarized and presented to the facility QAPI meeting monthly by the DON or SDC. Any issues or trends identified will be addressed by the QAPI committee as	

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F 253	Continued From page 5 she wiped down all surfaces in the residents ' rooms and the heating and air conditioning vents. She further stated that housekeeping would wipe out the units when they saw trash. On 10/19/16 at 11:28 AM the heating and air conditioning systems in room 11 was observed with gray dust on the front panels with food and trash on the inside of the unit. On 10/19/16 at 11:43 AM the administrator stated that the heating and air conditioning unit looked like food had dropped into the vents and needed to be cleaned. On 10/17/16 at 9:37 AM the heating and air conditioning system in room 40 was observed with a large volume of gray dust on the front panels with food and trash on the inside of the unit. On 10/17/16 at 11:24 AM the heating and air conditioning system in room 37 was observed with a large volume of gray dust on the front panels. On 10/17/16 at 2:24 PM the heating and air conditioning system in room 53 was observed with a large volume of gray dust on the front panels. On 10/17/16 at 3:02 PM the heating and air conditioning system in room 48 was observed with a large volume of gray dust on the front panels. On 10/18/16 at 2:17 PM the heating and air	F 253	they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS Coordinator, Admissions Coordinator, Medical Director, Director of Social Services, Quality of Life Director, Chaplain, and Environmental Services.	

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F 253	Continued From page 6	F 253		

conditioning system in room 50 was observed with a large volume of gray dust on the front panels.

On 10/ 18/16 at 2:19 PM the heating and air conditioning system in room 48 was observed with a large
volume of gray dust on the front panels with food and trash on the inside of the unit.

On 10/18/16 at 2:21 PM the heating and air conditioning systems in room 40 was observed with a large
volume of gray dust on the front panels.

On 10/18/16 at 2:23 PM the heating and air conditioning systems in room 39 was observed with a large
volume of gray dust on the front panels.

On 10/18/16 at 2:26 PM the heating and air conditioning systems in room 37 was observed with a large
volume of gray dust on the front panels.

On 10/18/16 at 2:27 PM the heating and air conditioning system in room 43 was observed with a large
volume of gray dust on the front panels with food and trash on the inside of the unit.

On 10/18/16 at 2:28 PM the heating and air conditioning systems in room 53 was observed with a large
volume of gray dust on the front panels.

On 10/18/16 at 3:54 PM the heating and air conditioning systems in room 55 was observed with a large

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F 253	Continued From page 7	F 253		

volume of gray dust on the front panels.

During an interview with the housekeeping staff on 10/1916 7:59 AM she stated that 1st she would sweep the floors, clean the bathroom and empty the trash. Then she would wipe down every surface in a room including the dresser, nightstand and tray table, closet door, window ledges and when she saw trash in the heater vents she would wipe that out.

On 10/19/2016 11:43:40 AM the administrator stated that the air conditioner looked like food had dropped into the vents and needed to be cleaned.

On 10/19/16 at 8:13 AM the heating and air conditioning systems in room 50 was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 8:13 AM the heating and air conditioning systems in room was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 8:14 AM the heating and air conditioning system in room 40 was observed with a large
volume of gray dust on the front panels with food and trash on the inside of the unit.

On 10/19/16 at 8:16 AM the heating and air conditioning systems in room 39 was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 8:17 AM the heating and air conditioning systems in room 37 was observed with a large

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F 253	Continued From page 8	F 253		

volume of gray dust on the front panels.

On 10/19/16 at 8:18 AM the heating and air conditioning systems in room 55 was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 8:22 AM the heating and air conditioning systems in room 53 was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 9:28 AM the heating and air conditioning systems in room 43 was observed with a large
volume of gray dust on the front panels.

On 10/19/16 at 10:46 AM the interim housekeeping manager stated that each room was cleaned daily using a 7 step process that included sweeping, dusting, moping, clean and disinfecting the bathroom, wipe down any equipment in the room, change out the trash bags and wipe down the exterior of the heating and air conditioning systems. She indicated that she would have staff clean the heating and air conditioning systems that day.
On 10/19/16 at 11:13 AM the Administrator stated that the heating and air conditioning system should be cleaned and wiped down daily and when rooms are deep cleaned the heating and air conditioning system covers are taken off and cleaned.
On 10/19/16 at 11:43 AM the Administrator stated that the air conditioner looked like food had dropped into the vents and needed to be cleaned.

On 10/18/16 at 2:29 PM the wheel chair in room 47 bed A was observed with a thumb size tear in

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F 253	Continued From page 9 the left armrest. The frame and cushion seat of the wheel chair was observed with spilled drink stains and food debris. On 10/19/16 at 8:20 AM the wheel chair in room 47 bed A was observed with a thumb size tear in the left armrest. The frame and cushion seat of the wheel chair was observed with spilled drink stains and food debris. During an interview with housekeeping staff on 10/19/16 at 8:02 AM she stated that wheelchairs were not on a cleaning schedule but housekeeping, staff or anyone in management could bring dirty wheelchairs to the wash area to be cleaned.	F 253		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and policy review the facility failed to maintain kitchen equipment clean and in a sanitary condition to prevent the cross contamination of food by failing to clean 2 of 5 range hood filters, remove peeling paint from the hood and failed to clean the	F 371	The Nutrition services manager cleaned the underside of the steam table and the fan on 10/19/16. Additionally, these items were added to the weekly deep clean schedule for the dietary staff. The facility also arranged for the hood to be deep	11/4/16

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F 371	Continued From page 10 underside of 1 of 2 the steam table shelves. The findings included: During the initial kitchen tour on 10/16/16 at 1:02 PM, 2 of the 5 range hood filters was observed covered with golden grease and a 4 inch piece of peeling paint was observed hanging from the back bottom rim of the range hood. On 10/16/16 at 1:05 PM the 6 well steam table was observed. The 6 foot underside of the steam table shelf was observed to be covered with dark dried food particles. On 10/18/16 at 8:24 AM the 6 well steam table was observed. The 6 foot underside of the steam table shelf was observed to be covered with dark dried food particles. 2 of the 5 range hood filters was observed covered with golden grease and a 4 inch piece of peeling paint was observed hanging from the back bottom rim of the range hood. On 10/18/16 at 3:04 PM the 6 well steam table was observed. The 6 foot underside of the steam table shelf was observed to be covered with dark dried food particles. 2 of the 5 range hood filters was observed covered with golden grease and a 4 inch piece of peeling paint was observed hanging from the back bottom rim of the range hood. On 10/19/16 at 9:52 AM the fan in the dish machine area was observed. The cage of the wall mounted fan was observed cover with a volume of gray dust and dust strings. The fan was blowing onto the clean dishes exiting the dish machine. In an interview on 10/19/16 the Certified Dietary Manger (CDM) stated that recently she had identified that the kitchen needed more cleaning. She stated that she would add the fan, underside of the steam table shelf and range hood to the weekly cleaning schedule. The CDM indicated	F 371	cleaned by an outside contractor □ this date is secured for 11/07/16 - following this process, Plant ops will paint the exterior of the hood no later than 11/12/16. The Nutrition Services manager removed the chipping paint on 10/19/16 to prevent further risk of contamination. Education completed with dietary staff of the responsibility of cleaning all items on the deep clean schedule completed by the Nutrition Services Manager and Administrator by 11/03/16. Also reviewed with dietary staff was how to place maintenance items for repair in the Maintenance repair log for review by the Plant Ops Director. Deep clean schedules will be reviewed by the Nutrition Services manager moving forward as well as inspection of the hood and other food storage and preparation areas to insure no further risk of contamination. Review of the deep clean schedule completion as well as weekly rounds by the Nutrition Services Manager or Administrator. This review will be documented on the deep clean schedule for four weeks, then monthly for two months. All data will be summarized and presented to the facility QAPI meeting monthly by the Nutrition Services Manager. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the	

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F 371	Continued From page 11 that she would have those areas cleaned that day. In an interview on 10/19/16 at 11:13 AM the administrator stated that she had been working on contacting a service to clean and service the facility range hood. She stated that the CDM would add the fan and underside of the steam table shelf to the weekly cleaning schedule.	F 371	Administrator, DON, SDC, MDS Coordinator, Admissions Coordinator, Medical Director, Director of Social Services, Quality of Life Director, Chaplain, and Environmental Services.	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE 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 have current physician's orders on the chart for 2 of 14 charts (Resident #90 and #8) reviewed for physician's orders. The findings included: 1. Resident #90 was admitted to the facility on 8/5/16 and readmitted on 8/24/16 with diagnoses including acute encephalopathy, dementia, kidney	F 514	Upon notification of missing physician order summaries, medical records re-printed and had physicians sign the orders and added them to the medical record on 10/20/2016. An audit was completed by the Medical records clerk and Unit coordinator on 10/19/16 to identify any other discrepancies that may be in place. No	11/4/16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345336	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF ROANOKE RAPIDS	305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870

(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 514	Continued From page 12 failure, hypertension, malnutrition and anemia, Review of the medical record revealed the most updated copy of the Physician Order Summary (POS) on the chart was September 2016. On 10/19/16 at 2:11 PM the Administrator stated that the POS should be on the chart no later than the 15th of the month. The Administrator further stated that they had a transition of medical record employee in August 2016 and some of the physicians were not always as prompt in signing and returning the POS. 2. Resident #8 was admitted to the facility on 4/3/2015 with diagnoses to include Alzheimer's disease, encephalopathy, chronic kidney disease, anemia, and pressure ulcer. On 10/18/2016 a review was conducted of the resident's medical record, which revealed the most updated copy of the Physician Order Summary (POS) was September 2016. An interview was conducted with the Administrator on 10/19/2016 at 2:11 PM. The Administrator stated the Physician Order Summary (POS) should be on the chart no later than the 15th of the month. The Administrator indicated they had a transition of medical record employee in August 2016 and some of the physicians were not always prompt in signing and returning the POS.	F 514	other residents were found to be affected. Education will be provided by the Director of Nurses or Staff Development Coordinator moving forward to insure administrative nursing staff are aware that Physician order Summaries are to be reviewed and forwarded to the medical records clerk to insure an audit can be completed monthly. This education is to include new administrative nursing hires upon orientation as well as annually through skills review. This will be completed by 11/03/16. Review of POS is completed by the medical records clerk monthly and will be recorded on a census board for the center to indicate in-house completion and physicians have returned them timely and are placed on the medical record by the 15th of each month. This review will be documented on the census board reports monthly for three months. All data will be summarized and presented to the facility QAPI meeting monthly by the DON or SDC. Any issues or trends identified will be addressed by the QAPI committee as they arise and the plan will be revised to ensure continued compliance. The QAPI committee consists of the Administrator, DON, SDC, MDS Coordinator, Admissions Coordinator, Medical Director, Director of Social Services, Quality of Life Director, Chaplain, and Environmental Services.	