

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

PRINTED: 05/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREMIER NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 WHITE STREET</b> <b>JACKSONVILLE, NC 28546</b>		
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F 164 SS=D	<p>483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>483.10 (h)(l) 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>(h)(3)The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>§483.70 (i) Medical records. (2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation</p>	F 164		4/28/17	

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

TITLE

(X6) DATE

Electronically Signed

04/28/2017

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</p> <p>purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interviews and review of the Medication Administration Record (MAR) the facility failed to maintain confidentiality of the MAR for Resident #5 on 1 of 4 halls.</p> <p>The findings include:</p> <p>During an observation on 3/03/2017 at 8:45 AM, Nurse #1 walked away from the medication cart that was parked against the wall opposite of room #305 on the 300 hallway. The MAR with the resident 's personal and medical information was left exposed and unattended.</p> <p>During an observation on 3/03/2017 at 8:47 AM the medication cart with the resident ' s MAR was observed to be parked just outside room #305 with Resident #5 personal and medical information left exposed and unattended. Family members visiting other residents were observed passing the medication cart while Nurse #1 was down 400 hallway in a room administering medications to another resident.</p> <p>During an interview with Nurse #1 on 3/03/2017 at 9:35 AM, she stated that she was in the process of going from room to room doing her medication administration and that she usually would close the MAR but did not. She stated, "I should have closed it."</p> <p>During an interview with the Director of Nursing on 3/03/2017 at 10:39 AM she stated the MAR's</p>	F 164	<p>Premier Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Premier's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Premier reserves the right to refute any of the deficiencies on the Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F 164 483.10 €, 483.75 (I) (4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <ul style="list-style-type: none"> <li>Nurse #1, agency nurse, was in-serviced by the Director of Nursing regarding keeping confidentiality of clinical records to include not leaving residents MARs exposed and unattended during med pass for all residents to include resident #5 on 4/3/2017. Nurse #1 will no</li> </ul>		

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F 164	Continued From page 2 should be covered at all times when the nurse is not at the cart.	F 164	<p>longer be assigned to this facility.</p> <ul style="list-style-type: none"> <li>Facility rounds were conducted and all resident MARs were reviewed during med pass on 4/7/2017 to include resident #5 to ensure confidentiality was maintained of the clinical records on 4/7/2017 by the Director of Nursing. No problems were found during audit. All licensed nurses, to include agency nurses, and medication aides, were in-serviced by the Director of Nursing regarding resident confidentiality, the need for the medication administration records to remain closed when the medication cart is unattended on 4/7/2017. All newly hired license nurses, to include agency nurses, and medication aides will be in-serviced by the Staff Facilitator regarding resident confidentiality, the need for the medication administration records to remain closed when the medication cart is unattended during orientation. A HIPPA in-service was completed on 4/07/2017 by the Staff Facilitator.</li> <li>To maintain privacy of confidential information for all residents, including resident #5, the Medication Administration records is to remain closed by the licensed nurse, to include agency nurses, and medication aides when medication cart is unattended. The QI (Quality Improvement) Nurse or Staff Facilitator will conduct rounds in the facility to include monitoring medication carts to ensure confidentiality of clinical records are provided 3 x's per week x 4 weeks, then weekly x 4 weeks then monthly for 1 month utilizing a Medication Cart Security Tool. The QI nurse or Staff Facilitator will</li> </ul>		

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F 164	Continued From page 3	F 164	immediately provide retraining with staff for any identified areas of concern. The DON will review the Medication Cart Security Tools Weekly x 8 weeks then monthly x 1 month for completion and to ensure all identified areas of concerns were addressed. The Executive QI committee will meet to review the Medication Cart Security tool monthly X's 3 months to determine issues and trends to include continued monitoring frequency.		
F 242 SS=D	483.10(f)(1)-(3) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  (f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  (f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.  (f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. This REQUIREMENT is not met as evidenced by: Based on resident, staff interviews and record review, the facility failed to offer showers as scheduled for 1 of 3 sampled resident (Resident # 4).  The findings included:	F 242	F 242 Right to Make Choices  • Resident #4 was discharged from the facility on 2/11/17 with no anticipation of return.	4/28/17	

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F 242	<p>Continued From page 4</p> <p>The resident was admitted to the facility on 1/4/2017. The resident's diagnoses were Chronic Kidney disease, Hypotension, Acidosis, disorders of plasma- protein metabolism, acute kidney failure, insomnia, chronic rhinitis, Dementia. Review of the resident ' s MDS(Minimum Data Set) dated 11/9/2016 indicated the resident cognition as moderately impaired; required supervision with one person physical assist with bed mobility, limited assistance with one person physical assist with the transfer, independent with toilet use, supervision with personal hygiene and bathing. Review of the MDS did not indicate the resident as resistive to care.</p> <p>A review of the 800 hall Shower List for the months of October 2017 and November 2017 indicated Resident # 4's shower days were Wednesdays and Saturdays.</p> <p>A review of the Task: ADL (Activity of Daily Living) - Bathing (Prefers Shower) Sheet (this is the printed sheet from the Nursing Assistants electronic kiosk data entry) for Resident #4 indicated no refusals and no showers done on Wednesdays and Saturdays on 10 /5/2017, 10/12/2017, 10/15/2017, 10/22/2017 and 10/26/2017 or any other days of the week for the months of October 2016. The Bathing (Prefers Shower) Sheet also indicated the resident only received the showers 2 times for the month of November 2016 or any other days of the week.</p> <p>A review of the nursing progress notes for month of October 2016 only mentioned one time that the resident refused a shower. There were no mentioning of the resident refusing showers for the month of November 2016.</p>	F 242	<ul style="list-style-type: none"> <li>100% interviews were completed with all alert and oriented residents on 4/28/2017 by the Social Services Director regarding preferences for bathing. The MDS Supervisor updated the resident care plans on 4/28/2017 to reflect the residents bathing preferences. All non-alert and oriented residents will be given a shower per policy as medically indicated. 100% audit was completed on 4/28/2017 by the Director of Nursing, QI nurse, Staff Facilitator and appointed nurse supervisor for all residents to ensure each resident is receiving the bathing method of their choice and all non- alert and oriented residents are receiving bath/showers per policy as medically indicated. All identified issues were addressed immediately by the Director of Nursing on 4/28/2017 to ensure each resident is given the choice of a shower or bath per their preference.</li> <li>100% in-service of licensed nurses, to include agency nurses, and nursing assistants was initiated by the Staff Facilitator on 4/27/2017 regarding the resident right to choose activities, schedules and health care consistent with his or her interests and to make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preference and the policy on offering and documenting showers, to include documentation of refusals and reporting those refusals to the hall nurse. Then the hall nurse will interview the resident and document the reason for the refusal. The in-service will</li> </ul>		

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F 242	Continued From page 5  In an interview on 4/4/2017 at 11:36 AM, Nursing Assistant (NA) #1 who was assigned to the resident reported any refusals were to be reported to the nurse and documented on her kiosk. She did not recall Resident # 4 as refusing her showers.  In an interview on 4/4/2017 at 2:00 PM, the Administrator stated it was her expectation that the residents receive their showers as scheduled and if they refused, the staff was to attempt again later and should report it to the Charge Nurse on shift.	F 242	be completed by 4/28/2017. All new staff will be in serviced by the Staff Facilitator during orientation regarding the resident's right to choose activities, schedules and healthcare consistent with his or her interests and make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preference and the policy on offering and documenting, to include documentation of refusals and reporting those refusals to the hall nurse. Then the hall nurse will interview the resident and document the reason for the refusal.  • Resident care observations will be completed by the Director of Nursing and appointed Quality Improvement staff for 10% of all residents to ensure residents are receiving bathing services related to their bathing preference or baths/showers are given per policy for non-alert residents and to ensure that refusal are documented appropriately 3 x week x 4 weeks, weekly x 4 weeks then monthly x 1 month using a Bathing/Shower Audit Tool. The Director of Nursing will review and initial the Bathing/Shower Audit Tool weekly x 8 weeks then monthly x 1 month for completion and to ensure all identified areas of concern were addressed.  • The Executive QI committee will meet to review the Bathing/Shower Audit tool monthly x 3 months to determine issues and trends to include continued monitoring frequency.		
F 431	483.45(b)(2)(3)(g)(h) DRUG RECORDS,	F 431		4/28/17	

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F 431 SS=D	Continued From page 6 LABEL/STORE DRUGS & BIOLOGICALS  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--  (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws,	F 431			

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F 431	<p>Continued From page 7</p> <p>the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure one (1) of four (4) medication carts remained locked when not in use. (300 Hall Medication Cart).</p> <p>The findings include:</p> <p>During an observation of the medication cart on 300 Hall on 4/03/17 at 8:45 AM the cart was unlocked. The nurse assigned to the medication cart was not seen in the area.</p> <p>During an observation of the medication cart on 300 Hall on 4/03/17 at 9:04 AM the cart was observed to be parked just outside room #305 and was unlocked. There was a blue capsule in a medication dispensing cup on top of the cart. Nurse #1 assigned to the medication cart was down 400 hallway in the room administering medications to another resident. The Director of Nursing (DON) was near the nursing station and observed the cart with the State Surveyor.</p>	F 431	<p>F 431 Plan of Correction</p> <ul style="list-style-type: none"> <li>Nurse #1, agency nurse, was in-serviced on re-locking medication cart at all times and securing medications in the medication cart when left unattended on 4/3/2017 by the Director of Nursing. Nurse #1, agency nurse, will no longer be assigned to this facility.</li> <li>100% audit was completed on 4/7/2017 to ensure all medication carts, to include medication cart utilized by nurse #1, were locked and securing medications in the medication cart when left unattended by the licensed nurse, to include agency nurses, or medication aide by the Director of Nursing and Staff Facilitator. Immediate retraining was conducted by the Director of Nursing with the licensed nurse, to include agency nurses, or medication aides for all identified areas of concern on 4/7/2017.</li> </ul>		



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F 431	<p>Continued From page 8</p> <p>During an interview with Nurse #1 on 4/03/17 at 9:35 AM she stated that the medication cart should have been locked when she stepped away from the cart and went down 400 hallway.</p> <p>During an interview with the Staff Development Coordinator (SDC) on 4/03/17 at 2:00 PM she stated that the medication cart and all medications should be locked and secured all times when the staff is not working at the cart or in full visual of the cart.</p> <p>During an interview with the Director of Nursing on 4/03/17 at 3:55 PM she stated, "It is expected medications be secured always and the medication cart need to be locked when the nurse is away from the cart."</p>	F 431	<ul style="list-style-type: none"> <li>100% in-service for all licensed nurses, to include agency nurses, and medication aides on locking the medication cart and securing medications in the medication cart when unattended was completed on 4/7/2017 by Staff Facilitator. All newly hired licensed nurses, to include agency licensed nurses, and medication aides will be in-serviced on locking the Medication Cart while unattended will be completed upon orientation by the Staff Facilitator.</li> <li>Medication Carts will be monitored using a Medication Cart Security QI Tool to ensure all medication carts are locked and medications are secured in the medication cart when left unattended, to include cart utilized by nurse #1 by the QI nurse, Staff Facilitator, Treatment nurse and the appointed nurse supervisor, to include nights and week-ends, 3 times a week x 4 weeks, then weekly x 4 weeks then monthly x 1 month. The licensed nurse, to include agency nurses, and medication aides will be immediately re-trained by the QI nurse, Staff Facilitator, Treatment nurse or the appointed nurse supervisor for any identified areas of concern. The DON will review and initial the Medication Cart Security tool for completion and to ensure all areas of concerns were addressed weekly x 8 weeks and monthly x 1 month.</li> <li>The Executive QI committee will meet to review the Medication Cart Security tool monthly x 3 months to determine issues</li> </ul>		

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F 431	Continued From page 9	F 431	and trends to include continued monitoring frequency		