STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345036	A. BUILDING _____ B. WING _____	05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH CITY HEALTH AND REHABILITATION	1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC 27909

(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	483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS 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. (h)(3)The resident has a right to secure and confidential personal and medical records. (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. §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- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation	F 164		6/9/17

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

Electronically Signed | 05/31/2017

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	Continued From page 1 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: Based on medical record review, observation and interview the facility failed to provide privacy during personal care by failing to cover a resident during a bed bath for 1 of 2 residents (Resident #123) observed receiving a bed bath. Findings included: Resident #123 was admitted to the facility on 10/25/14 with diagnoses including hypertension, depressive disorder and dementia. A review of her annual Minimum Data Set (MDS) dated 8/16/16 and her quarterly MDS dated 4/3/17 revealed she was severely cognitively impaired. A review of her functional status revealed she was totally dependent on staff for bathing. A review of Resident #123 care plan dated updated 4/17/17 revealed she had self-care deficits secondary to impaired cognition and decreased mobility. On 5/16/17 at 10:51 AM Resident #123 was observed in her room receiving a bed bath by Nursing Assistant (NA#1). Resident #123 was observed with only her adult brief on with her upper body and legs uncovered. On 5/16/2017 at 10:53 AM NA#1 stated that she was trained a long time ago about covering residents while bathing them. She stated she	F 164	Sanstone Health and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary 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. Sanstone□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, Sanstone reserves the right to refute any of the deficiencies on this statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. 1) Resident #123 received bathing with towels used for privacy since 5/16/17. NA#1 received one-on-one re-education on providing privacy to residents during bathing by the Staff Development Coordinator on 5/16/17. A return demonstration of bathing was observed with NA#1 on 5/16/17 by the Staff Development Coordinator noting no concerns with privacy during bathing. 2) All residents dependent for care with bathing have the potential to be affected.	

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F 164	Continued From page 2 could only use one towel and she had soiled that towel and because of the shortage of towels she did not cover the resident during her bed bath. On 5/17/2017 at 11:12 AM NA#1 with the nurse consultant present stated that when she came into bathe the resident she brought in one towel and one washcloth. She stated the resident was not covered during her bath due to she got the towel soiled and could not cover her. NA#1 stated that was just what she did and bringing in only one towel and one wash cloth was not what she had been instructed to do by the facility. She stated she could have gotten more wash clothes and towels but she only brought in one of each. She stated she had been a nursing assistant for a long time, since 1997. She further stated that should could not describe why she did not cover the resident and that she was aware that she should have covered the resident's body parts that were not being bathed. On 5/18/2017 at 9:04 AM the Director of Nursing stated that her expectation would be to cover the body parts that were not being cleaned to provide privacy during a bed bath.	F 164	100% of nursing staff were educated on providing privacy during bathing by the Staff Development Coordinator/designee beginning 5/16/17 and was completed by 6/9/17 All newly hired nursing staff will receive the education during orientation. 3) Utilizing a Privacy with Bathing QI Audit tool, observation of privacy of all NAs providing bathing to dependent residents by the Unit Managers and Staff Development Coordinator was initiated on 5/17/17 to be completed by 6/9/17 Monitoring of privacy during bathing for dependent residents will be completed daily x 5 days by the Unit Managers x 1 week, then 2 times weekly x 2 weeks, then 1 time weekly x 2 weeks, then monthly x 1. The Director of Nursing will review and initial the QI Audit tool for trends and/or concerns. 4) The Director of Nursing will present the results of the monitoring to the Executive Quality Assurance Committee meeting x 3 months for trends and the need for continued monitoring.	