

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

PRINTED: 06/29/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2017
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NAME OF PROVIDER OR SUPPLIER PENDER MEMORIAL HOSP SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 507 FREMONT STREET BURGAW, NC 28425
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(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
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F 156 SS=B	483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section: (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective	F 156		
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President	(X8) DATE 7-7-17
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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 services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)] (iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)] (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans	F 156		

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F 156	Continued From page 2 Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)] (v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)] (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives: (i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and (ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not	F 156			

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F 156	Continued From page 3 limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart l) and requests for information regarding returning to the community. (g)(13) The facility must 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. (g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) 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. (ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; (g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for	F 156			

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F 156	<p>Continued From page 4</p> <p>Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) 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</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section.</p> <p>(g)(18) 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 facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident</p>	F 156		

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F 156	<p>Continued From page 5</p> <p>representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to provide Medicare non-coverage letters indicating the resident was notified prior to Medicare coverage ending for 2 of 3 residents reviewed for liability notice and beneficiary appeals (Resident #1, Resident #6).</p> <p>Findings included:</p> <p>1. Resident #1 was admitted on 1/20/17 with active diagnoses which included diabetes mellitus, hypertension, and anemia.</p> <p>Resident #1's Medicare coverage ended on 5/15/17.</p> <p>Review of Resident #1's records revealed the resident did not receive a written liability notice and beneficiary appeals letter. The liability notice and beneficiary appeals letter informs the resident or responsible party that Medicare</p>	F 156		

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F 156	<p>Continued From page 6</p> <p>coverage will end and explains their right to appeal the discontinuation of care.</p> <p>During an interview on 6/22/17 at 9:05 AM the Admissions Coordinator stated Resident #1 was discharged from Medicare services on 3/15/17 and the responsible party was called at least three days ahead of time. She stated she did not write a note because she was pulled away and did not get back to it but remembered she did call. The Admissions Coordinator stated that she cannot remember if she mailed the liability and appeal notice letter and could not supply a copy. She further stated that she was aware that the resident or family needed to be made aware of discharge from Medicare coverage but was not aware that written letters needed to be provided and copies of the liability notices and beneficiary appeals should be kept by the facility.</p> <p>During an interview on 6/22/17 at 10:15 AM the Administrator stated that it was her expectation that if liability and beneficiary appeal rights notices must be provided in writing and kept on file then it would be done by the Admissions Coordinator.</p> <p>2. Resident #6 was admitted on 4/24/17 with active diagnoses which included atrial fibrillation, hypertension, anemia, and spinal stenosis.</p> <p>Resident #6's Medicare coverage ended on 5/17/17.</p> <p>Review of Resident #6's records revealed the resident did not receive a written liability notice and beneficiary appeals letter. The liability notice and beneficiary appeals letter informs the resident or responsible party that Medicare</p>	F 156	

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F 156	Continued From page 7 coverage will end and explains their right to appeal the discontinuation of care. During an interview on 6/22/17 at 9:05 AM the Admissions Coordinator stated Resident #6's responsible party was called on 5/10/17 and informed of last day of coverage on 5/17/17. She further stated that a liability notice was not mailed to the responsible party or provided when the responsible party visited and subsequently did not have a copy. She further stated that she was aware that the resident or family needed to be made aware of discharge from Medicare coverage but was not aware that written letters needed to be provided and copies of the liability notices and beneficiary appeals should be kept by the facility. During an interview on 6/22/17 at 10:15 AM the Administrator stated that it was her expectation that if liability and beneficiary appeal rights notices must be provided in writing and kept on file then it would be done by the Admissions Coordinator.	F 156			
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 371			

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F 371	<p>Continued From page 8</p> <p>safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide a barrier between ready to eat food and the server's bare hands for 2 of 6 nurse aides who touched the resident's food with their bare hands while assisting the residents with dining (Nurse Aide #1, Nurse Aide #2).</p> <p>Findings included:</p> <p>1. During observation on 6/20/2017 at 12:11 PM Nurse Aide #1 was passing the lunch tray to Resident #10 in her room. Nurse Aide #1 entered the room and placed the tray on the bedside table. Nurse Aide #1 adjusted the head of the bed and bedside table as well as adjusted Resident #10's positioning. She was not wearing gloves. Then she then handled the bun of the resident's barbecue sandwich with her bare hands.</p> <p>During an interview on 6/20/17 at 12:37 PM Nurse Aide #1 stated that as long as her hands were clean it was okay for her to handle the resident's food with her bare hands and she had just washed her hands after her meal break. She</p>	F 371		

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F 371	<p>Continued From page 9</p> <p>stated that because her hands had only been in contact with Resident #10 and items in Resident #10's room, who the food was for, it was okay to handle the resident's food without washing her hands.</p> <p>During an interview on 6/20/17 at 5:16 PM the Director of Nursing stated that the Nurse Aide should not have handled the resident's barbecue sandwich with her bare hands.</p> <p>2. During an observation in the dining room on 6/20/17 at 12:10 PM Nurse Aide #2 retrieved a chair and placed it next to Resident #7. While assisting Resident #7 the Nurse Aide was observed to pick up the barbecue sandwich with her bare hands. She placed the sandwich back down on the plate, cut it in half then she picked up one half and helped the resident to eat it. The Nurse Aide was not using any type of protective barrier.</p> <p>During an interview on 6/20/17 at 12:45 PM Nurse Aide #2 stated she was not aware she should not touch the barbecue sandwich with her bare hands. She stated she was not aware it was a potential contamination risk when she held the sandwich for the resident.</p> <p>During an interview on 5/20/17 at 5:16 PM the Director of Nursing stated the Nurse Aide should not touch the resident's barbecue sandwich with her bare hands.</p>	F 371			

Appendix I-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:
 Plans.Of.Correction@dhhs.nc.gov

Provider Name:		Pender Memorial Hospital Skilled Nursing Facility	
Provider Contact Person for follow-up:		Ruth Glaser	
Address:		507 E. Fremont St., Burgaw, NC 28425	
		Provider # 345245	
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>\$483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. 483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. \$483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this</p>	<p>Standard Work was completed for provision of NOMNC when indicated. The Admissions Coordinator (with back-up by the Manager of Quality & Outcomes) will maintain a log of all residents in order to track entry data and changes in coverage as they occur. The delivery dates of written notices will also be tracked via this method with daily review Monday- Friday except on holidays. NOMNC will be delivered 2-7 days in advance of the actual coverage changes. Full explanation will be provided regarding the right to appeal. If a responsible party is not available in person to sign, the discussion will be held over the phone if possible and the form sent via certified mail with a return receipt requested. The Admissions Coordinator will serve as the notifier with back-up by other members of the Outcomes Department. Advanced Beneficiary Notices (ABN) will be provided with full explanation and signatures obtained at all indicated times prior to applicable services being delivered. Standard Work has been developed and will be utilized by all staff. Expected co-pays will be discussed prior to admission by the Admissions Coordinator. ABNs will be delivered and collected by the Financial Counselor and or staff of the Patient Access Department who will serve as the notifier. The notifier will be informed by the Admissions Coordinator of all anticipated changes in coverage and applicable dates so that the notifier may meet with the patient &/or responsible party for ABN procurement prior to applicable dates.</p>	<p>Admissions Coordinator / Manager Quality & Outcomes</p> <p style="text-align: center;">Manager of Patient Access</p>	<p>Implementation Date: 06/22/2017</p> <p>Projected Completion Date: 07/19/2017</p>
			<p>Implementation Date: 07/10/2017</p> <p>Projected Completion Date: 07/14/2017</p>

<p>section;</p> <p>This REQUIREMENT is not met as evidenced</p> <p>1. Resident #1 was admitted on 1/20/17 with active diagnoses which included diabetes mellitus, hypertension, and anemia. Resident #1's Medicare coverage ended on 5/15/17.</p> <p>Review of Resident #1's records revealed the resident did not receive a written liability notice and beneficiary appeals letter. The liability notice and beneficiary appeals letter informs the resident or responsible party that Medicare coverage will end and explains their right to appeal the discontinuation of care.</p> <p>2. Resident #6 was admitted on 4/24/17 with active diagnoses which included atrial fibrillation, hypertension, anemia, and spinal stenosis. Resident #6's Medicare coverage ended on 5/17/17.</p> <p>Review of Resident #6's records revealed the resident did not receive a written liability notice and beneficiary appeals letter. The liability notice and beneficiary appeals letter informs the resident or responsible party that Medicare coverage will end and explains their right to appeal the discontinuation of care.</p> <p>483.60(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (1)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable</p>	<p>The process for delivery of each NOMNC and ABN will be monitored for 90 days by the Manager of Quality & Outcomes to ensure full compliance.</p>	<p>Manager of Quality & Outcomes</p>	<p>Implementation Date: 07/03/17</p> <p>Projected Completion: 10/2/2017</p>
<p>483.60(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (1)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable</p>	<p>It is the policy of this facility to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. In this case, after the surveyor reported the deficiency, the nurse aides were reminded to use a napkin, utensils, or gloves to provide a barrier between ready-to-eat food and bare hands.</p> <p>Because all residents are potentially affected by the cited deficiency, on 6/20/2017 and 6/21/17, the director of nursing reviewed food service safety standards with all nurse aides. The coordinator observed that all food service was conducted while maintaining professional standards of safety. No other residents were affected.</p> <p>To enhance currently compliant operations and under the</p>		<p>Implementation Date: 06/20/2017</p> <p>Projected Completion Date: 07/19/2017</p>

<p>safe growing and food-handling practices. (ii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to provide a barrier between ready to eat food and the server's bare hands for 2 of 6 nurse aides who touched the resident's food with their bare hands while assisting the residents with dining (Nurse Aide #1, Nurse Aide #2).</p>	<p>direction of the director of nurses, on 7/17/17-7/19/17, all nursing staff will receive in-service training regarding state and federal requirements for safe food handling. The training will emphasize the importance of hand hygiene as well as providing a barrier between ready-to-eat food and bare hands with the use of napkin, utensils, or gloves.</p> <p>Effective 7/19/17, a quality-assurance program will be implemented under the supervision of the director of nurses to monitor residents who require staff assistance while dining. The director of nurses or designated quality-assurance representative will perform the following systematic changes: randomly checking, or weekly checking residents who require staff assistance with dining to ensure professional standards for food service safety are being utilized. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action.</p>		<p>Implementation Date:</p> <p>Projected Completion Date:</p> <p>Implementation Date:</p> <p>Projected Completion Date:</p> <p>Implementation Date:</p> <p>Projected Completion Date:</p>
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