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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345002	A. BUILDING ______ B. WING ______	C 10/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS POINTE REHABILITATION CENTER	2006 SOUTH 16TH STREET WILMINGTON, NC 28401

(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 No deficiencies were cited as a result of the complaint investigation of 10/18/17. Event ID #ZM6811.	F 000		
F 164 SS=D	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS CFR(s): 483.10(h)(1)(3)(i); 483.70(i)(2) 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	F 164		10/23/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/26/2017

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 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 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 observation and staff interviews, the facility failed to maintain the privacy of 1 of 1 residents, (Resident #9), during incontinence care. Findings included: Resident #9 was admitted to the facility on 02/13/17. The most recent Minimum Data Set (MDS) for resident #9 dated 08/09/17, revealed the resident needed extensive assistance with Activities of Daily Living (ADL's) and was always incontinent of bladder and bowel. During a round of the facility at 8:45 PM on 10/17/17, Nursing Assistant (NA) #1 was observed leaving Resident #9's room walking toward the nurse's station. The door to Resident #9's room was open and the privacy curtain wasn't closed. The resident's body from head to the feet was visible from the hallway and the resident was unclothed. NA #1 returned to the room and stated that she went to the nurse's station to get some help pulling Resident #9 up in the bed post incontinent care. NA #1 entered Resident #9's room and started providing care again without closing the door or pulling the privacy curtain to shield view from hallway nor did NA #1 pull the privacy curtain to provide privacy	F 164	Cypress Pointe Nursing and Rehabilitation Center wishes to point out to any person who reviews this document that we do not necessarily agree with this citation in which we were cited. However the law requires us to prepare a plan of correction for the citations regardless of whether we agree with them. Thus, we have prepared such a plan as outlined below. Please note, though that this plan does not constitute an admission that the citations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation or position and Cypress Pointe reserves the rights to raise all possible contentions and defense in any civil or criminal claim, action or proceeding. Please accept October 23rd as our allegation of compliance. How will corrective action be accomplished for those Residents found to have been affected by the deficient practice?	

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F 164	Continued From page 2 from Resident #9's roommate. NA# 1 closed the privacy curtain and door once made aware of Resident #9's exposure. In an interview with the Administrator at 9:15 PM on 10/17/17, she reported that it was her expectation that all resident care be provided in privacy. In an interview with NA# 1 at 9:25 PM on 10/17/17, she stated that when providing resident care, she always pulled the privacy curtain from door view and between roommates, but admitted that in this case she made a vital mistake by not pulling the privacy curtains or closing Resident #9's door during incontinent care. NA#1 stated that she had walked to the nurse's station to get some assistance because the resident was a two plus person assist. In an interview with the DON at 11:15 AM on 10/18/17, she reported that it was her expectation that all residents have privacy when staff was providing incontinent care.	F 164	Following Notification to the Administrator at 9:15 PM, verification of privacy was ensured for Resident #9. No negative outcomes were noted as a result of this finding. How will the facility identify other Residents having the potential to be affected by the same deficient practice? Following notification an audit was conducted in the facility by the Administrator, Director of Nursing and RN Unit Managers to ensure privacy was maintained for all Residents. There were no similar findings. What measures will be put into place or systemic changes made to ensure that the deficient practice will not reoccur The Director of Nursing/Designee provided re-education to staff that was completed by 10/23/2017 regarding maintaining personal privacy. C.N.A #1 was provided with re-education regarding Personal Privacy. How will the facility monitor its corrective actions to ensure that the deficient practice will not reoccur. Audits will be conducted three times a week by the DON/Designee for eight weeks to ensure that privacy is maintained. The QA team will review, analyze and report the results at the	

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F 164	Continued From page 3	F 164	monthly PI committee meetings to validate compliance is achieved and sustained. Subsequent plans of correction/modifications will be implemented as deemed necessary/appropriate by this committee.	