STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345369	A. BUILDING _____ B. WING _____	C 07/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REX REHAB & NSG CARE CENTER	4420 LAKE BOONE TRAIL RALEIGH, NC 27607

(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 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580		8/16/18

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

Electronically Signed | 07/31/2018

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F 580	Continued From page 1 §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to notify the responsible person/family member about a resident's room change for one of one sampled residents reviewed. (Resident #25). The findings included: Resident #25 was originally admitted to the facility on 12/14/12, with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Diabetes Mellitus Type 2 with Diabetic Neuropathy and Chronic Systolic Congestive Heart Failure. According to the most recent Minimum Data Set (MDS) dated 5/7/18, Resident #25's cognition was intact. She required extensive to total assistance in most areas of activities of daily living. Review of the medical record's nursing notes from 12/2/18 through 12/4/18 revealed there was no documentation regarding notification of Resident #25's responsible person/family member abou the resident being moved to another room. Review of a nurse's note dated 12/3/17 at 7:30	F 580	F 580 The deficiency cited for failure to notify a resident□s representative of a room change was for resident # 25. Our investigation revealed that there was a miscommunication amongst nurses about who would notify the resident□s representative about the temporary room change. The plan for correcting this deficiency is staff education and scheduled auditing. Education will be provided by the Staff Education Nurse. All nurses will receive the training. A current employee roster will be used to ensure that all nurses receive the training. Training will be provided for our staff members in a face to face setting and training will be completed over the phone for individuals who are unable to attend the training in person. The education / training will cover our procedures for moving / transferring a resident from one room to another, even on a temporary basis. This training will also be included in our new hire orientation for nurses. The procedure for implementing the plan	

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F 580	Continued From page 2 AM, read in part, "Late entry-Resident moved to another room at 2:00 AM, due to bed malfunction." During an interview on 7/18/18 at 11:40 AM, the Director of Nursing (DON) revealed a nurse had moved Resident #25 to another room temporarily because the resident's bed was broken and the nurse failed to contact Resident #25's responsible person/family member. The DON explained the nurse was educated to ensure resident's family members were contacted anytime a resident was moved to another room, whether temporarily or not. During an interview on 7/18/18 at 3:19 PM, Staff Nurse #1 who worked at night, revealed she assumed another nurse had contacted Resident #25's responsible person/family member about the resident's room change. She said she was not able to talk to another nurse to determine if the nurse had contacted Resident #25's responsible person/family member about the resident's room change. During an interview on 7/19/18 at 10:21 AM, the Administrator revealed his expectation would be whatever was advised about contacting a resident's family regarding a room change.	F 580	of correction will be complete upon the completion of the staff education. The monitoring procedure to ensure this plan of correction is effective will be an audit conducted by the Staff Education Nurse, Director of Nursing, Clinical Manager and Team Leader. All room transfers will be audited bi-monthly for 2 months to ensure that resident representatives were contacted and audited monthly for 3 months with an anticipated completion date of December 31, 2018. The results will be reported through our Quality Assurance Performance Improvement meeting. This corrective action will be completed by Thursday August 16, 2018.	
F 583 SS=E	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes	F 583		8/16/18

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F 583	Continued From page 3 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. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(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. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews the facility failed to provide full visual privacy for residents whose privacy curtains were not wide enough for 3 of 6 halls. The findings included: 1. During an observation on 7/16/18 at 11:55 AM the privacy curtain in room # 158 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the	F 583	F 583 The deficiency cited was for not having enough privacy curtains hanging in a number of rooms to completely surround resident beds using the entire privacy curtain track that is attached to the ceiling to provide visual privacy. Our investigation revealed that during the process of removing segments of privacy curtains from a number of rooms for	

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F 583	Continued From page 4 head of bed B. The resident in bed B stated that the curtain did not provide her with full visual privacy. During an observation on 7/17/18 at 2:53 PM the privacy curtain in room # 158 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:05 AM the privacy curtain in room # 158 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. 2. During an observation on 7/17/18 at 2:52 PM the privacy curtain in room # 157 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:02 AM the privacy curtain in room # 157 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. 3. During an observation on 7/17/18 at 2:54 PM the privacy curtain in room # 160 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:12 AM the privacy curtain in room # 160 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.	F 583	cleaning, the same number of curtain segments that were taken down for cleaning were not replaced. We checked all of our rooms to get an accurate number of missing curtain segments for the entire building. We were able to replace almost all of the number needed immediately from our supply of clean curtains. We then borrowed some curtains from UNC Rex Healthcare and got them hung which filled all of our curtain segment vacancies. We placed an order for new curtains on July 20, 2018 and ordered more curtains than we needed in order to have a ready supply of clean curtains. Our new curtains will arrive before August 16th. We will then hang those new curtains and return the borrowed curtains to UNC Rex Healthcare. The plan for correcting this deficiency after hanging more curtains includes staff education and scheduled auditing. Education will be provided by the Staff Education Nurse. All nurses, CNAs and Environmental Services staff members will receive the training. A current employee roster will be used to ensure that all nurses, CNAs and Environmental Services staff members receive the training. Training will be provided for our staff members in a face to face setting and training will be completed over the phone for individuals who are unable to attend the training in person. The education / training will explain that when privacy curtains are completely extended, every foot of privacy curtain ceiling track should have a privacy curtain hanging	

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F 583	Continued From page 5 4. During an observation on 7/17/18 at 2:54 PM the privacy curtain in room # 161 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:12 AM the privacy curtain in room # 161 between bed A and bed was B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. 5. During an observation on 7/17/18 at 2:55 PM the privacy curtain in room #162 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:14 AM the privacy curtain in room #162 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. 6. During an observation on 7/17/18 at 2:56 PM the privacy curtain in room #163 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. During an observation on 7/18/18 at 9:15 AM the privacy curtain in room #163 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B. 7. During an observation on 7/17/18 at 2:57 PM the privacy curtain in room #164 between bed A	F 583	under it. The procedure for implementing the plan of correction will be complete upon the completion of the staff education. The monitoring procedure to ensure this plan of correction is effective will be an audit conducted by the Environmental Services Manager, Environmental Services Supervisor and Team Leader. All rooms will be audited weekly to ensure that adequate privacy curtains are hung for 1 month, then audited bi-monthly for 1 month and audited monthly for 3 months with an anticipated completion date of December 31, 2018. The results will be reported through our Quality Assurance Performance Improvement meeting. This corrective action will be completed by Thursday August 16, 2018.	

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and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.

During an observation on 7/18/18 at 9:17 AM the privacy curtain in room #164 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.

In an interview on 7/18/18 at 10:14 AM the Environmental services staff revealed the privacy curtains needed to go all the way round to give the residents full visual privacy.

In an interview with the Administrator on 7/18/18 at 10:17 AM he indicated extra privacy curtains were available and would be installed that day.

During an interview on 7/18/18 at 10:37 AM the Director of Nursing (DON) stated that when providing resident care, staff ask visitors to step out of the room and close the window blinds to provide residents privacy.

8. During an observation on 7/17/18 at 2:35 PM the privacy curtain in room #142 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.

During an observation on 7/18/18 at 8:43 AM the privacy curtain in room #142 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.

9. During an observation on 7/17/18 at 2:30 PM the privacy curtain in room #149 between bed A and bed B was short by 6 feet from the end of the

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privacy curtain to the wall adjacent to the head of bed B.
During an observations on 7/18/18 at 8:40 AM the curtain in room #149 between bed A and bed B was short by 6 feet from the end of the privacy curtain to the wall adjacent to the head of bed B.

10. During an observation on 7/17/18 at 1:03 PM the privacy curtain between bed A and bed B in room #166 was approximately 12 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B.

During an observation on 7/18/18 08:34 AM the privacy curtain between bed A and bed B in room #166 was approximately 12 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B.

11. During an observation on 7/17/18 at 1:03 PM the privacy curtain between bed A and bed B in room #169 was approximately 12 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B.

During an observation on 7/18/18 at 8:34 AM the privacy curtain between bed A and bed B in room #169 was approximately 12 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B.

12. During an observation on 7/17/18 at 1:15 PM the privacy curtain between bed A and bed B in room #173 was approximately 8 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B.

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F 583	Continued From page 8 During an observation on 7/18/18 at 8:37 AM the privacy curtain between bed A and bed B in room #173 was approximately 8 feet short from the end of the privacy curtain to the wall adjacent to the head of bed B. In an interview on 7/18/18 at 10:14 AM the Environmental services staff revealed the privacy curtains needed to go all the way round to give the residents full visual privacy. In an interview with the Administrator on 7/18/18 at 10:17 AM he indicated extra privacy curtains were available and would be installed that day. During an interview on 7/18/18 at 10:37 AM the Director of Nursing (DON) stated that when providing resident care, staff ask visitors to step out of the room and close the window blinds to provide residents privacy.	F 583		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding	F 625		8/16/18

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F 625	Continued From page 9 bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to provide the bed hold policy upon transfer to the hospital to 2 of 2 residents reviewed. (Resident #83 and Resident #96). The findings included: 1. Resident #83 was originally admitted to the facility on 6/1/17, with diagnoses including Adult failure to thrive, Respiratory Failure unspecified with Hypoxia and Hypertension. According to the most recent Significant Change Assessment dated 7/9/18, Resident #83 she was cognitively impaired and required extensive assistance in most areas of activities of daily living. Resident #83 was discharged to the hospital on 5/26/18 and was readmitted to the facility on 6/1/18. The resident was also discharged to the hospital on 6/24/18 and was readmitted on 6/27/18. During an interview on 7/18/18 at 9:30 AM Staff Nurse #2 revealed the reason Resident #83 was	F 625	F 625 The deficiency cited was for not providing notice of our bed hold policy when transferring residents to the hospital. Our investigation revealed that our practice was not to include a copy of our bed hold policy when transferring residents to the hospital. The plan for correcting this deficiency is staff education and scheduled auditing. Education will be provided by the Staff Education Nurse. All nurses will receive the training. A current employee roster will be used to ensure that all nurses receive the training. Training will be provided for our staff members in a face to face setting and training will be completed over the phone for individuals who are unable to attend the training in person. The education / training will cover our procedures for transferring a resident to the hospital and that a copy of our bed hold policy needs to be included in the transfer paperwork.	

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F 625	Continued From page 10 discharged to the hospital was because she fell and broke her hip. She stated Resident #83 was readmitted to her hall when she returned to the facility from the hospital. Staff Nurse #2 revealed when a resident was discharged to the hospital she usually sent the Medication Administration Record (MAR), history and physical, labs, as well as a list of other pertinent information. She indicated that she did not know anything about the bed hold policy being sent with residents when they were discharged to the hospital. During an interview on 7/18/18 at 2:45 PM, the Unit Manager revealed in reference to the bed hold policy, the Admission's Coordinator would followup with the family the next day. She stated in an emergency situation they did not send a bed hold policy to the hospital with the resident. During an interview on 7/18/18 at 3:25 PM, the Director of Nursing (DON) explained nursing staff usually completed a transfer sheet to send with the resident to the hospital and the next day the Admissions Coordinator would followup with the family regarding the bed hold policy. During an interview on 7/19/18 at 9:48 AM, the Admissions Coordinator revealed in most cases when a resident was discharged to the hospital it was an emergency situation and families were not present. She explained when she found out someone was sent out to the hospital she called the family and gave them the option of holding the bed. She stated sometimes families reached out to them and asked them what to do about the bed and she explained the bed hold policy to them at the time. During an interview on 7/19/18 at 10:20 AM, the	F 625	This training will also be included in our new hire orientation for nurses. The procedure for implementing the plan of correction will be complete upon the completion of the staff education. The monitoring procedure to ensure this plan of correction is effective will be an audit conducted by the Staff Education Nurse, Director of Nursing, Clinical Manager and Team Leader. All hospital transfers will be audited bi-monthly for 2 months to ensure that bed hold policies were sent with residents transferring to the hospital and audited monthly for 3 months with an anticipated completion date of December 31, 2018. The results will be reported through our Quality Assurance Performance Improvement meeting. This corrective action will be completed by Thursday August 16, 2018.	

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Administrator revealed his expectation was that the bed hold policy would be added to the packet when residents were discharged to the hospital.

2. Resident #96 was originally admitted to the facility on 4/19/18 with diagnoses including Muscle Weakness, COPD (Chronic Obstructive Pulmonary Disease), Diabetes Mellitus, Psoriatic Arthritis, Hypertension, Peripheral Neuropathy and Chronic Respiratory Failure. According to the most recent Discharge Assessment dated 5/2/18, Resident #96's cognition was intact and she required extensive assistance in most areas of activities of daily living.

Review of a Staff Nursing note dated 5/2/18, read in part, "Patient was complaining of nausea, vital signs: blood sugar: 123, temperature: 99.6, Pulse: 102, blood pressure: 140/58, 02 satuation: 77%, on 3 liters, Physician Assistant notified, changed 02 tank, 02 satuation remained low. EMS (Emergency Medical Services) called. Patient sent to emergency room via ambulance. Physician Assistant and family notified."

During an interview on 7/18/18 at 3:25 PM, the Director of Nursing (DON) stated transfer forms were completed by nursing staff and normally the Admissions Coordinator followed up with the family the next day. She explained if the resident was going to the hospital for a procedure, then they would send the bed hold policy.

During an interview on 7/19/18 at 9:48 AM, the Admissions Coordinator revealed when a resident was discharged to the hospital in most cases it was an emergency situation and families were not present. She explained when she found out someone was sent out to the hospital she called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345369	A. BUILDING _____ B. WING _____	C 07/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REX REHAB & NSG CARE CENTER	**4420 LAKE BOONE TRAIL RALEIGH, NC 27607**

(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 625	Continued From page 12 the family and gave them the option of holding the bed. She stated sometimes families reached out to them and asked what to do about the bed and she explained the bed hold policy to them at the time. During an interview on 7/19/18 at 10:20 AM, the Administrator revealed his expectation was that the bed hold policy would be added to the packet when residents were discharged to the hospital.	F 625		