

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2018
NAME OF PROVIDER OR SUPPLIER DEER PARK HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 306 DEER PARK ROAD NEBO, NC 28761		
(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 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the</p>	F 550		8/15/18	

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

TITLE

(X6) DATE

Electronically Signed

08/16/2018

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 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, resident and staff interviews and record review the facility failed to provide care in a dignified manner for a resident in need of incontinence care. The nurse aide disrespected Resident #1 by telling him to use a urinal for 1 of 4 sampled residents.</p> <p>The findings included:</p> <p>Resident #1 was re-admitted to the facility on 01/25/17 diagnosed with chronic obstructive pulmonary disease (COPD). The most recent Minimum Data Set dated 05/09/18 specified the resident was able to make his needs known and had no difficulty understanding others. The MDS also specified the resident's cognition was intact and he was always incontinent of urine and required extensive assistance with toileting.</p> <p>A care plan updated 05/18 identified the resident required extensive assistance with incontinence care.</p> <p>The facility provided a 24-report dated 07/05/18 alleging verbal abuse. Review of the 24-hour report specified nurse aide #1 notified the former Director of Nursing that nurse aide #2 verbally abused Resident #1 during incontinence care.</p> <p>On 07/25/18 at 1:15 PM nurse aide (NA) #1 was</p>	F 550	<p>Deep Park failed to provide care in a dignified and respectful manner for one resident requiring incontinence care.</p> <p>The employees at Deer Park to include the Administrative staff, Social Services, Nursing, Dietary, Housekeeping, Maintenance and Therapy Department have been educated on Deer Park's policy and procedure regarding Residents Rights, Dignity and Respect. Education and comprehension validated by Quizzes and signed copy of Deer Park's policy and Procedures.</p> <p>Each newly hired employee in Administration, Social Services, Nursing, Dietary, Housekeeping, Maintenance and Therapy Departments will be educated and take written quizzes during orientation on policies and procedures regarding Residents Rights, Dignity and Respect as well as signing to validate understanding of the of each policy.</p> <p>Residents have been interviewed and a questionnaire regarding Abuse, Resident's Rights, Dignity and Respect has been ask to Random Residents to ensure staff compliance with providing Dignity and Respect to each Resident. The questionnaire will continue weekly for 4 weeks and then Monthly for 3 months.</p> <p>The Administrator, Director of Nursing,</p>		

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F 550	<p>Continued From page 2</p> <p>interviewed on the telephone. She explained that she longer worked at the facility but described that on her second day on the job she was assisting Resident #1's roommate when NA #2 entered the room and proceeded to speak rudely to Resident #1. NA #1 explained that NA #2 spoke in a rude tone and was disrespectful to Resident #1 when she said, "look at you in that urine, why don't you use your urinal?" NA #1 stated that she stepped across the room told NA #2 not to talk to the Resident like that which started a verbal altercation in the hallway between the two nurse aides. NA #1 added that she notified the nurse supervisor and the former Director of Nursing (DON) of an allegation of verbal abuse.</p> <p>NA #2 was unable to be reached for an interview.</p> <p>The former DON was unable to be reached for an interview.</p> <p>On 07/25/18 at 1:00 PM the Administrator was interviewed on the telephone and explained that the facility proceeded with an abuse investigation because the concern was reported as verbal abuse. She went on to explain that during her investigation, she determined that through interviewing Resident #1 and NA #1 she concluded NA #2's words were inappropriate. The Administrator added NA #2 was terminated.</p> <p>On 07/25/18 at 1:45 PM Resident #1 was interviewed in his room and recalled an incident that occurred when NA #2 entered the room to</p>	F 550	<p>Social Services Director or appointed designee will maintain ongoing monitoring and education to the Nursing, Dietary, Housekeeping , Maintenance and Therapy Department to ensure continued compliance.</p> <p>Audit results will be reported to the QAPI committee with actions of the developed and implemented audits.</p>		

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

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F 550	Continued From page 3 provide incontinence care. He explained that he had soiled the bed and the NA spoke "hateful" and told him he should have used a urinal. Resident #1 stated that the NA was rude and disrespectful but denied he felt that her words were abusive. The Resident added that he felt "less than a human" because of the way the NA spoke to him. He added the incident had been reported and had been resolved. On 07/25/18 at 2:50 PM the interim Director of Nursing (DON) was interviewed and stated she expected all staff to render care in a courteous and respectful manner, regardless of the situation.	F 550		