

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

PRINTED: 12/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412	
(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
E 000	Initial Comments An unannounced recertification survey was conducted on 11/4/19 through 11/7/19. The facility was found in compliance with the requirement CFR.483.73, Emergency Preparedness. Event ID# N5R011.	E 000		
F 000	INITIAL COMMENTS An unannounced recertification survey was conducted on 11/4/19 through 11/7/19. There were no complaint investigations conducted during the survey.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §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. §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. §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.	F 550		11/8/19

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

TITLE

(X6) DATE

Electronically Signed

11/11/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
(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	<p>Continued From page 1</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 exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interviews the facility failed to assist 1 of 1 residents (Resident #1) to exercise her right to vote in the local election. Findings included:</p> <p>Resident #1 was admitted to the facility on 07/19/18 with diagnoses of a wedge compression fracture, spinal stenosis and muscle weakness.</p> <p>The Minimum Data Set (MDS) dated 10/27/19 revealed Resident #1 was cognitively intact.</p> <p>In an interview on 11/06/19 at 3:06 PM Resident #1 stated that no one from the facility had talked to her about voting in the local election held 11/05/19 or spoken to her about arranging transportation to the polling area. Resident #1 stated that the election had not been discussed in Resident Council or during activities. Resident #1 stated that she was an active voter and would have voted if the facility had asked her if she was</p>	F 550	<p>Preparation and submission of this POC is required by state and federal law. This POC does not constitute an admission for purpose of general liability, professional malpractice or any other court proceeding.</p> <p>Alert and oriented residents have been affected by this issue.</p> <p>Prior to the 2020 election cycle, the facility Activity Department will post reminders and educate the residents about the upcoming election details. Beginning in August, in September, and in October 2020 the residents' council will be educated about process for getting absentee ballots or process for assistance with curbside voting dependent on their preference.</p> <p>The Administrator has educated the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
(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	<p>Continued From page 2 interested in voting.</p> <p>In an interview on 11/07/19 at 8:56 AM the Activities Director (AD) stated that last year she had the Board of Elections come out to the facility but had not asked them to come to the facility for this election. She indicated that normally she would have, but that she had been on leave for approximately three weeks and had returned to work on 11/01/19. She stated she had not taken anyone to vote on 11/05/19 and did not arrange any transportation for residents who may have wanted to vote in the election. The AD verified that she did not discuss the election, the candidates or the issues with the residents during the Resident Council meetings or during activities.</p> <p>In a telephone interview on 11/07/19 at 9:45 AM the Social Worker (SW), who took over for the AD during her leave, stated she did not provide any information to the residents about the local election that occurred on 11/05/19. She indicated that she usually worked as a SW and was unaware that she needed to provide information about the election to the residents. The SW indicated that she did not speak to the residents about the election, candidates, or issues of the local election or ask if anyone wanted to vote in the election. She stated she did not arrange any type of transportation to the polling place.</p> <p>In an interview on 11/07/19 at 12:55 PM the Nursing Home Administrator (NHA) stated that usually the Board of Elections came in and provided information and materials such as absentee ballots to the residents. She indicated that the facility did not do a good job this year on providing the opportunity to vote to the residents.</p>	F 550	<p>Activity Director about the importance of this resident right.</p> <p>The Administrator will also add voting to the QAPI meeting agenda items for August- October 2020 to ensure facility compliance.</p>		

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

PRINTED: 12/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412		
(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	Continued From page 3 The NHA stated that the facility was discussing ways to improve voter education for the residents and ways to provide transportation to the polling place. She stated that voting was an important right and that she expected that residents would have been provided the opportunity to vote in the local election.	F 550		