

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

PRINTED: 12/08/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345519 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/27/2022 |
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| NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REHAB CTR OF JOHNSTON CTY | STREET ADDRESS, CITY, STATE, ZIP CODE 2315 HIGHWAY 242 NORTH BENSON, NC 27504 |
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| F 000 | INITIAL COMMENTS A complaint investigation survey was conducted from 10/26/22 through 10/27/22. Event ID# WUVD11. The following intakes were investigated NC00190630, NC00191288, NC00191824, NC00192378, NC00192574, NC00193360, NC00193857, and NC00193904 . Please select one of the followings: 21 of the 21 complaint allegations were not substantiated. | F 000 | | |
| 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 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 | F 583 | | 12/2/22 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 11/10/2022 |
|--|-------|-------------------------|

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 583 | <p>Continued From page 1</p> <p>and confidential personal and medical records.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interviews, the facility failed to protect private health information for 1 of 1 resident (Resident in room #409) by leaving confidential medical information unattended and exposed in an area visible and accessible to the public on 1 of 2 medication cart computers.</p> <p>The findings included:</p> <p>An observation of an unattended medication cart on 400-hall was made on 10/26/22 from 10:10 AM to 10:15 AM. The cart's computer screen was noted to be unlocked without a staff member present at the cart or at the nurse's station. During the observation period staff member was observed opening room # 409's closed door and exiting the room and walked to the medication cart. Medication Aide (MA) #1 left the medication cart with the computer screen visible outside of room #410 while she administered medications to Resident in room #409. Resident in room #409's medical information was visible on the screen. Other residents, staff and visitors were present in the hallway.</p> | F 583 | <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F 583</p> <p>The facility failed to protect private health information for 1 of 1 resident (Resident in room #409) by leaving confidential medical information unattended and exposed in an area visible and accessible to the public on 1 of 2 medication cart computers.</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: On 10/ 26 /2022 the Director of Nurses immediately educated Medication Aide #1 on protecting confidential medical information from being able to be viewed</p> | | |

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| F 583 | <p>Continued From page 2</p> <p>During an interview on 10/26/22 at 10:15 AM with MA #1, she indicated she left the computer screen unattended in the hallway while she went to administer medications in room #409. MA explained she should have locked the screen and not left room 409's medical information in an area visible to others in the hallway.</p> <p>An interview was conducted on 10/27/22 at 8:30 AM with the Director of Nursing (DON). She indicated MA #1 should not have left the computer screen unlocked when she went into room #409 to administer medications. She stated nursing staff were responsible for protecting residents' medical information from the public.</p> | F 583 | <p>by others.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice: Audits of all medication cart computer screens were completed by the Director of Nurses on 10/ 26 /2022 with no computer screens being found with visible resident information seen.</p> <p>3. Systemic changes. All nurses/medication aides, including agency nurses will be re-educated by the Director of Nurses/Staff Development Coordinator on the facility Protection of Privacy of Protected Health Information policy for assuring that all resident information is not visible to others when being accessed electronically. This will be completed by 12/02/2022.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nursing or RN Supervisor will audit medication cart computer screens on various days of the week and shifts to include weekends, weekly for 2 weeks and then monthly for 3 months or until resolved for compliance with monitoring that all resident private health information is secured from view. The Director of Nursing will report to the Quality Assurance Performance Improvement Committee any findings,</p> | | |

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| F 583 | Continued From page 3 | F 583 | identified trends, or patterns. Any negative finding will be corrected at the time of discovery in accordance to the standard. The Performance Improvement Committee consists of the Administrator, Director of Nursing, RN supervisor, MDS Coordinator, Activities Director, Dietary Manager, Maintenance/Housekeeping Director, Medical Director, and the Director of Social Services. | | |
| F 761 SS=E | <p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> | F 761 | | 12/2/22 | |

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| F 761 | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to keep unattended medications stored in a locked medication cart for 1 of 2 medication carts observed (400-hall medication cart).</p> <p>Findings included.</p> <p>An observation of an unattended medication cart (400-hall medication cart) was made on 10/26/22 at 10:10 AM. The medication cart was located near room #410 on the 400-hall. The cart was noted to be unlocked without a staff member present at the cart or at the nurse's station. During the observation period staff member was observed opening room # 409's closed door and exiting the room and walked to the unlocked medication cart.</p> <p>An interview was conducted with Medication Aide (MA) #1 on 10/26/22 at 10:15 AM. She stated she was the assigned MA for the 400-hall and was responsible for the 400-hall medication cart. She acknowledged the medication cart was unlocked when she returned to the cart. She stated she left the medication cart to give 11:00 AM medications to the resident in room #409 and forgot to lock it. She stated it was an oversight on her part and stated she usually locked the cart before leaving it unattended.</p> <p>An interview was conducted with the Director of Nursing on 10/27/22 at 8:30 AM. She stated the MA was responsible for keeping the medication cart locked and secured when unattended. She indicated MA #1 should have made sure the medication cart was locked before leaving it</p> | F 761 | <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F761 The facility failed to keep unattended medications stored in a locked medication cart for 1 of 2 medication carts observed (400-hall medication cart).</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: The medication cart was immediately locked by Medication Aide #1 on 10/ 26 /2022. No resident was identified to be affected. Medication Aide #1 was immediately re-educated by the Director of Nurses on maintaining locked carts unless accessing medications from the cart.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. Audits of all medication/treatment carts were completed by the Director of Nurses on 10/ 26 /2022 with no carts being found</p> | | |

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| F 761 | Continued From page 5 unattended. | F 761 | <p>unlocked.</p> <p>3. Systemic changes. All nurses and medication aides, including agency nurses will be re-educated by the Director of Nurses/Staff Development Coordinator on the facility Medication Storage policy this will be completed by 12/02/2022. The pharmacist consultant was notified of the survey findings on 11/9/2022 and will perform monthly audits of the medication carts to assist the facility assuring that medications are appropriately stored.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements. The Director of Nursing or RN Supervisor will audit medication storage areas on various days of the week and shifts to include weekends weekly for 2 weeks and then monthly for 3 months or until resolved for compliance with monitoring that that all medication/treatment carts are kept locked. The Pharmacist Consultant will submit a monthly report to the Director of Nursing. The Director of Nursing will report to the Quality Assurance Performance Improvement Committee any findings, identified trends, or patterns. Any negative finding will be corrected at the time of discovery in accordance to the standard. The Performance Improvement Committee consists of the Administrator, Director of Nursing, RN supervisor, MDS</p> | | |

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| F 761 | Continued From page 6 | F 761 | Coordinator, Activities Director, Dietary Manager, Maintenance/Housekeeping Director, Medical Director, and the Director of Social Services. | | |