

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345260	MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETE: 5/18/2011
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 515	<p>483.75(1)(2) RETENTION OF RESIDENT CLINICAL RECORDS</p> <p>Clinical records must be retained for the period of time required by state law; or five years from the date of discharge when there is no requirement in State law; or, for a minor, three years after a resident reaches legal age under State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to retain the medical record for 1 (Resident #1) of 1 sampled resident, who's closed record was requested for review during a complaint survey. Findings include:</p> <p>On 05/17/11 at 10:00 AM, a request was made to the administrator for the closed record of Resident #1 for review.</p> <p>On 05/17/11 at 11:15 AM, the administrator reported the facility was unable to locate the closed record for Resident #1. He indicated the facility staff would continue to search for the record.</p> <p>On 05/17/11 at 2:45 PM, when the administrator was asked if the facility staff had been able to locate the medical record for Resident #1, he relayed the medical record was not able to be located.</p> <p>On 05/18/11 at 8:00 AM, when the administrator was asked if the facility staff had been able to locate the medical record for Resident #1, he relayed the medical record was not able to be located at this time. He indicated several records were in a storage area and the facility staff would continue to look for the medical record</p> <p>On 05/18/11 at 10:15 AM, during the exit conference, the administrator confirmed Resident #1's medical record had not been located.</p>		

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

The above isolated deficiencies pose no actual harm to the residents