

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



PRINTED: 06/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2012
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 121 RACINE DRIVE WILMINGTON, NC 28403
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(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
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F 166 SS=E	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based upon staff and resident interviews and record reviews, the facility failed to resolve grievances for 8 of 11 sampled Residents (Resident #1, Resident #4, Resident#5, Resident #6, Resident #7, Resident #8, Resident #10 and Resident #11). Findings include: Resident #1 was admitted to the facility on 1/30/12. He was discharged from the facility on 2/4/12. The minimum data set dated 2/4/12 indicated Resident #1 was cognitively intact. A record review of the facility physician notes dated 2/1/12 revealed Family Member #1 was dissatisfied with Resident #1 stay at the facility. It was indicated that Resident #1 did not receive any medications for thirty-two hours. Family Member #1 had requested a transfer to another facility. The Social Worker (SW) was unsure of why Resident #1 did not receive any medications on 1/30/12. The Director of Nursing (DON) was looking into the issue. A record review of the facility grievance logs from January 2012 to June 2012 was conducted. There was a grievance dated 1/31/12 for	F 166	F 166 Corrective Action for Deficient Practice: The grievance filed for Resident #1 is resolved, including follow up, and logged. The grievance filed for Resident #6 is resolved, including follow up, and logged. The grievances filed for Residents #4, #5, #6, #7, #10 & #11 is resolved, including follow up, and logged. The grievance for Resident #8 is completed, resolved, including follow up, and logged. Corrective Action for Issues Potentially Effecting Other Residents by the Deficient Practice: Grievance Log and Grievances February through June, 2012, audited to assure they have been resolved, including follow up. Facility staff shall receive in-service training re: the Facility's Grievance Policy and Procedure (attached).	7/6/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>J. Gabriel Jan</i>	TITLE ADMINISTRATOR	(X6) DATE 6/28/12
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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 166	<p>Continued From page 1</p> <p>Resident #1 that indicated there were multiple issues. The grievance report was completed on 2/1/12. There was no indication for a resolution date. There were also no dates for resolution for Resident #4 (grievance date 1/13/12), Resident #5 (grievance date 1/13/12), Resident #6 (grievance date 1/14/12), Resident #7 (grievance date 1/15/12), Resident #10 (grievance date 1/23/12 and Resident #11 (grievance date 1/29/12). Resident #8 had a grievance dated 1/15/12 with no indication of a grievance report completed or resolution. The unresolved grievances were indicated for missing items, wound care, palatable food, environmental cleaning of a resident room, activities and activities of daily living care.</p> <p>A record review of Resident #1 grievance dated 1/31/12 indicated Resident #1 did not receive medications and was not weighed the day of his admission. There were concerns of the quality and combination of his afternoon meal upon admission. Family Member #1 had attempted to call the main facility phone number on 1/31/12 twice and no one had answered. Family Member #1 indicted to staff that Resident #1 needed a breathing machine for his sleep apnea. Resident #1 had only received oxygen. There were concerns of him with increased breathing. There was a grievance report form with a resolution. The resolution date indicated was 6/13/12.</p> <p>An interview with Resident #6 on 6/14/12 at 10:50am revealed she had filed a grievance in January 2012 related to a woman coming into her room and had taken items on one occasion. She indicated no one had follow-up with her about the grievance.</p>	F 166	<p>System Changes:</p> <p>The Administrator has taken from the Social Services Director, who was responsible during the month of January, 2012, the oversight of the Facility Grievance Process. The Administrator shall continue to oversee the Grievance Process.</p> <p>Quality Assurance:</p> <p>The Grievance Log and all Grievances shall be audited monthly and any deficiencies reported at the Monthly QA Committee Meeting. Monthly QA Committee Meeting Minutes shall reflect such. This shall begin in the May, 2012, Meeting, which was originally scheduled for 6/26/12, but was postponed to 7/5/12. This shall continue each month for four months, after which time the Committee shall resume its practice of reviewing only unresolved grievances.</p>		

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F 166	Continued From page 2 An interview with the Administrator on 6/14/12 at 9:41am revealed he had begun his Administrator position at the facility on 1/5/12. He took over as the grievance coordinator on 2/11/12 due to the SW was overwhelmed. He had started following the grievance logs in February 2012. He assumed the grievance log for January 2012 and prior logs had been resolved by the SW. After Resident #1 was discharged, Family Member #1 had sent a letter to the facility on 6/4/12 regarding her concerns for Resident #1 stay at the facility in relationship to the grievance filed on 1/31/12. The letter was addressed by staff members on 6/12/12 in a staff meeting. The Assistant DON had finished up the investigation on 6/13/12. Based upon the facility grievance policy, grievances were to be resolved within seven days. A record review of the facility grievance policy and procedures dated June 2007 indicated the inquiry, disposition and decision for a grievance would be completed within seven days of receipt of a grievance. If an issue dealt with urostomy, wound care, enteral feedings, oxygen therapy or ostomy care the grievance would be resolved within five days of receipt. The grievant would either be contacted orally, over the phone, emailed, faxed or written a letter that an investigation had begun. A written response to the grievance would be required within fourteen calendar days of the grievance filed that would include the results of the investigation and response. An interview with the SW and Administrator on 6/14/12 at 9:56am revealed they could not recall	F 166			

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F 166	<p>Continued From page 3</p> <p>what happened to the grievance reports and resolution form documentations for January 2012. The SW indicated she had logged some them in the computer system. She indicated she knew she had completed the grievance reports based upon it was indicated on the grievance log. She could not recall any resolutions or results for the outstanding grievances. The SW indicated she would search her computer system to find the grievance reports and resolutions.</p> <p>An interview with the SW and Administrator on 6/14/12 at 10:16am revealed there were two computer generated grievance reports but no indication of resolutions. They indicated that if a resident was discharged from the facility when a grievance has been filed during admission, they would follow the same process and time frame for grievance resolutions. They would follow-up with the person who had filed the grievance as well. The Administrator indicated the facility should have followed up with the unresolved grievances.</p>	F 166			