

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/04/2014
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NAME OF PROVIDER OR SUPPLIER GASTONIA CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 416 N HIGHLAND STREET GASTONIA, NC 28052
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F 244 SS=C	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews, the facility failed to respond to resident council grievances on call bell response time for assistance with needs.</p> <p>Findings included:</p> <p>An interview was conducted on 04/03/13 at 11:30 AM with the Resident Council President. (Resident #8). According to her MDS dated 04/09/13 she was assessed as cognitively intact. She stated residents had reported waiting at least 1 hour or more for assistance. She reported it had been discussed in the July 2013 through January 2014 meetings and no follow up to the grievances occurred in any of the resident council meetings during this period.</p> <p>Review of the Resident Council minutes for July 18, 2013 through January 16, 2014 revealed no documentation on follow up with grievances had been discussed.</p> <p>An interview was conducted on 04/04/14 at 1:00 PM with the Activity Director. She reported minutes were read at the next meeting from the previous meeting. The Activity Director stated</p>	F 244	<p>The Plan of Correction is the Center's credible allegation of compliance. Preparation and or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p> <p>1. Resident #8, Resident Council President, was addressed by administrator regarding the call bell not being answered in a timely manner. He asked resident #8 for permission to attend the next scheduled Resident Council Meeting and permission was granted.</p> <p>2. Resident #8 and all residents who utilize call bells will have their call bells placed within reach and nursing and facility staff will answer call bells within a timely manner and address the expressed</p>	5/2/14
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/02/2014
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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 244	<p>Continued From page 1</p> <p>she gave meeting minutes to the Social Worker and then the Social Worker would write up the grievances and give them to the appropriate department head. The Activity Director stated she had reported concerns regarding call bell response time for assistance in the morning meetings for all department heads following the council meetings. She revealed she had not documented follow up on grievances discussed at the council meetings.</p> <p>An interview was conducted on 04/04/14at 1:30 PM with the Director of Nursing. She reported her expectation was for individual grievances expressed in resident council meetings to be addressed by the appropriate department head and that particular department head would follow up with the individual resident. The Director of Nursing revealed call bell response time may have been stretched. The Director of Nursing stated she had not attended any of the resident council meetings to address the councils concerns. The Director of Nursing revealed she had not followed up on grievances residents had expressed in the council meetings.</p> <p>An interview was conducted on 04/04/13 at 1:30 PM with the Administrator. The Administrator confirmed if there were an individual grievance made during resident council then the concern was addressed but there was no formal procedure to inform resident council of facility resolutions to the council's concerns.</p>	F 244	<p>need(s) and/or concern(s).</p> <p>3. On April 17, 2014, the Activity Assistant attended the Resident Council Meeting.</p> <p>4. Resident concerns will be addressed using Gastonia Healthcare and Rehabilitation Center's Concern/Grievance Policy and Procedure. Resident concerns verbalized during Resident Council Meetings will be documented in the Resident Council Minutes by the Activity Assistant and a Facility Concern/Grievance Form will be completed by the Activity Director or the Activity Assistant. The completed Concern/Grievance Form will be given to the Social Worker, (SW), daily who will log the Concern/Grievance. The SW will present it in the Daily Stand-up Meeting and give it to the appropriate discipline for follow-up and resolution. The SW will bring the Concern/Grievance Log to the Daily Stand-up Meeting to follow-up with the appropriate Department Head Manager in reference to the Concern/Grievance.</p> <p>Concern(s)/grievance(s) that can be addressed/resolved upon receipt will be resolved and the resident will be informed at the time of resolution. All other concern(s)/grievance(s) will be addressed and resolved in a timely manner by the appropriate Department Head Manager per the Concern/Grievance Policy and Procedure. The individual resident verbalizing the Concern/Grievance will be informed of the</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 244	Continued From page 2	F 244	<p>resolution of the Concern/Grievance by the appropriate discipline and the resolution will be discussed again in the next scheduled Resident Council Meeting by the Activity Director.</p> <p>On April 7, 2014, the Administrator re-educated the Department Managers on the Gastonia Healthcare and Rehabilitation Center's Concern/Grievance Policy and Procedure. On May 2, 2014, the Nurse Educator re-in-serviced and re-educated the nursing staff CNAs and the other departmental facility staff employees on answering call bells in a timely manner. The Manager-on-Duty, who works on Saturday and Sunday, was implemented on March 1, 2014, whose responsibilities do include performing a required call bell audit. The Angel Rounds, which are performed daily by the Department Head Managers, were implemented on May 1, 2014 and call bell audits are conducted during these rounds. The call bell audits will be reviewed every shift for 4 weeks initially, then weekly for 4 weeks. Call bell audits will then continue randomly to maintain compliance. If concerns are identified, an action plan will be implemented to address the concerns, staff re-education will occur, and QAPI will be utilized.</p> <p>5. Concern(s)/Grievance(s) that are ongoing will be addressed using our Quality Assurance and Performance Improvement, (QAPI), process which includes a written action plan to address the concern/grievance received, staff</p>		

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