

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345150	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/23/2015
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NAME OF PROVIDER OR SUPPLIER KENANSVILLE HEALTH & REHABILITATION CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 209 BEASLEY STREET KENANSVILLE, NC
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F 153	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff and family interviews, the facility failed to provide copies of the resident's record in the required time frame for 1 of 1 resident who requested a copy of their record (Resident #35).</p> <p>Findings included:</p> <p>Review of the clinical record of resident #35 indicated the resident was admitted to the facility on 3/25/2015 for rehabilitation services. The resident was no longer in the facility at the time of the survey.</p> <p>Review of the resident's comprehensive Minimum Data Set (MDS) dated 4/1/2015 indicated the resident had moderate cognitive impairment.</p> <p>Review of nursing notes and nursing assessments from 3/25/2015 through 5/16/2015 indicated the resident was alert and oriented and able to make her needs known. Records also indicated the resident was her own responsible party while in the facility.</p> <p>Record review indicated the resident gave signed consent for a family member to obtain a portion of her clinical record on 5/7/2015. Records indicated the copies were given to the family member on 5/13/2015.</p> <p>In an interview with the facility Administrator on 7/22/2015 at 2:45 PM, the Administrator stated the copies were requested on 5/7/2015, but due to changes and issues within the corporation, there was a delay.</p>
F 272	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine;</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

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F 272	<p>Continued From Page 1</p> <p>Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential;</p> <p>Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, the facility failed to accurately assess a resident for dental status for one of two residents sampled (Resident #87). Findings included:</p> <p>Resident #87 was admitted to the facility on 3/2/2013 with diagnoses of Diabetes, stroke and depression.</p> <p>The annual Minimum Data Set (MDS) dated 10/15/2014 noted Resident #87 to be cognitively intact and needed extensive to total assistance for all Activities of Daily Living and also needed the physical assistance of one to two persons. In section L which was oral dental status, 0200 Dental, which assesses the resident 's teeth, gums and mouth, box B. No natural teeth or tooth fragment(s) (edentulous) was not checked. Box Z., None of the above were present, was checked.</p> <p>On 7/20/2015 Resident #87 was observed to have no teeth and no denture. Resident #87 stated that his denture was broken.</p> <p>On 7/22/2015 at 3:20 PM, in an interview, the MDS nurse stated the annual assessment was incorrect and was</p>
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F 272	<p>Continued From Page 2</p> <p>done by a previous MDS nurse who was no longer employed by the facility.</p> <p>On 7/23/2015 at 9:30 AM, the Administrator stated her expectation was the MDS would be done accurately.</p>
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