

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>10/27/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MACGREGOR DOWNS HEALTH AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2910 MACGREGOR DOWNS DRIVE GREENVILLE, NC 27834</b>
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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 000	INITIAL COMMENTS  No deficiencies were cited as a result of the complaint investigation of 10/27/17. Event ID V7VS11. Intakes NC00131055 and NC00132176.	F 000		
F 241 SS=D	DIGNITY AND RESPECT OF INDIVIDUALITY CFR(s): 483.10(a)(1)  (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record review, the facility failed to maintain the dignity of one of two residents reviewed (Resident # 107) by staff not knocking on doors and announcing themselves. Findings included:  A review of medical records revealed Resident #107 was admitted 3/4/2016 with diagnoses that included osteoporosis, atrial fibrillation (an irregular, sometimes rapid heartbeat that causes poor blood flow) and anxiety.  The Annual Minimum Data Set dated 2/28/2017 noted Resident #107 to be cognitively intact and needed extensive assistance for all Activities of Daily Living (ADLs), with the physical assistance of one person.  In an interview on 10/24/2017 at 9:35 AM, Resident #107 indicated staff did not knock on her door. Resident #107 stated "The staff walk in	F 241	Please accept this Plan of Correction as MacGregor Downs Health and Rehabilitation's Center's credible allegation of compliance for the alleged deficiency cited. Submission and implementation of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of correction is submitted to meet requirements established by Federal and State laws , which requires an acceptable Plan of Correction as a condition of continued certification.  F 241 As is our practice, the facility continues to protect and promote the rights of our residents, including the practice of knocking on resident doors.  1.Resident # 107 resides at Macgregor Downs Health and Rehabilitation Center. Social Worker assigned to follow up with	11/22/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/17/2017
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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 241	<p>Continued From page 1</p> <p>my room when I am unclothed in the bathroom, and I consider that an invasion of my privacy."</p> <p>Observations included:</p> <p>10/25/2017 at 9:24 AM Nursing Assistant (NA) came out of room 23, entered room 22 without knocking, came out and entered room 23 without knocking.</p> <p>10/25/2017 at 9:28 AM the Hospice Aide went to room 24, did not knock, and entered the room.</p> <p>10/25/2017 at 9:33 AM, a therapy aide walked into room 26 without knocking.</p> <p>At 9:34 AM on 10/25/2017, NA #2 entered room 23 without knocking, came back out and disposed of a bag of soiled linen and re entered the room without knocking.</p> <p>At 9:36 AM on 10/25/2017 NA #1 entered room 18 and did not knock.</p> <p>On 10/25/2017 at 9:37 AM, NA #2 entered room 23 without knocking.</p> <p>At 9:38 AM on 10/25/2017, Nurse #1 entered room 18 without knocking.</p> <p>On 10/25/2017 at 10:35 AM, in an interview, NA #1 stated she was oriented to knock on resident's doors and wait for someone to tell her to enter.</p> <p>At 11:35 AM on 10/25/2017, the therapy aide was interviewed and stated she was oriented to knock on resident's doors, say who she was and wait for someone to tell her to enter.</p> <p>Nurse #1 was interviewed on 10/25/2017 at 2:30</p>	F 241	<p>resident. Upon interview by Angela Mcwayne, resident stated things were much better. Resident # 23 is no longer at facility. All identified incidents occurred on hall 2 and residents in room 24 are unable to be interviewed, therefore all direct care staff on hall 2 were re-educated on the importance on knocking on the doors and waiting for acknowledgement . The Hospice aide was re-in serviced by DON. The Hospice agency was contacted, and will provide evidence of training for staff that visit Macgregor downs have been educated regarding this issue.</p> <p>2.All residents have the potential to be affected by alleged deficient practice. Compliance will be monitored during daily rounds by observation over a period of 3 months. Department Heads and Nurse Managers have been instructed to monitor daily for compliance, and report non-compliance to the Administrator or Director of Nursing. Nurse Managers will conduct random interviews with residents weekly for 3 months to ensure their privacy is being maintained. Results of the interviews will be shared with the DON and Administrator. Any concerns will be addressed and corrected immediately. The DON will report findings of observation and random interviews during monthly QAPI meeting. Compliance will be monitored for 3 months or until substantial compliance is met.</p> <p>3.All staff in-serviced on dignity and respect regarding knocking on doors</p>		

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F 241	<p>Continued From page 2</p> <p>PM, and stated she was oriented to knock on resident's doors, announce who she was, and wait to be invited in.</p> <p>NA #2 was interviewed on 10/25/2017 at 2:35 PM, and stated she was oriented to knock and announce herself, and if the resident is oriented, wait for them to tell you to come in.</p> <p>On 10/25/2017 at 2:40 PM, NA #3 stated she was oriented to knock on doors and announce herself.</p> <p>On 10/27/2017 at 12 noon, in an interview, the Director of Nursing stated her expectations were staff knows they are visitors in the resident's home, and they should knock on doors before entering.</p>	F 241	<p>before entering room. In-service will include if resident does not or cannot respond, staff should knock again, identify self and announce reason for entering room. In-service is expected to be completed by 11-22-17.</p> <p>4.All Department Heads, and Nurse Managers will monitor for compliance during daily observations, including Nurse Manager random interviews. Monitoring will be conducted daily x 2 months, then weekly x 2 months, then monthly. Any staff noncompliance will be corrected immediately. Results of observations will be reviewed during the monthly QAPI meeting for 3 months, or longer if compliance is not consistent, as deemed by the QAPI Committee.</p>		