

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

PRINTED: 07/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2019
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NAME OF PROVIDER OR SUPPLIER GRANTSBROOK NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 290 KEEL ROAD GRANTSBORO, NC 28529
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E 000	Initial Comments	E 000		
F 000	An unannounced Recertification survey was conducted on 6/3/19 through 6/6/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #T2BJ11	F 000		
F 552 SS=D	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation survey. Event ID #T2BJ11.</p> <p>Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident and staff interviews the facility failed to include or inform a resident in a decision to cancel a doctor 's</p>	F 552	Grantsbrook Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes	7/5/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/27/2019
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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 552	<p>Continued From page 1</p> <p>appointment for 1 of 1 residents reviewed for treatment decision making. (Resident #225)</p> <p>Findings included:</p> <p>Resident #225 was admitted to the facility on 5/23/2019 with diagnoses which included atrial fibrillation, artherosclerosis of coronary artery bypass grafting, coronary artery disease, and hypertension.</p> <p>A review of a Minimum Data Set (MDS) dated 6/5/2019 revealed Resident #225 required supervision for ambulation and used a wheelchair for mobility. The MDS further revealed Resident #225 was cognitively intact.</p> <p>A review of his medical record revealed Resident #225 was his own responsible party.</p> <p>The interview with Resident #225 on 6/3/2019 at 8:00 pm revealed he was admitted to the facility with appointments that had been made while he was hospitalized. He also stated that his appointment had been cancelled without his knowledge. He further stated that he thought the appointment was for his heart doctor, so he called a taxi, went to Newbern to the appointment, and paid \$120.00 for the ride. Resident #225 stated that when he arrived at the physician office the morning of 6/3/2019, he was told that the appointment had been cancelled and he was not seen by the physician.</p> <p>An interview with a ward clerk on 06/05/19 at 10:18 am revealed Resident #225 was admitted to the facility with an appointment to an outside primary physician. The ward clerk stated that it was explained to Resident #225 that he had a</p>	F 552	<p>this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Grantsbrook Nursing & Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Grantsbrook Nursing & Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through the Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>Resident #225 will be reimbursed for his taxi cab ride to and from his physician office.</p> <p>An audit was completed on June 26, 2019 by Social Services for all residents who were at risk for a missing appointment that we failed to inform of appointment changes through June 26, 2019. No other errors were noted.</p> <p>Ward Clerks were inserviced on June 24, 2019 regarding the new procedure for appointments.</p> <p>Ward Clerks will make all appointments, appointment changes as well as notifying</p>		

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F 552	<p>Continued From page 2</p> <p>medical doctor that would see him at the facility. The Ward Clerk stated the appointment was cancelled on 5/28/2019 at 10:02 am, and the hall nurse was informed of the cancellation.</p> <p>An interview with a nurse on 6/6/2019 at 8:25 am that is familiar with his care revealed she was told by Resident #225 that he had an appointment the morning of 6/3/2019, so she checked with the staff in admissions to see if a transport van was taking him to the appointment. The nurse further stated that she was informed by the admission staff member that there was no appointment for transportation for Resident #225. The nurse stated she did not inform the resident of the cancellation because she had no knowledge of the appointment or the cancellation.</p> <p>The interview with the Social Worker on 6/6/2019 at 10:00 am revealed she only made copies for the appointment book and informed the resident and family about the upcoming appointment. She further stated that she checked the appointment book every day to make sure no appointment was missed. The social worker stated she did not tell Resident #225 about the cancellation because she was unaware of the appointment.</p> <p>An interview with the Director of Nursing (DON) on 6/6/2019 at 9:00 am revealed Resident #225 came back from the hospital with several outside doctor appointments, and normally the residents admitted to the facility did not go to general practice physician appointments. She further revealed she had told the ward clerk to cancel the appointment and to let the nurse or the social worker know of the cancellation. The DON stated the social worker and the nurse both have a role in informing the residents of appointments and</p>	F 552	<p>the resident, family or responsible party of all appointments and or changes to them.</p> <p>10% of appointments will be audited weekly x 4 weeks then monthly x 1 month by the Medical Record Director to ensure no appointments were missed/cancelled and that the resident or responsible party were not notified using the Appointment Audit Tool. The Director of Nursing will retrain the Ward Clerks for all areas of concern noted during the audit. The Director of Nursing will review and initial the Appointment Audit Tool for completion and to ensure any area of concern was addressed.</p> <p>The Director of Nursing will forward the Appointment Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will review the Appointment Audit Tool monthly x 2 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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F 552	Continued From page 3	F 552			
F 576 SS=C	<p>Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9)</p> <p>§483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.</p> <p>§483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail.</p> <p>§483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense.</p> <p>§483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility</p>	F 576		7/1/19	

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F 576	<p>Continued From page 4</p> <p>(ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident.</p> <p>(iii) Such use must comply with State and Federal law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews, the facility failed to deliver mail to residents on Saturdays. This could affect 103 out of 103 residents in the facility.</p> <p>Findings included:</p> <p>An interview was conducted on 6/5/2019 at 2:00 pm with the resident council members. There were 6 members present at the meeting. The six residents participating at the meeting reported staff did not deliver resident mail on Saturdays.</p> <p>An interview on 6/5/2019 at 3:00 pm with the activity director revealed the activity department was responsible for delivering mail during the week, and on the weekends the mail was delivered by the ward clerk or the administrative on call staff member.</p> <p>The interview with the ward clerk on 6/4/2019 at 3:15 pm revealed she did not deliver mail to residents when she worked on the weekends. She further stated she did not know who delivered the mail to the residents on the weekend.</p> <p>An interview was conducted on 6/4/2019 at 3:45 pm with an on call administrative nurse that revealed she did not deliver mail to the residents on the weekends when she worked. She further stated when the mail was picked up from the</p>	F 576	<p>A resident council meeting was held on June 25, 2019 by the Nursing Home Administrator regarding the right to receive mail on Saturdays. There were 9 residents in attendance. The Nursing Home Administrator discussed the right to receive mail on Saturdays with all other alert and oriented residents receiving a letter notifying them of such on June 25, 2019. _rrrrrrrrrr</p> <p>On Saturday, June 29, 2019 all mail received was delivered to residents by the Ward Clerk. A questionnaire was completed by the Social Service Director on July 1, 2019 with 100% of all residents that received mail on Saturday, June 29, 2019 regarding their mail delivery.</p> <p>The Ward Clerks were inserviced by the Administrator on June 25, 2019 regarding the requirements for mail delivery on Saturdays and documentation on the mail delivery log to verify that the mail has been delivered.</p> <p>The Ward Clerk will be assigned to deliver mail to residents on Saturdays. A log will be kept with date of delivery and a signature of who delivered for verification. The Administrator will review and initial the mail delivery log weekly x 4 weeks</p>		

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F 576	Continued From page 5 facility ' s mail box it was locked in the 100-hall medication room or the hobby room until Monday and was delivered to the residents on Monday. An interview with the Director of Nursing was conducted on 6/5/2019 at 9:00 am which revealed the administrative on call staff usually work on Sundays and would occasionally work on Saturdays. She further stated since the administrative on call was not working on Saturdays it was expected they would deliver the resident ' s Saturday mail on Sundays. The DON also stated she did not know that the mail needed to be delivered on Saturdays. An interview with the Administrator on 6/5/2019 at 9:15 am revealed there was no procedure for mail delivery on the weekends, but if an administrative staff was working on Saturday they were expected to deliver the mail to the residents.	F 576	then monthly x 1 month to ensure mail is being delivered. The Administrator will retrain the Ward Clerks for any identified areas of concern during the audit. The Administrator will forward the Mail Delivery Logs to the Executive QA Committee monthly x 2 months. The Executive QA Committee will review the Mail Delivery Logs monthly x 2 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interviews the facility failed to accurately code a Minimum Data Set (MDS) assessment for the use of a wander guard for 1 of 1 resident reviewed for wandering behaviors. (Resident #39) Findings included: Resident #39 was admitted to the facility on 10/15/18. Her active diagnosis included dementia	F 641	Resident #39 had their MDS corrected to reflect in Section PO200 Question E that a wander guard was in use by the MDS Nurse on June 5, 2019. A 100% MDS audit was completed on June 6, 2019 by the Director of Nursing for all residents that a wander guard was in use to ensure that Section PO200 Question E was coded accurately. No other errors were identified.	6/14/19	

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F 641	<p>Continued From page 6 and cognitive communication deficit.</p> <p>A nursing note dated 2/22/19 revealed Resident #39 was observed sitting at a door trying to push it open. Resident #39 was stating she was going to Williamston to a family member's house. A wandering assessment was completed, and the resident was determined to be at risk for wandering. A wander alarm was applied to Resident #39's left ankle.</p> <p>The resident's care plan dated 2/22/19 revealed the resident was care planned for wandering. The interventions included to check wander alarm functioning.</p> <p>Resident #39's minimum data set assessment dated 4/18/19 revealed the resident was assessed in section P0200 question E to not have a wander or elopement alarm in use.</p> <p>During observation on 6/5/19 at 9:04 AM Resident #39 was observed with a wander guard on her left ankle.</p> <p>During an interview on 6/5/19 at 9:08 AM Nurse #1 stated Resident #39 had a wander guard on since February 2019 and it had not been removed.</p> <p>During an interview on 6/5/19 at 10:22 AM MDS Nurse #1 stated Resident #39 had a wander guard present since February 2019. She concluded the minimum data set assessment dated 4/18/19 was incorrect and should have reflected the use of the wander guard.</p> <p>During an interview on 6/5/19 at 2:40 PM the Director of Nursing stated minimum data set</p>	F 641	<p>An Inservice was provided to the MDS Registered Nurse by the Director of Nursing on June 14, 2019 which included a complete review and accuracy of coding the MDS to include wander guards Section PO200 Question E.</p> <p>10% of MDS Audits will be completed weekly x 4 weeks then Monthly x 1 month by MDS Licensed Practical Nurse for any resident, to include Resident #39 who had a wander guard applied to ensure that Section PO200 Question E was coded accurately utilizing a Resident Wandering and Monitoring Audit Tool. The Director of Nursing will retrain the MDS Coordinator and modify the MDS for all areas of concern during the audit. The Director of Nursing will review and initial the Resident Wandering and Monitoring Audit Tool for completion and to ensure any area of concern was addressed. This will occur weekly x 4 weeks then monthly x 1 month.</p> <p>The Director of Nursing will forward the Resident Wandering and Monitoring Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will review the Resident Wandering and Monitoring Audit Tool monthly x 2 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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F 641	Continued From page 7 assessments should accurately reflect wander guard status of residents. She stated the minimum data set assessment dated 4/18/19 for Resident #39 was incorrect.	F 641			