

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

PRINTED: 10/11/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345465 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/10/2019 |
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| NAME OF PROVIDER OR SUPPLIER BAYVIEW NURSING & REHAB CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 3003 KENSINGTON PARK DRIVE NEW BERN, NC 28560 |
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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 842 SS=B | <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted</p> | F 842 | | 9/30/19 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/18/2019 |
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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 842 | <p>Continued From page 1 by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to maintain accurate medical record documentation for 1 of 1 resident reviewed for communicating information to receiving health care provider. (Resident # 3).</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 2/08/19 with diagnoses that included heart failure, respiratory failure and heart disease.</p> | F 842 | <p>Bayview Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and the provision of quality care to residents. Submission of this response to the statement of deficiencies by the undersigned does not constitute an admission that the</p> | | |

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| F 842 | <p>Continued From page 2</p> <p>The five-day minimum data set (MDS) dated 2/15/19 indicated Resident #3 had moderately impaired cognition.</p> <p>On 9/10/19 at 4:35 PM a telephone interview was conducted with Nurse #1 who stated she had called Emergency Medical Services (EMS) to send Resident #3 to the hospital for an acute emergency. She further stated sent the face sheet and physician orders for another unnamed resident instead of Resident #3. Resident #3 died enroute to the hospital. Nurse #1 indicated the hospital called her at the facility after the unnamed resident's family arrived at the hospital and informed the hospital the unnamed resident was not their relative. Nurse #1 realized she had sent the wrong resident's paperwork and faxed the correct information to the hospital.</p> <p>On 9/10/19 at 12:16 PM an interview was conducted with the Director of Nursing (DON) who stated Nurse #1 had given EMS the paperwork for another unnamed resident and the correct paperwork was faxed to the hospital as soon as the error was found. She further stated it was her expectation that the correct paperwork would be sent with the resident when they left the facility and the staff should double check to ensure accuracy.</p> <p>On 9/10/19 at 2:03 PM an interview was conducted with the Administrator who stated Nurse #1 had called her as soon as the paperwork error had been discovered. She further stated Nurse #1 had been counseled about this error and it should not have happened.</p> | F 842 | <p>deficiencies existed and/or correctly sighted and/or require correction.</p> <p>F843.70 It is the intent of the facility to maintain accurate medical records documentation for communicating information to the receiving health team provider.</p> <p>Resident #3 is no longer a resident at the facility.</p> <p>On 9/20/19 a 100% audit was completed by Clinical Care Coordinator on all other resident's transferred to the hospital to monitor for accuracy of medical records sent to the receiving health team provider.</p> <p>The transfer envelope was revised to add a check off space for face sheet and MD orders to be completed before sending the to the hospital.</p> <p>Staff education/in-service was completed on 9/20/19 with the licensed nurses and other professional staff that would pull any medical information from the computer regarding pulling up resident names using the full names and not partial names of residents to prevent error of pulling up the wrong resident information.</p> <p>On admission the resident's face sheet will be printed and placed in each resident chart to be pulled and copied by the nurse for the transfer envelope as well as the MD orders.</p> | | |

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| F 842 | Continued From page 3 | F 842 | <p>Staff education/in-service was completed on 9/20/19 regarding: " resident's face sheets and MD orders will be in the resident's charts to be copied for the transfer envelope."</p> <p>The Clinical Care Coordinator/designee will use the detailed discharge report to identify any resident that was sent to the hospital.</p> <p>The face sheet(s)and MD orders that are sent to the hospital will be reviewed by the Clinical Care Coordinator at the Clinical Nursing Meeting daily Monday through Friday. When a resident is sent to the hospital on Saturday or Sunday a second nurse will check the transfer paperwork accuracy. To be reviewed by the CCC on Mondays.</p> <p>Any identified problems will be reported to the QI Committee for review.</p> <p>The QI Committee will monitor the data weekly times 4 weeks, monthly times 3 months and then randomly.</p> <p>Any identified problems will be corrected immediately to maintain compliance.</p> | | |