

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

PRINTED: 02/07/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HALL NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>312 WARREN AVENUE KINSTON, NC 28502</b>		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced Recertification survey was conducted on 1/10/2020. The facility was found in compliance with the requirement CFR 483.73 Emergency Preparedness Event ID # LISL11  INITIAL COMMENTS	F 000			
F 583 SS=D	No deficiencies were cited as a result of the complaint investigation of 1/10/2020 Event ID# LISL11.  Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release	F 583		2/3/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/30/2020

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 583	<p>Continued From page 1</p> <p>of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews, the facility failed to protect the private health information for 1 of 1 resident as evidenced by leaving the resident's personal and medical information exposed on an open and unattended computer screen in an area accessible to the public. (Resident #120)</p> <p>Findings included:</p> <p>Review of the medical record of resident #120 revealed the resident was admitted to the facility on 10/23/19 with cumulative diagnoses which included Atrial Fibrillation, Hypertension and Dementia.</p> <p>The resident's quarterly Minimum Data Set (MDS) dated 12/30/19 revealed the resident's cognition was moderately impaired.</p> <p>A continuous observation of the medication cart on the 2200 hall was conducted on 1/10/20 from 7: 50 AM to 7:55 AM. At 7:50 AM on 1/10/29, the medication cart on the 2200 hall was observed unattended. The computer screen on the cart was open and showed Resident #120's face, name, age, date of birth, and medications the resident received. The cart was unattended with the computer screen open to Resident 120's confidential information until 7:55AM when the nurse returned.</p> <p>An interview was conducted with Nurse #1 at 7:56 AM on 1/20/20. The nurse stated the computer</p>	F 583	<p>On 1/10/2020 Immediate retraining was conducted by the Staff Facilitator with the nurse #1 regarding protecting private health information by closing electronic medical record when left unattended in an area accessible to the public.</p> <p>100% audit was completed on 01/10/2020 to ensure all electronic medical records are closed and not exposing resident's personal and medical information when left unattended in an area accessible to the public by Nurse Supervisor and Staff Facilitator. No identified areas of concerns identified during audit.</p> <p>100% in service was initiated on 1/10/2020 by the Staff Facilitator with all nurses and Medication Aides regarding protecting private health information by closing electronic medical record when left unattended in an area accessible to the public. This in-service was completed on 1/13/2020. All newly hired nurses and Medication Aides will receive in-service regarding protecting private health information by closing electronic medical record when left unattended in an area accessible to the public during orientation</p>		

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F 583	Continued From page 2 screen should be turned off whenever the nurse has walked away. An interview was conducted with the administrator on 1/10/20 at 12:40 PM, and the administrator stated the nurses are supposed to protect the resident's health record.	F 583	by the Staff Facilitator.  100% of Electronic Medical Records on the Medication Carts will be monitored using a Medication Cart Security /HIPPA QA Audit Tool to ensure all electronic medical records are closed to protect private health information when left unattended in an area accessible to the public. This audit will be completed by the Nurse Supervisor, Staff Facilitator, and Assisted Director Nursing weekly x 4 weeks and monthly x 1 month. Any identified area of concern will be immediately addressed by Nurse Supervisor, Staff Facilitator or Assistant Director of Nursing by re-educating the nurse or medication aide on closing the electronic medical record when left unattended in an area accessible to the public. The Director of Nursing will review and initial the Medication Cart Security/HIPPA QA Audit tool for completion and to ensure all areas of concerns were addressed weekly X's 4 weeks and monthly x 1 month.  The Administrator will forward the results of the Medication Cart Security /HIPPA QA Audit Tool to the Executive QA Committee monthly x 2 months. The Executive QA Committee will meet monthly x 2 months and review the Medication Cart Security /HIPPA QA Audit Tool 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.		