

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/16/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMPASS HEALTHCARE AND REHAB ROWAN, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1404 S SALISBURY AVENUE</b> <b>SPENCER, NC 28159</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
F 000	INITIAL COMMENTS  A complaint investigation was conducted on site on 7/6/20 and then additional offsite interviews were conducted on 7/7/20, 7/8/20, and 7/16/20. Event ID# HYPL11. One of the four complaint allegations were substantiated resulting in the deficiency F559.	F 000		
F 559 SS=B	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)  §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.  §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.  §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: Based on record review, staff, and family interviews the facility failed to provide written notice of a room change for 1 of 1 resident reviewed for room change (Resident #1).  The findings included:  Resident #1 was admitted to the facility on 3/7/19 and was discharged to a local hospital on 5/15/20. The resident 's diagnoses included: Anemia, anxiety, depression, dementia, and leukemia.	F 559	1. Resident #1 was discharged on 5/15/20.  2. All residents identified with room changes since 7/21/2020 were reviewed to ensure that written notifications were completed.  3. An in-service was conducted on 7/21/2020 by the Administrator for Social Services and the Inter-disciplinary team to ensure prior to changing a room or	7/30/20

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

TITLE

(X6) DATE

Electronically Signed

07/30/2020

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 559	Continued From page 1  Review of Resident #1's most recent Minimum Data Set (MDS) revealed a quarterly assessment with an Assessment Reference Date (ARD) of 3/31/20. Review of the assessment revealed the resident was coded as moderately cognitively impaired.  An interview and record review were conducted with the facility Social Worker (SW) on 7/6/20 at 11:38 AM. She stated she was the person responsible for notifying family members and residents about room changes or roommate changes. She stated Resident #1 received a new roommate on 4/8/20. The SW stated she had not remembered notifying the family of Resident #1 about him receiving a new roommate on 4/8/20. The SW reviewed the progress notes for Resident #1 and said she had not documented information regarding Resident #1 receiving a new roommate and she had not documented information regarding having notified the resident 's family about Resident #1 receiving a new roommate. The SW explained she was unable to provide a reason as to how come she had not notified the family of Resident #1 about him receiving a roommate. The SW further explained she should have notified the resident 's family and she should have documented the notification in the progress notes.  An interviewed was conducted with Resident #1's family member on 7/6/20 at 3:50 PM who stated she had not been notified verbally or through written notification regarding her father receiving a new roommate on 4/8/20.  During a second interview with Resident #1's family member on 7/16/20 at 3:50 PM she stated	F 559	roommate a written advance notice will be provided to the resident and/or responsible party using the Resident Room Status Change Form.  4. Potential room changes and/or notifications of new roommates will be reviewed each morning in daily morning meeting and written notification will be implemented using the Resident Room Status Change Form by Social Services. The Administrator and/or Social Worker will review all room changes for written notification daily for 2 weeks, then weekly for 4 weeks, then monthly for 3 months and quarterly thereafter. The Social Worker will bring the results of the written notification review to the QAPI (Quality Assurance Performance Improvement) committee monthly for 3 months and quarterly thereafter to ensure compliance and continued quality improvement.		

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

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F 559	Continued From page 2 she had not become aware of her father having a new roommate until 4/11/20 when she was notified via a phone call.  During an interview with the Administrator on 7/16/20 at 3:01 PM she stated it was her expectation for the resident and/or the resident ' s family member to be made aware of a new roommate coming to a resident ' s room. The Administrator further stated the facility had been conducting several room changes and unfortunately, in this circumstance the proper notification was not completed.	F 559			