STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345036	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH CITY HEALTH AND REHABILITATION	**1075 US HIGHWAY 17 SOUTH ELIZABETH CITY, NC**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 842	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §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. §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- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §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- (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 by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (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. §483.70(i)(5) The medical record must contain- (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

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

The above isolated deficiencies pose no actual harm to the residents

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F 842	Continued From Page 1

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, staff interview, and physician interview, the facility failed to assure a physician's orders and documentation regarding initiation of orders were entered into the medical record for one (Resident #3) of three residents reviewed for change in condition. Findings included:

Nurse #8 was interviewed on 1/11/21 at 3:00 PM. Nurse #8 revealed she was assigned to Resident #3 on 12/26/20 from 7:00 AM to 7:00 PM and again on 12/27/20 from 7:00 AM to 3:00 PM. Nurse #8 stated she called the doctor because she observed Resident #3 was not eating or drinking on 12/26/20 and was the same way on 12/27/20. Nurse #8 stated she called the on-call service and received orders. Nurse #8 stated the physician orders were for intravenous fluids, a blood sugar check, and a straight catheter.

There was no documentation in the medical record of Resident #3 of a phone call to the on-call service on 12/26/20 or on 12/27/20, physician orders to start intravenous fluids, straight catherization, blood glucose check, or when the intravenous fluids were initiated.

On 12/27/20 at 10:49 PM Nurse #9 entered a nursing entry noting the following. The resident was receiving intravenous fluids at 55 ml/hour. At 4:00 PM the charge nurse (Nurse #10) increased the IV fluids to 999 ml/hour.

There was no documentation in the medical record of a physician's order for the IV fluids to be increased for Resident #3 at 4:00 PM on 12/27/20.

The Director of Nursing (DON) was interviewed on 1/13/21 at 2:29 PM. The DON stated Nurse #8 should have documented the orders and the initiation of the orders she received from the on-call service physician who answered the call. The DON stated Nurse #8 should have put the orders in the electronic medical record but since she was an agency nurse, she probably did not know how to do that. The DON indicated the unit supervisor, Nurse #10, should have helped Nurse #8 put the physician orders into the computer.

The Administrator was interviewed on 1/14/21 at 9:30 AM. The Administrator stated she had made attempts to contact the on-call physician and obtain confirmation of the 12/27/20 orders for Resident #3 but had been unable to get a response.