

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

PRINTED: 10/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337		
(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 survey was conducted on 10/08/2024. Event ID #JI3R11. The following intake was investigated: NC00222346. One (1) of the 2 complaint allegations resulted in a deficiency.	F 000			
F 573 SS=B	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3) §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C) Postage, when the individual has requested	F 573		10/25/24	

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

TITLE

(X6) DATE

Electronically Signed

10/24/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337		
(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 573	<p>Continued From page 1 the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interviews with the Responsible Party (RP) and staff, the facility failed to provide copies of the resident's medical records after a request for 1 of 3 sample resident reviewed for medical record access (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 01/25/2023</p> <p>Review of Resident #1's "Admission Record" completed on 01/25/2023 revealed a family member was listed as her RP and Power of Attorney.</p> <p>The discharge Minimum Data Set (MDS) dated 04/09/2024 assessed Resident #1 with severe impairment in cognition</p> <p>During a telephone interview on 10/08/2024 at 10:15 AM, the RP stated she spoke to the Business Office Manager about 2 months ago to</p>	F 573	<p>1. Family member (stepdaughter) of Resident #1 contacted on 10/9/24 at 10:36am to validate she still desired a copy of resident's medical record and to attempt to determine if there was something in particular she was looking for as copying the entire record would be expensive and labor intensive. She stated she wanted the entire medical record. Medical Records informed her that she would call her back once she had determined the final cost. Once the cost reached \$255.00 Medical Records contacted her back to let her know where we were with the cost at this point which was only the first 4 months of a 14 month stay. She stated she was traveling home from vacation and would call back on 10/11/24. Social Worker contacted her back on 10/14/24 after no call was received from her on 10/11/24. This time she stated she only wanted the admission note, d/c summary and PT/OT notes. Social Worker informed her we would get</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337		
(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 573	<p>Continued From page 2</p> <p>request Resident #1's copies of the medical records and she had not received copies of the medical records. RP stated that she did not recall the Business Office Manager asking her to come to the facility to sign a release form to receive copies of the medical records. The RP added that she did not know the reason the facility had not sent her Resident #1's copies of the medical records.</p> <p>During an interview on 10/08/2024 at 11:50 AM, the Business Office Manager confirmed that the RP requested Resident #1's copies of the medical records 2 months ago verbally. The Business Office Manager stated that she had not sent the copies of medical records to the RP because she was waiting for the RP to come to the facility to sign a release form before she gave her the copies of the medical records. She did not notify the medical record staff that the RP had requested Resident # 1's copies of the medical records. The Business Office Manager stated she was not aware that a resident or the RP could request the copies of the medical records verbally and she was required to provide them within 2 working business days. The Business Office also stated that next time the RP requests copies of the medical records, she will refer to the request to the medical record staff, and she (medical records staff) will send copies of the medical records requested to the RP within 2 business working days.</p> <p>During an interview on 10/08/2024 at 12:20 PM, the Medical Records staff stated that she did not recall the Business Office Manager notifying her to send the copies of medical records to Resident #1's RP. She stated that if the Business Office</p>	F 573	<p>those together and contact her back with the total cost. She was called back on 10/15/24 and given the price of \$35.75 for 59 pages. She then stated for us to put those aside and she would contact the physician's office to see if they could request the records. She stated she would call us back. She was informed the records were ready for pick up at any time. On 10/17/24, Social Worker and Medical Records contacted Riegelwood Medical Clinic to determine the records they requested for Resident #1 as no further contact was received by family member. Admission, discharge and therapy notes faxed to the clinic once verified these were the records they needed. Family member has not picked up requested medical records or called the facility back as of 10/24/24.</p> <p>2. Residents requesting access to their medical records have the potential to be affected. Medical Records, Social Worker, and Business Office Manager educated on the facility policy for Access to Medical Records on 10/24/24 by the Administrator. The facility has no current requests for medical records.</p> <p>3. Medical Records will maintain a log of medical records requests noting date of the request and date medical records were released.</p> <p>4. This log will be reviewed by the facility's QAPI committee monthly x 3 months to ensure medical records requests are handled as per facility.</p>		

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

PRINTED: 10/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345267	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/08/2024
NAME OF PROVIDER OR SUPPLIER BLADEN EAST HEALTH AND REHAB, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 804 S POPLAR STREET ELIZABETHTOWN, NC 28337		
(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 573	Continued From page 3 Manager had notified her of Resident #1's RP request for the copies of the medical records she would have sent them within 2 working business days per the policy. During an interview on 10/08/2024 at 1:40 PM, the Administrator explained when copies of medical records were requested by the RP, the facility was required to send the copies of the records requested within 2 working business days. She stated the Medical Records staff should have sent copies of the medical records to the RP or asked the RP to come to the facility to pick copies of the medical records up within 2 working business days.	F 573		