

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

PRINTED: 09/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2011
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NAME OF PROVIDER OR SUPPLIER PERSON CO MEM HOSP SNF REGINALD HARRIS ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 615 RIDGE RD ROXBORO, NC 27573
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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
F 156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>	F 156	<p>Based on the state survey ending on 8/18/2011 the surveyor noted that 2 out of 5 notices of Medicare Discharges had not been given timely. As a plan of correction to this issue, the Director of Nursing provided an in-service to the MDS coordinator in regards to the appropriate time frame to deliver the notice of discharge to allow for service appeal. This in-service was provided on 8-18-2011. The same in-service was given to the interdisciplinary team on 8-22-2011. All notices will be given 48 hours prior to the date of non-Medicare coverage. The Director of Nursing will be responsible for following -up with the MDS coordinator weekly to ensure compliance.</p>	8-22-2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *LED* (X6) DATE *11-10-11*

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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE
615 RIDGE RD
ROXBORO, NC 27573

PERSON CO MEM HOSP SNF REGINALD HARRIS ANNEX

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F 156	<p>Continued From page 2</p> <p>includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a two days notice of Medicare Non-Coverage ending for 2 of 5 notices reviewed. (Residents #9 and #30)</p> <p>Findings included:</p> <p>Interview on 8/17/11 at 3 p.m. with the DON (Director of Nurses) revealed the facility does not have a written policy and procedure for providing notification of Medicare provider non-coverage.</p> <p>Interview on 8/17/11 at 11:25 a.m. with the office business manager revealed the director of rehabilitation and the MDS coordinator were responsible for notification of non-Medicare coverage.</p> <p>1. Review of the "Notice of Medicare Provider</p>	F 156		

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F 156	<p>Continued From page 3</p> <p>Non-Coverage" form for Resident #9 revealed the end of coverage date was 5/25/11. The resident's representative signed and dated this notification on 5/24/11. Interview on 8/17/11 at 12:20 p.m. with the DON and MDS coordinator indicated that an attempt to reach Resident #9's representative was unsuccessful so the letter was signed on 5/24/11. There was no written evidence that the facility attempted to have the form signed or notified the responsible party before 5/24/11.</p> <p>2. Review of the "Notice of Medicare Provider Non-Coverage" form for Resident #30 revealed a check mark for physical therapy (PT) and occupational therapy (OT) coverage to end. There was no date in the space designated for the end date. The back of the form revealed a handwritten date with an end coverage on 5/3/11. On 8/17/11 at 12:20 p.m. an interview with the DON and MDS coordinator confirmed that the Medicare coverage for PT and OT would end on 5/3/11. Continued review revealed Resident #30 signed the form on 5/3/11 (the same date for the end of Medicare coverage).</p> <p>Interview on 8/17/11 at 12:41 p.m. with the DON and the MDS coordinator was held. The DON indicated her expectations were to provide at a minimum 48 hour prior notice (from the date of Medicare provider non coverage) to the resident or representative.</p> <p>Interview on 8/18/11 at 9:50 a.m. with the administrator revealed his expectation was his staff provides the appropriate notice at the appropriate time.</p>	F 156		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING (04) / 2011 B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2011
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NAME OF PROVIDER OR SUPPLIER PERSON CO MEM HOSP SNF REGINALD HARRIS ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 615 RIDGE RD ROXBORO, NC 27573
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K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 09/21/2011 the privacy curtains in rooms 205,206,207,208,209,242 and Therapy can stop the residents from closing and latching. 42 CFR 483.70 (a)</p>	K 018	<p>On Sept 21 during annual life safety survey for the Person Memorial hospital extended care facility-Reginald B. Harris Annex, the facility was found to have curtains in multiple rooms that could possibly impede closure of doors that exited from the following rooms: 205,206,207,208,209,242 and the therapy gym. As a plan of correction, all rooms on the Extended Care unit were evaluated for any doors being impeded by any objects. Rooms were measured by the Maintenance Director and curtain tracks were ordered. All rooms found to be out of compliance will have the new tracks installed with a compatible curtain placed on each new track. All rooms will be evaluated after track and curtain installations to ensure that no fixtures or curtains impede exit from rooms. This surveillance will be completed by the hospital maintenance department. All installations will be completed by 11/01/2011</p>	11/01/2011
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038		

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

J. Mark Hob

(X6) DATE

10/21/11

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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K 038	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 09/21/2011 the delayed egress doors that locked when a transmitter comes in range did not function as required by code. The door near the nurses station and the door near the dining room across from room 213 would relock if the transmitter was moved away then brought back within range.	K 038	On Sept 21 during annual life safety survey for the Person Memorial hospital extended care facility-Reginald B. Harris Annex the facility was noted to have two sets of doors that did not have the appropriate lock delay in place. Not having this delay prevents the doors from being readily accessible for exit. As a plan of correction, the facility has contracted with Simplex. This company is placing a lock delay on the doors that would allow the doors to remain unlocked until they are manually reset. All doors in the facility were evaluated for the same or a similar deficiency. Monthly surveillance will be done on all doors to ensure compliance. Simplex will have the doors found to be out of compliance functioning properly by 11/1/2011. Monthly surveillance will be ongoing by the hospital maintenance department.	11/01/2011