

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

MAY 01 2013

PRINTED: 04/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/04/2013
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NAME OF PROVIDER OR SUPPLIER  ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6100 MACKAY ROAD JAMESTOWN, NC 27282
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F 244 SS=D	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Resident Council Minutes, resident interviews and staff interviews, the facility failed to resolve an ongoing grievance from resident council meetings regarding phones not being answered on second shift.</p> <p>The findings included:</p> <p>Review of Resident Council Minutes for October 2, 2012, November 13, 2012, December 18, 2012, January 23, 2013, February 19, 2013 and March 5, 2013, revealed an ongoing grievance, which read, " Old concern: Phone is not being answered on 2nd shift, all days of the week, while passing their medications. Ongoing. "</p> <p>During an interview on 4/3/13 at 3:00 PM, Resident #62 stated there had been ongoing grievances in Resident Council Meetings about phones not being answered on 2nd shift. She revealed phones ring and ring because Nurses don ' t carry the portable phones used by residents with them. Resident # 62 stated the problem with answering phones had been discussed at every Resident Council Meeting. She revealed they had not received an answer</p>	F 244	<p><b>For the resident cited:</b> Unresolved complaint was made via Adams Farm Resident Council. Since the Resident Council represents all Adams Farm residents, see below "For All Residents".</p> <p><b>For all residents:</b></p> <p>A) <b>Previously Unresolved Resident Council Concern:</b> On 4/3/13 the previously unresolved evening phone non-answering complaint was reviewed by Regional Consultant, Adams Farm Plant Operations Director and Adams Farm Activities Director. The phone maintenance company inspected the phone system to ensure it was functioning properly. Three (3) months monitoring process put in place to assure continued compliance with complaint resolution. In-servicing related to this complaint will be completed with appropriate staff.</p> <p>B) <b>Current and Future Resident Council Concerns:</b> Resident council minutes were reviewed to assure that there were no additional long-standing unresolved complaints. None were found.</p> <p><b>System change:</b></p> <p>A) <b>Previously Unresolved Resident Council Concern:</b> All nurses on 2nd and 3rd shift will be inserviced on the need for them to carry the assigned portable phone on their med cart and that they are required to answer that phone when it rings, take a message, and then convey that message to the appropriate person.</p>	5.1.13  4.7.13  5.1.13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *April 28, 2013* (X6) DATE

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 244	<p>Continued From page 1 yet.</p> <p>During an interview on 4/3/13 at 8:20 PM, Staff Nurse #1 stated if telephones ring at the front desk, they transfer the call to a portable phone used by residents. She revealed there was not a unit secretary to answer phones on 2nd shift. Staff Nurse #1 said nursing staff and nursing assistants answer phones. She stated she could hear the phones and they ring non-stop. She explained that phone calls come into the main number and they transfer phone calls to a portable phone and take the phone to a resident 's room. Staff Nurse #1 added she had not heard any problems related to phones not being answered on second shift. She revealed most residents had their own phones and there was a portable phone at each nurse 's station. Staff Nurse #1 said at one time there had been some talk about nurses carrying a portable phone on their medication cart, but it did not materialize.</p> <p>During an interview on 4/3/13 at 8:40 PM, Staff Nurse #2 revealed in order to answer phone calls on second shift they kept portable phones with them on the medication carts. She stated they were told about carrying phones with them on their medication carts today. She stated the main phone rings and they take the phone with them to resident 's rooms.</p> <p>During an interview on 4/3/13 at 8:46 PM, Nursing Assistant (NA) #1 stated there were no problems answering phones on second shift. She revealed most residents on the 100 hall had their own cell phones. She said she answered phones when she heard them as she was walking through the</p>	F 244	<p><b>B1) Future Resident Council Concerns:</b> All resident council complaints will be copied by Activities Director to the administrator and the appropriate department heads within 24 hours of receipt at resident council. The next resident council meeting is scheduled for 5/1/13.</p> <p><b>B2) Future Resident Council Concerns:</b> Effectuated department head, with the administrator, will evaluate urgency for resolution of the complaint and set a date for resolution. The department head, with appropriate interdepartmental input, will write a plan of resolution and review with administrator. The plan will be adjusted as needed and implementation time-line written to assure that resolution occurs as soon as possible. Plan will include appropriate monitoring as needed. Resolution plan will be shared with resident council at the next scheduled resident council meeting along with any actions taken to resolve complaint through that date. Resident council feedback will again be sought to determine resident's preception of effectiveness of resolution plan. Additional actions will be taken as needed and effectiveness again reviewed by resident council at next scheduled meeting.</p>	5.1.13	

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F 244	<p>Continued From page 2 halls.</p> <p>During an interview on 4/4/13 at 8:10 AM the facility Activity Director stated they had been working on a solution for the problem with staff not answering phones on 2nd shift. She revealed they had been looking into getting the phones updated and getting a better phone system. She stated they were looking at an action plan for the problem with answering phones. The Activity Director revealed they thought they had an action plan and they thought the problem was resolved. She said they will work on the problem this month and they will make sure the problem is resolved. The Activity Director stated in order to correct unresolved issues during Resident Council Meetings, she would review minutes from the previous month and would attach grievances, including the action plan to the Resident Council minutes. She stated she would make sure all grievances were resolved. The Activity Director said a copy of the minutes was usually given to the Social Worker, and grievances were also followed up on by different departments. She stated they talked about grievances during morning meetings. She revealed during resident council meetings they should have reviewed minutes from previous meetings. She also said they let residents know if grievances had been resolved or were ongoing.</p> <p>During an interview on 4/4/13 at 10:07 AM, the Regional Consultant stated there was a change over in staff in February. She revealed that she could not find the grievance form where they had resolved the problem with answering phones. She stated they had put a solution in place for the cordless phones, but she revealed the plan had</p>	F 244	<p><b>Monitoring:</b></p> <p><b>A) Previously Unresolved Resident Council Concern:</b> Follow-up monitoring of resolution to survey noted previously unresolved resident council complaint will be done. Seven (7) random, after 5 p.m, calls being placed weekly by designated members of management to the facility x 4 weeks, then 3 per week x 2 months. Weekends will be included in random calling. Should any calls not be answered in a timely manner, a follow-up call will be placed with nurse informed of non-compliance. Staff will be re-educated as needed. Appropriate personnel action will be taken if needed. Outcome of complaint will be reviewed with resident council at next scheduled meeting 5.1.13</p> <p><b>B) Future Resident Council Concerns:</b> For</p>	Ongoing x 3 months	Ongoing

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F 244	<p>Continued From page 3</p> <p>not been working well. She stated she thought the problem had been fixed, but it started up again. She stated nursing staff thought the phones were not always ringing. She said she had talked to an information person and she had an appointment with the phone people to reevaluate phones to determine if they were working. The Regional Consultant concluded that between December and February there had been a change in management. She revealed they had a plan in place with the nurses having phones on their medication carts, however, after a while, they found out it was not working. She stated the issue was revisited about a week ago. An action plan was developed and they want to have it fully implemented by June. Review of the action plan revealed the implementation date was 4/3/13.</p> <p>During an interview on 4/4/13 at 10:30 AM, the facility Social Worker stated there had been a problem with the phone system, and they addressed a resident ' s concern about staffing, and although it appeared to be an ongoing concern, the problem had been resolved. She stated the problem with second staff not answering phones on second shift had not been removed from the resident council minutes. She indicated the grievance came from one resident.</p> <p>During an interview on 4/4/13 at 1:45 PM, Resident #59 stated answering phones had been a problem discussed in Resident Council Meeting for some time. She revealed there had been a problem with staff not answering phones on second shift and she was afraid there might be an emergency. She stated they had not gotten any answers to what the problem might be.</p>	F 244			

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F 244	Continued From page 4 During another interview on 4/4/13 at 4:15 PM, the Regional Consultant stated the phone company came out today and they said nothing was wrong with the phones. She thought the problem with staff not answering phones on second shift and the issue not being resolved was related to a change in staff and the renovations in the building.	F 244			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345595	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING MAY 16 2013 B. WING _____	(X3) DATE SURVEY COMPLETED  04/24/2013
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NAME OF PROVIDER OR SUPPLIER  ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC)-survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is TypeV(111) construction, one story, with a complete automatic sprinkler system.	K 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the accuracy of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of the Health and Safety Code Section 12909 and C.F.R. 405.1907.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	K029 For the deficiency cited  For the door to the soiled linen room next to room 507 the door 'closer' will be installed to assure that it closes when staff member exits room.  For All Residents: All soiled linen room doors will be checked to assure proper function of 'closer' on doors. All non-functioning 'closers' will be adjusted or replaced. (No other non-functioning 'closers' found in facility. All soiled lined room doors close properly when staff exit room.)	4/24/2013  4/24/2013
K 076 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 04/24/2013 the door to the soiled linen room near room 507 failed to close and latch. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.	K 076	System Changes: Door Latching Audit' PM will be updated to include audit of the 'closer' function for all soiled utility rooms. All failure of proper closing on exit of staff will be adjusted and parts replaced as needed.	5/9/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE \_\_\_\_\_ (X6) DATE 5/15/13

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K 076	Continued From page 1  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: A. Based on observation on 04/24/2013 there were full and empty O2 cylinders mixed in the O2 storage in the Central Supply Room. 42 CFR 483.70 (a)	K 076	Monitoring: Door Latching Audit' PM for soiled linen door closing will continue to be completed monthly with the this update to include cited door. This updated p.m. outcome will reported to the Quality Assurance Committee monthly times 3 months, then quarterly. Each report will be discussed by Quality Assurance Committee and further action taken as needed.  K076 For Deficiency Cited The O2 cylinders in the Central Supply room will be stored in two distinct storage units, one labeled for full and one labeled as empty. Nursing staff will be in-serviced on Life Safety requirement for separate and proper storage of full and empty O2 tanks.  For All Residents The O2 cylinders in the Central Supply room will be separated immediately and stored properly per Life safety requirements. Separation will be maintained per this Plan of Correction.  System Change: Life Safety requirement for separation will be added to new staff Life Safety orientation and orientation post-test.	Ongoing          5/8/2013     4/24/2013    5/10/2013

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K 076	Continued From page 1  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: A. Based on observation on 04/24/2013 there were full and empty O2 cylinders mixed in the O2 storage in the Central Supply Room. 42 CFR 483.70 (a)	K 076	<b>Monitoring:</b> Supply clerk will audit storage area daily to assure proper storage is maintained. Discrepancies will be reported to the Director of Nursing Services for appropriate corrective action and in-servicing. Outcome of audits will reported to the Quality Assurance Committee monthly times 3 months, then quarterly. Each report will be discussed by Quality Assurance Committee and further action taken as needed.	Ongoing

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