

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345403	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/9/2013
NAME OF PROVIDER OR SUPPLIER CARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6590 TRYON ROAD CARY, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 153	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to provide requested medical records to the legal representative/responsible party for one of one residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 2/6/2013. Diagnoses included Cardiovascular Accident (CVA); Hemiplegia (paralysis to one side of the body); late effects of cerebrovascular disease, cognitive deficits; Rbdomyolysis (breakdown of muscle fiber).</p> <p>Record review of Resident #1's admission Minimum Data Set (MDS) dated 2/13/2013 revealed Resident #1 was severely impaired. Functional status for bed mobility and toileting was extensive assist with one physical assist.</p> <p>Record review of Resident #1's facility Face Sheet listed Resident #1's son (named) as the responsible party.</p> <p>Record review of Resident #1's Advance Directives/Medical Treatment Decisions was checked as following I do not choose to formulate or issue an Advance Directives at this time. I want efforts made to prolong my life and I want life-sustaining treatment to be provided. Signed by Resident #1's son on the line provided for Responsible Party.</p> <p>Record review of Resident #1's Power of Attorney filed with Harnett County Register of Deeds on the 13th day of December, 2005 revealed Resident #1 gave full power to act in his name, place, and stead for the following:</p> <ol style="list-style-type: none"> 1) Real property Transactions; 2) Personal property transactions; 3) Bond share and commodity transactions; 4) Banking transactions; 5) Safe deposits; 6) Business operating transactions; 7) Insurance transactions; 8) Estate transactions; 		

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 153	<p>Continued From Page 1</p> <p>9) Personal relationship and affairs; 10) Social security and unemployment 11) Benefits from military services; 12) Tax; 13) Employment of agents; 14) Gifts to charities, and to individuals other than the attorney in fact and 15) Gifts to the named attorney in fact The power of attorney shall become effective after I become incapacitated or mentally incompetent</p> <p>Record review of Resident #1's Admission Care Conference Record dated 2/26/2013 revealed a signature by Resident #1's son on the line provided for Responsible Party.</p> <p>Record review of Consent for Obtaining Medical Information signed by Resident #1's son and dated 02/25/2013 revealed a written request of medical records to the son. To include: History & Physical, Nursing Notes, Physician Orders, Lab Reports, and Social & Rehabilitation Notes.</p> <p>Record review of a faxed sent on 2/28/2013 from the facilities legal representative revealed the request for medical records for Resident #1 was denied.</p> <p>An interview with the facility administrator on 7/9/2013 at 10:10 am revealed there was a formal policy in place for obtaining medical records. The facility notifies the legal representative about the request, verifies the responsible party and makes copies of the records</p> <p>An interview with the preceding interim Administrator on 7/09/2013 at 10:19 am revealed, resident 's son had requested Resident #1's medical records; then fill out the appropriate paper the next day. She did not follow up or does not know if the records were for the family of the new facility The paper work would be with medical records. I do not recall any times when families did not received request from Medical records</p> <p>An interview with the Medical Records personnel on 7/9/13 at 10:30 am revealed she had faxed the records to another facility on the son's request. The copy of the facsimile denial letter was provided at this time</p> <p>On 7/9/2013 at 5:20 PM the Corporate Human Resource Director revealed Resident #1's son had access during the Care Conference to review Resident #1 's medical record. She report's that the son reviewed the medical record during the Care Conference.</p> <p>On 7/9/2013 at 5:20 PM the Administrator reported the facility was following corporate policy.</p>		