

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345509</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	DATE SURVEY COMPLETE:  <b>2/4/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINGSWOOD NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>915 PEE DEE ROAD ABERDEEN, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 153</b>	<p><b>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</b></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 resident interview, staff interview and record review the facility failed to provide a resident access to her medical record upon request for 1 of 1 resident's (Resident #31). The findings included: Resident #31 was admitted 2/9/15 with diagnoses including diabetes and chronic obstructive pulmonary disease. The Quarterly Minimum Data Stated (MDS) assessment dated 11/10/15 indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) Score of 15 out of a possible 15. Review of the document titled General Power of Attorney (POA), dated April 6, 2011 revealed Resident #31 had a POA for financial matters. The document did not indicate that she had a POA for health care matters. On 2/4/16 at 10:56 AM during interview with Resident #31 she stated that on several occasions she had told the Director of Nursing that she wanted to see her medical record but that she still had not been able to see it. On 2/4/6 at 11:30 AM the Social Worker (SW) stated that she was aware that Resident #31 had asked to see her medical record on several occasions. The SW stated that since the resident had a POA, she contacted the POA to tell her the resident wanted to see her medical record and to invite her to look at it with the resident since she was the POA. The SW said that the POA declined and did not want to have the resident view her file. The SW then said that she informed the resident that the POA chose for them not to view the resident's file. The Social Worker indicated that she was not aware that the POA for Resident #31 was only a Financial POA and not a Healthcare POA, according to the documentation on the resident's medical record. On 2/4/16 at 4:30 PM interview with the Director of Nursing (DON) revealed she was new to the facility and had not been aware Resident #31 wanted to see her medical record. The DON indicated there was a procedure at the facility to make sure residents, or their legal representative, could see their medical record upon request, but she didn't yet know what it was.</p>		

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