

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2016
NAME OF PROVIDER OR SUPPLIER PEMBROKE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 E WARDELL DRIVE PEMBROKE, NC 28372	
(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 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review, the facility failed to make sure a call bell was within the reach of one of seventeen residents (Resident #15) resulting in the Resident being unable to signal for help. Findings included:</p> <p>Resident #15 was admitted 11/29/2007 with diagnoses of quadriplegia, schizo-affective disorder, anxiety and meningitis.</p> <p>The significant change Minimum Data Set (MDS) dated 9/8/2015 noted Resident #15 to be moderately impaired for cognition and was totally dependent for all Activities of Daily Living (ADLs), with the physical assistance of one person. The Care Area Assessment noted a focus of ADL function and rehabilitation potential, and this area went to care plan.</p> <p>The care plan dated 5/31/2016 indicated Resident #15 was at risk for falls related to impaired mobility due to quadriplegia, and a goal of the Resident will have no falls with injury for the next 90 days. Interventions included: Observe for unsafe behaviors and intervene as needed.</p>	F 246	<ol style="list-style-type: none"> Affected resident's call bell was immediately placed with reach and tested for ability to activate its use. All resident in the center have the potential to be affected by this deficient practice. A mandatory in-service was conducted on 6/16/16, 6/23/16, 6/27/16 regarding resident's rights to receive service with appropriate call systems within the residents reach. Call light audits will be performed twice per week by DNS and/or designee. The corrective action will be monitored on a weekly basis x 2 months. The results will be presented during the monthly QA meeting x 4 months. 	6/30/16

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

TITLE

(X6) DATE

Electronically Signed

06/30/2016

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 246	<p>Continued From page 1</p> <p>Therapy as ordered. Assist resident getting in and out of bed. Place call light within reach at all times. Monitor and assist for toileting needs.</p> <p>On 6/14/2016 at 9:28 AM, Resident #15 was observed in bed with the round, flat " pancake " type of call bell beside his right shoulder clipped to the bed sheet. Resident #15 was noted to have contractures of both hands and wash cloth rolls were in each hand. Resident #15 was unable to reach the call bell.</p> <p>On 6/14/2016 at 2:18 PM, Resident #15 was observed in bed with the call bell clipped to his gown on the right side of his upper chest. Resident #15 could not reach the call bell to turn it on and stated he could turn it on if he could reach it.</p> <p>On 6/15/2016 at 3:20 PM, Resident #15 was observed in bed with the call bell clipped to the sheet on the bed beside the Resident ' s shoulder. Resident #15 could not reach the call bell.</p> <p>On 6/16/2016 at 2:00 PM, Resident #15 was observed in bed with the call bell clipped to his gown midway between his hands. Nurse #1 and the Administrator came to the room and observed Resident #15 try and reach the call bell. Nurse #1 asked Resident #15 if the call bell could be located where he could push the call bell with his upper arm just above his elbow. Resident #15 stated he could push the call bell with his chin. Nurse #1 clipped the call bell to Resident #15 ' s gown and he could push it with his chin. Resident #15 demonstrated pushing the call bell with his chin two times.</p>	F 246			

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F 246	<p>Continued From page 2</p> <p>On 6/16/2016 at 2:00 PM, in an interview, Nurse #1 stated the call bell issue with Resident #15 was with placement, and it needed to be where he could turn it on.</p> <p>On 6/16/2016 at 5:10 PM in an interview, Nursing Assistant (NA) #1 stated she had received report when she came on her shift that Resident #15 was to have his call bell placed so he could push it with his chin.</p> <p>In an interview on 6/16/2016, the Director of Nursing (DON) stated her expectation was Resident #15 would be able to use his call bell. The DON stated she had updated his Kardex (care guide) and the Kardex at the nurse ' s station.</p> <p>In an interview on 6/16/2016 at 5:22 PM, the Administrator stated her expectation was every resident who is able to use their call bell would have it within reach.</p>	F 246			