STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 241 SS=D	DIGNITY AND RESPECT OF INDIVIDUALITY CFR(s): 483.10(a)(1) (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff and resident interviews the facility failed to maintain dignity by failing to knock on doors or ask permission to enter resident rooms for 4 of 35 residents observed (Resident #60, Resident #22, Resident #9, Resident #43). Findings included: 1. Resident #60 was admitted to the facility on 2/5/16. Her active diagnoses included hyperlipidemia, hemiplegia affecting the right dominant side, cerebral infarction, major depressive disorder, and hypertension. Review of Resident #60's most recent minimum data set assessment dated 7/28/17 revealed the resident was assessed as cognitively intact. During observation on 11/13/17 at 1:18 PM Nurse Aide #1 was observed to enter Resident #60's room without knocking or announcing her presence. During an interview on 11/13/17 at 1:23 PM Nurse Aide #1 stated it was required by the facility for staff to knock and announce themselves before entering resident rooms. She further stated she did not knock before entering Resident #60's	F 241	F241 Nurse Aide #1 assigned to residents #9, #22, #43, and #60 was immediately in-serviced by the Director of Nurses(DON) on 11-14-17 regarding: Knocking on Residents Doors prior to entering resident rooms. 100% of all staff that were currently working on the floor were immediately in-serviced and completed on 11-14-17 by the Staff Facilitator RE: Knocking on resident doors prior to entering to resident room. This included Nurse Aide #1. 100% in-service was initiated on 11/14/2017 for all licensed nurses, nurse assistants, therapy staff, maintenance staff, activity staff, laundry staff, housekeeping staff, medical records staff, and all other office staff, and dietary staff to include nursing assistant #1 to be completed on 11/29/2017 by the Staff Facilitator. Any staff that has not been in-serviced by 11/29/2017 will not be allowed to work until in service is completed. All new hired licensed nurses, nursing assistants, therapy staff,	11/30/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/30/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 241	Continued From page 1 room because she made a mistake and forgot. During an interview on 11/13/17 at 3:22 PM Resident #60 stated she wanted staff to knock on the door or announce themselves before entering her room. She further stated some staff would not knock before they entered which was frustrating for her because her room was her home. She stated that, before she was in the facility, she would not let people come into her own home any time they wanted and did not feel she should change now. She further stated residents could be involved in personal activities and would not want to be interrupted. During an interview on 11/15/17 at 2:59 PM the Director of Nursing stated it was her expectation that staff members would knock or announce themselves at the residents' doors and wait for permission to enter the resident rooms. She further stated entering without knocking or announcing staff presence was a dignity concern. 2. Resident #22 was admitted to the facility on 10/30/17. His active diagnoses included hypertension, hyperlipidemia, arthritis, and muscle weakness. Review of Resident #22's most recent minimum data set assessment dated 11/6/17 revealed the resident was assessed as cognitively intact. During observation on 11/13/17 at 1:10 PM Nurse Aide #1 was observed to enter Resident #22's room without knocking or announcing her presence. During an interview on 11/13/17 at 1:23 PM Nurse Aide #1 stated it was required by the facility for	F 241	maintenance staff, activity staff, laundry staff, housekeeping staff, medical records staff, dietary staff and all office staff will be in-serviced by the Staff Facilitator during orientation 10% of all staff will be monitored to include nurse assistant #1 in regards to knocking on doors before entering resident rooms to include observation of residents #9. #22, # 43 and # 60 by the Social Worker, Activities Staff, Medical Records, and Ward Clerk utilizing the Resident Care Knocking on Doors Audit Tool Weekly X 8 weeks and then monthly X1 month. The Director of Nursing (DON) will review and initial the Resident Care Audit: Knocking on doors audit tool for completion to ensure that areas of concern were addressed weekly X 8 weeks, and them monthly X1 The Executive Quality Assurance committee will meet monthly to review the Resident Care Audit Knocking on doors audit tool X 3 months to determine issues and trends to include continued monitoring frequency	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 241	Continued From page 2	F 241		

staff to knock and announce themselves before entering resident rooms. She further stated she did not knock before entering Resident #22's room because she made a mistake and forgot.

During an interview on 11/13/17 at 3:04 PM Resident #22 stated he wanted to be aware of what was going on in his room and it might be embarrassing if a staff member entered without knocking or announcing themselves.

During an interview on 11/15/17 at 2:59 PM the Director of Nursing stated it was her expectation that staff members would knock or announce themselves at the residents' doors and wait for permission to enter the resident rooms. She further stated entering without knocking or announcing staff presence was a dignity concern.

3. Resident #9 was admitted to the facility on 8/28/15. His active diagnoses included hypertension, diabetes mellitus, hemiplegia, and atrial fibrillation.

Review of Resident #9's most recent minimum data set assessment dated 10/13/17 revealed the resident was assessed as cognitively intact.

During observation on 11/13/17 at 1:21 PM Nurse Aide #1 was observed to enter Resident #9's room without knocking or announcing her presence.

During an interview on 11/13/17 at 1:23 PM Nurse Aide #1 stated it was required by the facility for staff to knock and announce themselves before entering resident rooms. She further stated she did not knock before entering Resident #9's room because she made a mistake and forgot.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 241	Continued From page 3	F 241		

During an interview on 11/13/17 at 2:58 PM Resident #9 stated he liked it when staff would knock and if they did not knock it was frustrating because he liked to know what was happening in his room. He further stated that some staff did not knock but he did not feel there was much that could be done about it.

During an interview on 11/15/17 at 2:59 PM the Director of Nursing stated it was her expectation that staff members would knock or announce themselves at residents' doors and wait for permission to enter the resident rooms. She further stated entering without knocking or announcing staff presence was a dignity concern.

4. Resident #43 was admitted to the facility on 1/2/17. His active diagnoses included heart failure, hypertension, diabetes mellitus, and hyperlipidemia.

Review of Resident #43's most recent minimum data set assessment dated 10/22/17 revealed the resident was assessed as cognitively intact.

During observation on 11/13/17 at 1:15 PM Nurse Aide #1 was observed to enter Resident #43's room without knocking or announcing her presence.

During an interview on 11/13/17 at 1:23 PM Nurse Aide #1 stated it was required by the facility for staff to knock and announce themselves before entering resident rooms. She further stated she did not knock before entering Resident #43's room because she made a mistake and forgot.

During an interview on 11/13/17 at 2:55 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 241	Continued From page 4 Resident #43 stated he would prefer staff knock before entering if they were new staff he did not know. During an interview on 11/15/17 at 2:59 PM the Director of Nursing stated it was her expectation that staff members would knock or announce themselves at residents' doors and wait for permission to enter the resident's rooms. She further stated entering without knocking or announcing staff presence was a dignity concern.	F 241		
F 242 SS=D	SELF-DETERMINATION - RIGHT TO MAKE CHOICES CFR(s): 483.10(f)(1)-(3) (f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. (f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. (f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff and resident interviews the facility failed to allow a resident to choose the time she would like to wake up in the morning (Resident #28). Findings included:	F 242	F 242 Resident #28 was interviewed on 11-15-2017 by the Social Worker in reference to residents #28 preference for meal time and waking hours. Any changes were	11/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 242	Continued From page 5 Resident #28 was admitted to the facility on 10/16/14. Her active diagnoses included hypertension, diabetes mellitus, hemiplegia, anxiety disorder, and muscle weakness. Review of Resident #28's most recent minimum data set assessment dated 10/10/17 revealed the resident was assessed as cognitively intact. The resident was totally dependent on bed mobility and dressing and was independent with eating. Resident #28 responded "very important" in the assessment when asked how important it was for her to choose her own bedtime. During an interview on 11/13/17 at 4:02 PM Resident #28 stated the nurse aides woke her up for breakfast around 7:30 to 8 AM but she would like to sleep in and eat at 9 AM. She further stated Nurse Aide #2 would tell her if she wanted to eat she had to get up at 7:30 to 8 AM. She stated she had told nurse aides on multiple occasions she would like to sleep in and was not a morning person but nothing changed. During observation on 11/14/17 at 8:03 AM Resident #28 was observed to be lying in bed with her eyes closed and her breakfast tray was in front of her and the lights in her room were on. During an interview on 11/14/17 at 8:20 AM Resident #28 stated she wanted to sleep longer and had told the staff that morning, but the nurse aides told her she needed to eat some breakfast. During an interview on 11/14/17 at 8:25 AM Nurse Aide #1 stated Resident #28 had said she wanted to keep sleeping that morning but Resident #28 did that often. She further stated they would leave	F 242	made as needed by the MDS nurse on 11/15/2017 to resident□s plan of care/ care guide Nurse Aide #1 and Nurse Aide #2 were immediately in services on 11-15-2017 RE: Residents preferences by Staff Facilitator, 100% in-service was initiated on 11-15-17 for all licensed nurses, nursing assistants, therapy staff, maintenance staff, housekeeping staff, medical records, office staff to include nurse assistant #1 and nurse assistant #2 in regards to resident preferences completed by 11-29-2017. Any staff that had not been in-serviced by 11/29/2017 will be in-serviced by the Staff Facilitator before working. All newly hired staff will be in-serviced Re: Resident Preference during orientation by Staff Facilitator. 100% audit of all alert and oriented residents was immediately completed by Social Worker on 11-15-2017 utilizing the facility census to include resident #28 in regards to residents□ preferences using the Resident Care Audit Tool. All care plans / care guides were updated by the MDS Nurse on 11/15/2017 for all changes in resident preference. 10% of all alert and oriented residents to include resident # 28 will be interviewed utilizing the Resident Care ADL/Preference Audit tool by the Social Worker for resident preference to include Meal and waking hours weekly X 8 weeks then monthly X 1 month. Care plans will be immediately updated for any new	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 242	Continued From page 6 the breakfast tray in the room and turn the lights on and she would usually eat some of her food. She further stated she believed the kitchen was able to provide a meal later if the resident wanted to sleep later, but for Resident #28, she knew if she turned the lights on and left the tray in the room, Resident #28 would eat so she did not feel she needed to provide a different meal for her. During an interview on 11/14/17 at 8:48 AM Nurse Aide #2 stated Resident #28 requested to sleep in this morning, but she and the other nurse aide knew she did that a lot. She further stated that staff left the tray in the room and turn the lights on because if they did not, Resident #28 would turn her call bell on later and request breakfast after they sent the breakfast tray back. She further stated she believed the kitchen could provide a later meal for residents who wished to sleep in but she knew Resident #28 would eat if they brought it to her with the rest of the trays so she had not requested a later breakfast from the kitchen. During observation on 11/15/17 at 8:09 AM Resident #28 had her breakfast tray and the lights were on in her room. During an interview on 11/15/17 at 8:15 AM Resident #28 stated she still would like to sleep in till 9 AM and stated she was simply not a morning person. She further stated this morning she did not request to sleep in because she felt it was pointless. Resident #28 stated she would eat her breakfast, go back to sleep, and hope the staff did not wake her again. During an interview on 11/15/17 at 8:37 AM the Dietary Manager stated Resident #28 at one time	F 242	resident preference by the MDS nurse. The Director of Nursing will initial the Resident Care ADL/Preference Audit Tool for completion and to assure all areas of concern were addressed weekly X 8 weeks then monthly X 1 The Executive Quality Assurance committee will meet monthly to review the Resident Care Audits ADL/Preference Audit tool and address any issues, concerns and /or trends and to make changes as needed, to include continued frequency of monitoring monthly X 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 242	Continued From page 7	F 242		

received a late breakfast. Resident #28 had a sitter or family member who came in and requested a late breakfast for the resident. The Dietary Manager further stated she received notification from nursing to resume regular meal service and not provide a late breakfast about six months ago when the sitter or family member stopped coming to the facility. She stated the breakfast they sent was a hot breakfast at 9 AM and if any resident wanted late breakfast, it would be provided and nursing would let the kitchen know about such requests. She further stated she did not believe there was any documentation of the requests.

During an interview on 11/15/17 at 8:45 AM Nurse #1 stated Resident #28 used to receive a hot breakfast at 9 AM because a family member would come and help her with the meal. She further stated the meal had to be set up for the resident and then she could eat independently. The nurse stated when the family member stopped coming in the mornings, Resident #28 began to receive meals according to the regular schedule so the nurse aides could set up her tray. She further stated no nurse aides had reported to her that Resident #28 had requested to sleep and receive her meal at 9 AM. She further stated she did not believe there was any documentation of the meal change requests.

During an interview on 11/15/17 at 9:11 AM the Director of Nursing stated Resident #28 received her meals at 9 AM at one time. She further stated Resident #28 had a sitter and had requested a late meal. She further stated after the first of the year the resident's sitter was no longer available and nursing requested the meal to return to the regular schedule so the nurse aides could assist

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345164	A. BUILDING _____ B. WING _____	C 11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOWAN RIVER NURSING AND REHABILITATION CENTER	1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932

(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 242	Continued From page 8 with setting up the meal. The Director of Nursing stated no nurses or nurse aides had reported to her Resident #28 had requested to have her meal at 9 AM and the resident had not mentioned it to her. The Director of Nursing further stated it was her expectation that if a resident made such a request to a staff member that they would follow through with it and report to their nurse and to dietary about the request for a meal schedule change. She further stated it was her expectation that nurse aides would honor any resident's choice to sleep in and receive their breakfast later if they requested it, even if it was only once.	F 242		