

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

PRINTED: 02/20/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/25/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROATAN RIDGE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 FOXHALL ROAD NEWPORT, NC 28570</b>		
(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 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity 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.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the</p>	F 550		2/22/18	

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

TITLE

(X6) DATE

Electronically Signed

02/15/2018

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 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview with staff and the resident's medical record review, facility failed to place the call light within reach for 1 of 1 sampled Residents (Resident # 142)</p> <p>Findings included:</p> <p>Resident # 142 was admitted on 1/15/2018 with diagnoses that included Heart failure, Hypertension, Atrial Fibrillation, difficulty in walking, peripheral vascular disease. Resident's Care Guide dated 1/19/2018 indicated the resident had a problem with self-care deficit of daily living related to poor cognitive and physical status.</p> <p>Observations were made on 1/22/2018 at 12:30 PM and 1/22/2018 at 1:30 PM. The call light was out of reach for Resident # 142.</p> <p>On 1/22/2018 at 1:30 PM, the resident was interviewed. During the interview with the resident he acknowledge he wanted to be positioned properly to eat his lunch which was in front of him.</p> <p>Nurse Assistant (NA) #1 was interviewed on 1/22/2018 at 1:50 PM. The NA # 1 confirmed she was assigned to take care of Resident #142. The NA # 1 stated she had been trained to place the call light within resident's reach at the beginning of the shift. She acknowledged the call light was not placed within the resident's reach and he had no explanation as to why the call light was not within the resident's reach.</p>	F 550	<p>F550</p> <p>Based on observations, interviews with staff and the Resident medical record review, facility failed to place the call light within reach for 1 of 1 sampled Residents (Resident #142).</p> <p>The call light was placed within reach for Resident #142 on 1/24/2018 by the Director of Nursing to ensure that Resident #142 is provided the ability to protect and promote Resident Rights, to be able to make staff aware, by turning the call light on, that assistance was needed.</p> <p>100% observation of all call-lights were observed, to include Resident #142, to be in place throughout the day of 1/24/2018 by Registered Nurse (RN) Supervisor and Hall Nurses. No other issues were found.</p> <p>In-Service was initiated on 1/24/2018 by RN Supervisor, for 100% of all Nursing staff, licensed Nurses and Certified Nursing Assistants (CNA), to include NA #1 and nurse #1, on proper places to put Resident's Call-lights as well as improper places to place a call-light in Resident's rooms and will be completed by 2/15/2018.</p> <p>The RN Supervisor and Hall Nurses will monitor 100% of all Residents call lights,</p>		

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F 550	Continued From page 2  Nurse #1 was interviewed on 1/22/2018 at 2:15 PM. She stated nurses and NAs were taught to keep the call light within the resident's reach. The nurse added it was the responsibility of the NAs to make sure the call light was placed within the residents reach at the facility.  On 1/24/2018 at 2:55 PM, the Director of Nursing stated her expectation was for the call light to be placed within the residents reach at all time.	F 550	to include Resident #142, to ensure that the call light is within reach of the Residents, 5 times a week for 4 weeks, then weekly for 4 weeks, then monthly x 2 month utilizing a Call Light and Call Light placement QI Audit Tool. The RN Supervisor will address immediately and identified areas of concern during the audit. The Director of Nursing (DON) will review and initial the Call Light and Call Light Placement QI Audit Tool weekly x 8 weeks and then monthly x1 month for completion to ensure all areas of concern are addressed.  The DON will forward the results of the Call Light and Call Light placement QI Audit Tool to the Executive QI Committee monthly x3 months. The Executive QI committee will meet and review the Call Light and Call Light placement QI Audit Tool and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring monthly 3 months.	