

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

PRINTED: 02/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2018
NAME OF PROVIDER OR SUPPLIER SENTARA NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917		
(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 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation survey. Event ID #NEBX11.	F 000			
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and	F 583		1/30/18	

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

TITLE

(X6) DATE

Electronically Signed

01/29/2018

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 583	<p>Continued From page 1</p> <p>administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation and staff interview the facility failed to provide full visual privacy for 1 of 9 residents (Resident # 112) observed for activities of daily living (ADLs) .</p> <p>The findings included:</p> <p>Resident # 112 was admitted to the facility with diagnoses of dementia. A review of the annual Minimum Data Set (MDS) dated 1/12/18 revealed the resident had both long and short term memory problems and was severely cognitively impaired in skills for daily decision making. She was totally dependent of staff for her ADLs including bathing.</p> <p>A review of the care plan updated 1/17/18 revealed Resident # 112 was care planned for activities of daily living (ADLs). Resident # 112 was totally dependent on the staff for her care because she had advanced dementia. She was identified as unable to sequence a task or follow simple instructions for participation in self care. Staff were to complete all ADLs for her including bathing and maintain privacy during care activity.</p> <p>On 01/24/18 at 10:00 AM Resident # 112 was observed lying in her bed uncovered . The privacy curtain was opened 18 inches with the resident in full view from the hall.</p> <p>On 01/24/18 at 10:10 AM Resident #112's nursing assistant stated that she had closed the curtain but when she walked by the curtain she must have opened it and did not realize it. She</p>	F 583	<p>1) Resident #112 was found undressed in her bed with the privacy curtain not completely drawn during a.m. care on 1/24/18.</p> <p>2) All residents requiring assistance with ADL care have the potential to be affected.</p> <p>3) An in service to include the policy and procedure on bathing was completed by 6p.m. on 1/25/2018 for all Nursing Staff currently in the building. The remainder of the Nursing staff will be in serviced prior to working assigned schedule.</p> <p>4) The Clinical Managers or designee will audit five residents weekly, who require assistance with ADL care for 90 days. Audits will be reviewed by the DON and summarized weekly and presented to the QAPI committee for additional oversight or recommendations.</p> <p>5) Date Certain 1/30/2018</p>		

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F 583	<p>Continued From page 2</p> <p>further stated she had walked away from the resident into the bathroom and had not covered her but should have.</p> <p>On 01/24/18 at 10:40 AM Resident #112's nurse stated that the resident should have been covered when the nursing assistant walked away while bathing her. She further stated she should have made sure that the privacy curtain was completely closed.</p> <p>On 01/24/18 at 10:44 AM the Director of Nursing stated that the nursing assistant should have checked to make sure the privacy curtain was closed and should have covered her before walking away.</p>	F 583		