

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

PRINTED: 06/04/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345260 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/30/2018 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ROCKY MOUNT REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 160 S WINSTEAD AVENUE ROCKY MOUNT, NC 27804 | | |
| (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 585 SS=D | <p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for</p> | F 585 | | 5/21/18 | |

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

TITLE

(X6) DATE

Electronically Signed

05/14/2018

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 585 | Continued From page 1 completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be | F 585 | | | |

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| F 585 | <p>Continued From page 2</p> <p>taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record reviews, the facility failed to provide a verbal or written grievance outcome summary to the family for 1 of 3 sampled residents reviewed (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 3/22/2018 with a diagnoses of dementia, Resident # 1's annual Minimum Data Set (MDS) dated 4/20/2018 indicated the resident was severely cognitively impaired and required extensive assistance with of 2 people with bed mobility, transfer, locomotion, eating and toileting.</p> <p>Review of the investigation report dated 4/18/2018 revealed Resident #1's family member noticed a skin tear on the resident's arm and had called the Social Worker (SW) alleging a staff member had thrown the resident in the bed causing a skin tear on the resident's arm. The facility investigated the family member's grievance and unsubstantiated the allegation.</p> | F 585 | <p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all state and federal regulations the center has taken or will take the actions set forth in the following plan of corrections constitute the center's allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>The Social worker received the grievance from the family member of resident #1 and was responsible for making sure that the family member was notified of the outcome of the investigation findings. There was a miscommunication between the Director of Nursing and Social Worker as to who would make the follow call with the family member. The responsible party</p> | | |

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| F 585 | <p>Continued From page 3</p> <p>Further review of the investigation report did not reveal the facility followed up with the family in reference to the outcome of the investigation.</p> <p>During the interview on 4/30/2018 at 1:30 PM, the SW reported Resident #1's family member called her on 4/16/2018 and made a statement that someone picked the resident up on 4/16/2018 and threw the resident in bed and her arms flew which caused a skin tear. The SW further stated she informed the Director of Nursing (DON) about this grievance but never followed up with the family about the outcome of the investigation. The SW indicated she did not write a formal grievance after she notified the DON because she assumed the DON was going to follow up with the family member after resolving the grievance.</p> <p>In an interview with the Director of Nursing (DON) on 4/30/2018 at 2:20 PM, she reported that she resolved the grievance reported by Resident #1's family member on 4/16/18 by conducting an investigation but she did not provide the family with a copy of the written resolution and summary of the grievance or call the family back. She acknowledged the family should have been provided a written resolution and summary about the outcome of the investigation by the Social Worker. She also indicated the facility process was to get back with the family member immediately with the outcome of the grievance by written statement or calling the family back.</p> <p>In an interview with the facility Administrator on 4/30/2018 at 4:25 PM, he revealed that the grievance received from Resident #1's family member was resolved by the DON. He acknowledged that the SW should have followed up with the family about the outcome or the</p> | F 585 | <p>for resident #1 was notified of the grievance outcome by telephone on April 30, 2018 by the Director of Nursing.</p> <p>All grievances reported within the last thirty days will be reviewed by the Administrator to ensure that the grievance has been resolved and that notification has been made with the individual that initiated the grievance. This will be completed by May 16, 2018.</p> <p>The Social Worker and Director of nursing were educated on the grievance process by the Administrator on 5/2/2018. The facility staff will be educated on the grievance process by the Administrator or designee by May 18, 2018. Grievances will be reviewed during the morning clinical review to ensure timely reporting and follow up. The Administrator will ensure that contact has been made with the individual who initiated the grievance before the grievance can be closed and resolved.</p> <p>The grievance log will be reviewed and discussed during the monthly Quality Assurance and Performance Committee meeting to ensure compliance is ongoing and determine the need for further ongoing review.</p> | | |

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| F 585 | Continued From page 4 resolution of the grievance since she was responsible for following up with the families about the grievances. He further reported the facility's process was to call or provide a written statement to the responsible party (RP) or family member as soon as the grievance was resolved. | F 585 | | | |