| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345415 | A. BUILDING _____ B. WING _____ | C 06/27/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINEVILLE REHABILITATION AND LIVING CTR | 1010 LAKEVIEW DRIVE PINEVILLE, NC 28134 |

| (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 |
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| F 583 SS=D | Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)<br><br>§483.10(h) Privacy and Confidentiality.<br>The resident has a right to personal privacy and confidentiality of his or her personal and medical records.<br><br>§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.<br><br>§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.<br><br>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.<br>(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.<br>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, record review, family interviews and staff interviews, the facility failed to | F 583 | F583 Regarding the alleged deficient practice of failure to provide full visual | 7/7/18 |

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

Electronically Signed | 07/12/2018

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| F 583 | Continued From page 1<br>provide full visual privacy during the provision of care for 1 of 4 sampled residents reviewed for personal privacy (Resident #7).<br><br>Findings included:<br><br>Resident #7 was admitted to the facility on 6/2/18 with diagnoses that included a stage 2 pressure ulcer of the sacral region, cognitive communication deficit, and altered mental status.<br><br>A review of the admission Minimum data set (MDS) dated 6/9/18 revealed Resident #7 was coded as severely cognitively impaired in skills for daily decision making. He required extensive assistance from staff for activities of daily living (ADLs) and was coded as incontinent of bowel and bladder.<br><br>A review of the initial care plan dated 6/2/18 revealed Resident #7 had an ADL self-care performance deficit related to the disease process. Resident #7 required staff to assist to complete ADL tasks daily.<br><br>An observation on 6/27/18 at 2:33pm revealed the facility's Wound Care Nurse and Unit Manager (UM) were providing Resident #7 with wound and incontinence care. Resident #7 was in his bed which was located beside an outside window with his lower torso completely exposed during the provision of care. The privacy blinds were left open on the lower half of the window with the resident in full view from an outside patio.<br><br>During an observation on 6/27/18 at 2:48pm, a staff member wearing blue scrubs walked past Resident #7's window as he was in full view uncovered receiving incontinence and wound | F 583 | privacy during provision of care:<br>Facility staff failed to close privacy blinds on lower half of resident #7's window during provision of wound and incontinent care, leaving his lower torso exposed & in view from the outside window. Correction was made & privacy provided to this resident by nurse closing blinds when she realized they were open.<br>Current facility residents could be affected by the alleged deficient practice.<br>Facility staff in serviced by Director of Nursing and unit coordinators on Policy for Resident Privacy & CMS F583 beginning 06/28/2018. Ongoing training will be provided for staff upon return to work and included in new hire orientation as of 07/02/2018.<br>As of 07/01/2018, Social Worker to ensure resident privacy is being protected by including a privacy interview/assessment in the routine care plan meeting. Any concerns related to breaches of privacy will be reported to DON and Administrator for immediate follow-up.<br>Ongoing compliance will be monitored by random audits to ensure that privacy is provided during treatments and/or incontinent care as well as observation of staff knocking on doors and seeking consent prior to entering rooms and providing care. Audits will be conducted on 6 residents daily x2 weeks beginning week of 07/08/2018 by DON, unit managers or shift supervisors; then 6 residents per week x4 weeks; then 8 random audits per quarter x3 quarters. Director of Nursing or Administrator will | |

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| F 583 | Continued From page 2<br>care.<br><br>An observation at 2:49pm on 6/27/18 revealed a staff member wearing grey scrubs walked past Resident #7's window as he was in full view uncovered receiving incontinence and wound care.<br><br>An interview on 6/27/18 at 2:51pm with the Wound Care Nurse, who was assisting the UM provide care to Resident #7, revealed the therapy department was next door to Resident #7's room and therapy staff wore blue scrubs. The Wound Care Nurse stated the blinds were to be closed all the way during care for Resident #7.<br><br>An observation on 6/27/18 at 2:52pm revealed the Wound Care Nurse pulled the blinds to cover Resident #7's window.<br><br>An interview on 6/27/18 at 3:10pm with the Wound Care Nurse revealed she had been used to the blinds being closed and forgot the blinds were open while assisting with care for Resident #7.<br><br>An interview on 6/27/18 at 3:12pm with the UM revealed the blinds were usually closed during care but she and the Wound Care Nurse were nervous during the observation. She explained the patio, outside of Resident #7's window, was a walk through for staff during change of shift that extended from the back parking lot of the facility to the front of the building. The UM added families also used the patio area at times to sit on the bench when visiting.<br><br>An interview on 6/27/18 at 3:44pm with Nurse #1 revealed she had walked from the back parking | F 583 | report result of both social worker interviews and random privacy audits to monthly QAPI committee to identify trends or recommendations. | |

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| F 583 | Continued From page 3 | F 583 | | |

lot past the window of Resident #7's room prior to her shift. She explained the parking lot and walk way was utilized by staff and families to enter the front of the building.

An interview on 6/27/18 at 3:39pm with Resident #7's son, who sat at the bedside, revealed he had been pleased with the care his father had received from the facility however if his father had been able to understand and make his needs known, he would have wanted privacy during incontinence and wound care provided by the staff.

An interview on 6/27/18 at 4:42pm with the Director of Nursing (DON) was conducted. The DON revealed her expectation from staff was to provide privacy during care and treatment which included closed blinds.

An interview on 6/27/18 at 4:42pm with the Administrator revealed open blinds during care was a rare occurrence and the blinds would be closed in the future at all times.

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| F 000 | INITIAL COMMENTS<br><br>On June 27, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted an onsite revisit and complaint investigation. The facility remains out of compliance. | F 000 | | |

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Electronically Signed

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.