

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ 8. WING	(X3) DATE SURVEY COMPLETED R 07/22/2019
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802		
(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) COMPLETE DATE
D000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on July 18-19, 2019 and July 22, 2019.	D000	Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
D050	10A NCAC 13F .0305(e) Physical Environment 10A NCAC 13F .0305 Physical Environment (e) The requirements for bathrooms and toilet rooms are: (1) Minimum bathroom and toilet facilities shall include a toilet and a hand lavatory for each 5 residents and a tub or shower for each 10 residents or portion thereof; (2) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom; (3) Toilets and baths for staff and visitors shall be in accordance with the North Carolina State Building Code, Plumbing Code; (4) Bathrooms and toilets accessible to the physically handicapped shall be provided as required by Volume I-C, North Carolina State Building Code, Accessibility Code; (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides;	D050	10A NCAC 13F. .0305 (e)- Physical Environment It is a policy of Somerset Court of Rocky Mount to ensure all Physical Environment are adequate requirements to all. 1. The Administrator will ensure physical environment needs are met and provide adequate requirements for each area addressed. a. The Administrator will ensure there are no trash carts inside the bathrooms, random audits will be made weekly to ensure the bathrooms are clean and clear of clutter and any findings will be corrected by staff. b. The administrator will ensure the bathtubs are free of all incontinence supplies and will do random weekly audits and any findings will be corrected by staff. c. The administrator and other staff will ensure all storage areas are clear, maintained and properly stored. d. The Administrator will ensure bathrooms will only be used for the use and needs of the resident. e. The Administrator will train staff	

POC Reviewed and accepted 9/16/19 D. Dawson

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			<p>regarding expectations of physical environment and to report any needs within 5 to 10 minutes to management.</p> <p>Plan of Correction Date 07/23/19</p>
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

STATE FORM

6899

TITLE
Executive Director

DL1P11staff will

(X6) DATE

8/9/19

If continuation sheet 1 of 18

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D050	<p>Continued From page 1</p> <p>(D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; (9) Bathrooms and toilet rooms shall be located as conveniently as possible to the residents' bedrooms; (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; (12) Non-skid surfacing or strips shall be installed in showers and bath areas; and (13) The floors of the bathrooms and toilet rooms shall have water-resistant covering.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the residents' Spa bathroom was not utilized for storage purposes.</p> <p>The findings are:</p> <p>Observation of the Spa bathroom on 07/19/19 at 10:40 am revealed: -There was a large, two-bag, tall metal rolling trash cart, inside the bathroom door, 1-1/2 feet from the left wall and 2 feet from the room's vanity sink. -There were 16 large unopened cartons of incontinence briefs, 3 feet from the spa tub and stacked against the left wall. -There was an oxygen concentrator and a large framed picture behind the stacked boxes, against the wall. -There were 2 folded wheelchairs with a portable</p>	0050		

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D 050	<p>Continued From page 2</p> <p>toilet chair lying over the wheelchairs, beside the stacked boxes.</p> <ul style="list-style-type: none"> -There was a 3-drawer stacked storage container placed on the seat of the padded bench outside of the shower stall. -There were 4 metal wheel chair foot rests stacked on top of the 3-drawer storage container on the bench. -There were 4 folded metal walkers placed between the back of the spa bathtub and the shower stall. <p>Observation of the Spa bathroom on 07/22/19 at 8:51 am revealed:</p> <ul style="list-style-type: none"> -The bathroom contained the same items as stored on 07/19/19 at 10:40 am. -There were 8 additional large cartons stacked just inside the door. <p>Observation of the Spa bathroom on 07/22/19 at 08:44 am revealed a resident, seated in a wheelchair,</p> <p>Placed a travel container of toileting and bathing supplies, on the floor, outside the Spa bathroom door.</p> <p>Interview with the resident on 07/22/19 at 8:45 am revealed:</p> <ul style="list-style-type: none"> -He was waiting for a personal care aide (PCA) to assist him with bathing and going to use the toilet. -The Spa bathroom was used for supplies storage and he needed assistance to get around boxes to get to the shower. -He had been a resident for 6 years; the Spa bathroom had always been used for storing supplies. <p>Interview on 07/22/19 at 8:48 am with a housekeeping staff revealed:</p> <ul style="list-style-type: none"> -The Spa bathroom was used by residents to 	D 050		

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D050	<p>Continued From page 3</p> <p>bathe and go to the bathroom all of the time. -The Spa bathroom was also used for facility storage.</p> <p>Interview on 07/22/19 at 12:45 pm with a PCA revealed: -Most residents used the Spa bathroom for toileting and washing their hands. -Staff assisted residents to take showers and when using the Spa bathtub. -The Spa bathroom was also used for facility storage space.</p> <p>Interview with a medication MA on 07/22/19 at 11:00 am revealed: -Wheelchairs and shower chairs were normally the only things stored in the Spa bathroom on the 200 hall. -other things had stored in the Spa bathroom for about a week because the storage room was full.</p> <p>Interview on 07/22/19 at 12:40 pm with a second MA revealed: -Most of the residents used the Spa tub for bathing; they also used the Spa bathroom for toileting and washing their hands. -The Spa bathroom had been used for storage for months for staff to easily store and get supplies. -She did not know why the Spa bathroom was used for storage. -If a resident used a wheelchair, staff had to move the stored boxes and equipment to make space for the wheelchair to get to the tub or shower.</p> <p>Interview on 07/22/19 at 12:53 pm with the Resident Care Coordinator revealed: -The wheelchairs stored in the Spa bathroom were for visitors to use to tour the facility. -Extra walkers were stored in the Spa bathroom</p>	D 050		

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D050	Continued From page 4 in case a resident needed to use a walker for ambulation. Interview on 07/22/19 at 1:00 pm with the Administrator revealed: -Supply trucks come on Fridays and unloaded boxes of supplies. -We need a place to put the boxes for staff to unload the supplies. -The facility has a storage building, but it had limited space; there was no storage space for equipment. -The Spa bathroom was a convenient place for staff to place boxes before unloading the supplies. -Equipment and supplies needed to be taken out of the Spa bathroom; residents needed the space to shower, toilet and wash their hands. -She did not know the Spa bathroom was not to be used for storage purposes. -She would have an all staff meeting tomorrow to inform staff where to store equipment and supplies.	D050		
D 113	10ANCAC 13F .0311(d) other Requirements 10ANCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities.	D113	10ANCAC 13F .0311(d) other Requirements It is a policy of Somerset Court to ensure hot water system are adequate. The facility will ensure that physical hot water needs are met and provide adequate requirements for each area addressed. a. Administrator will reiterate to staff the importance of report any issues regarding water temperatures that range above 116 degrees or below 100 degrees to management within 5 to 10 minutes of finding. b. The Administrator and Maintenance staff will ensure the water temperatures are checked with random weekly audits for water temperatures in the range of 100 degrees to 116 degrees and will immediately address any identified concerns pertaining to these findings. c. The Administrator and Maintenance will ensure water temperatures at all fixtures used by residents will be maintained and will address any	

identified concerns iwithin 5 to 10 minutes of findings.
d.Administrator will reiterate to staff the importance of reporting any issues regarding water temperatures below 100 degrees or above 116 degrees to management within 5 to 10 minutes of findings.

Plan of Correction Date 07/23/19

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D 113	Continued From page 5 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the water temperatures at 4 of 4 fixtures used by the residents in 4 resident rooms on the 100 Hall (#110/#112, #114/#116) and 4 of 4 fixtures used by residents in 4 rooms on the 200 Hall (#213/#214, #221/#222) and the Spa bathroom, were maintained between 110-116 degrees Fahrenheit (F). The findings are: Observation of the bathroom for resident rooms #110/#112 on 07/18/19 at 12:02 pm revealed: -The hot water temperature at the sink was 120 degrees F. -The hot water temperature at the shower was 124 degrees F. Recheck of the hot water for resident rooms #110/#112 on 07/19/19 at 8:40 am revealed: -The hot water temperature at the sink was 120 degrees F. -The hot water temperature at the shower was 124 degrees F. Interview with the resident residing in room # 110 on 07/18/19 at 12:18 pm revealed: -The resident was admitted to the facility two years ago. -The hot water had always been too hot; she adjusted the hot water temperature by mixing it with cold water to take a shower. Interview with the resident residing in room #112 on 07/22/19 at 9:00 am revealed: -She did not take a shower, staff assisted her to take a sponge bath. -The hot water at the faucet was too hot to use without adding cold water for her to use for	D 113			

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D113	<p>Continued From page 6</p> <p>bathing.</p> <p>-When she washed her hands at the sink, she cut on the cold water then mixed in the hot water to make the water temperature comfortable to use.</p> <p>Observation of the bathroom for resident rooms #114/#116 on 07/18/19 at 10:20 am revealed:</p> <p>-The hot water temperature at the sink was 122 degrees F.</p> <p>-The hot water temperature at the shower was 122 degrees F.</p> <p>Recheck of the hot water for resident rooms #114/#116 on 07/19/19 at 4:06 pm revealed:</p> <p>-The hot water temperature at the sink was 122 degrees F.</p> <p>-The hot water temperature at the shower was 122 degrees F.</p> <p>Interview with the resident residing in room #114 on 07/18/19 at 11:00 am revealed:</p> <p>-She was admitted to the facility about one month ago.</p> <p>-The hot water in her bathroom had been too hot to use at the sink and the shower.</p> <p>-She gave herself a shower and washed her hands at the sink; she mixed the cold water with the hot water to make the temperature comfortable for bathing.</p> <p>-Her skin had not been burned; she was careful to mix the cold water with the hot water.</p> <p>-She thought the hot water temperature was supposed to be hot and did not tell management the hot water was too hot to use without being mixed with the cold water.</p> <p>Interview with a personal care aide (PCA) on the 100 Hall on 07/19/10 at 8:15 am revealed:</p> <p>-Residents were assisted or supervised by staff when taking showers.</p>	D 113		

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D113	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Two days ago (07/17/19) a resident told her the hot water was too hot at the shower. -Cold water was mixed with the hot water to make the water temperature comfortable for the resident's bath. <p>Interview with a second PCA on the 100 Hall on 07/19/19 at 8:20 am revealed:</p> <ul style="list-style-type: none"> -Before a resident would get into the shower, he checked the water temperature to be sure the water was not too hot. -He supervised a resident with a shower yesterday and the resident said the water was too hot to use. -He needed to adjust the water to half cold water and half hot water to be comfortable for bathing. -He had not seen maintenance staff make hot water temperature checks in the resident's bathrooms. <p>Interview with the Maintenance Supervisor on 07/22/19 at 11:15 am revealed:</p> <ul style="list-style-type: none"> -Maintenance staff used a digital thermometer to check residents' hot water temperatures; the thermometer was calibrated in ice water monthly. -The hot water temperature range for the water faucets in the residents' bathrooms was 100-115 degrees F. -Weekly water temperature checks were done by a maintenance technician and documented in a log. -Hot water temperatures in some of the residents' bathrooms were too high. -He instructed a maintenance technician to flush the water system of hot water and to adjust the hot water heater and mixing valve. -He did not know why the water temperatures in the residents' bathrooms were too high. -He would request to have a plumber check the water system for the residents' bathrooms. 	D 113		

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D113	<p>Continued From page 8</p> <p>Review of the Weekly Water Temperature Checks logs revealed:</p> <ul style="list-style-type: none"> -The hot water temperature range for randomly sampled 100 Hall and 200 Hall resident bathrooms for May 2019 was 108-112 degrees F. on 05/08/19; 107-112 degrees F. on 05/13/19; 108-111 degrees F. on 05/21/19; and 108-110 degrees F. on 05/21/19. -The hot water in the resident bathroom for rooms #114/#116 was not checked in May 2019. -The hot water temperature range for randomly sampled 100 Hall resident bathrooms for June 2019 was 109-110 degrees F. on 06/-3/19; 107-108 degrees on 06/10/19; 106-107 degrees F. on 06/18/19; and 110-111 on 06/27/19. -The hot water in the resident bathrooms for rooms #110/#112 and #114/#116 were not checked in June 2019. - The hot water temperature range for randomly sampled 100 Hall resident bathrooms for July 2019 was 107-108 degrees F. on 07/02/19; 109-110 degrees F. on 07/11/19; and 110-111 degrees F. on 07/17/19. -The hot water in the resident bathroom for rooms #114/#116 was not checked in July 2019. <p>Recheck of the hot water temperatures for resident rooms #110/#112 on 07/22/19 at 8:45 am revealed:</p> <ul style="list-style-type: none"> -The hot water temperature at the sink was 106 degrees F. -The hot water temperature at the shower was 106 degrees F. <p>Recheck of the hot water temperatures for resident rooms #114/#116 on 07/22/19 at 8:40 am revealed:</p> <ul style="list-style-type: none"> -The hot water temperature at the sink was 100 degrees F. 	D 113		

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D113	<p>Continued From page 9</p> <p>-The hot water temperature at the shower was 100 degrees F.</p> <p>Refer to interview on 07/18/19 at 12:00 pm with the Administrator.</p> <p>Refer to interview on 07/22/19 at 11:10 am with the Administrator.</p> <p>Observation during the initial tour of hall 200 on 07/18/19 between 10:15 am and 11:45 am revealed:</p> <p>-At 10:18 am, the hot water temperature at the sink in the Spa bathroom on hall 200 was 120 degrees F.</p> <p>-At 10:20 am, the hot water temperature at the shower in the Spa bathroom on hall 200 was 118 degrees F.</p> <p>-At 11:08 am, the hot water temperature at the sink in room 214/213 was 122 degrees F.</p> <p>-At 11:24 am, the hot water temperature at the sink in room 222/221 was 120 degrees F.</p> <p>Interview with a resident on 07/18/19 at 11:08 am in room 214 revealed:</p> <p>-The hot water is not too hot.</p> <p>-He had not noticed anything unusual about the hot water temperature at the sink in the bathroom.</p> <p>-He had never been burned by the hot water.</p> <p>Interview with a resident on 07/18/19 at 11:20 am in room 222 revealed:</p> <p>-She adjusted the hot water when she washed her hands.</p> <p>-She had never been burned by the hot water.</p> <p>Observation with the maintenance staff on 07/18/19 at 1:15 pm revealed:</p> <p>-The surveyor checked the water temperature at the sink in the Spa bathroom on hall 200, and she</p>	D 113		

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D 113	<p>Continued From page 10</p> <p>got a reading of 122 degrees F. -The maintenance staff checked the water temperature with a laser thermometer, and he got a reading of 98 degrees F. • There were signs posted in the Spa bathroom warning the water was too hot.</p> <p>Interview with the same maintenance staff on 07/18/19 at 1:20 pm revealed: -He used a laser thermometer to check the water temperature at the sink in the Spa bathroom on hall 200. • The laser thermometer was not reading the water temperature correctly. -He normally used a glass mercury thermometer to check the water temperatures. -He would adjust the temperature of the hot water heater.</p> <p>Observation of the hot water temperature on hall 200 between 3:50 pm and 4:05 pm revealed: -At 3:50 pm, the hot water temperature at the sink in the Spa bathroom on hall 200 was 102 degrees F. • At 3:53 pm, the hot water temperature at the shower in the Spa bathroom on hall 200 was 102 degrees F. -At 3:58 pm, the hot water temperature in room 214/213 was 102 degrees F. -At 4:02 pm, the hot water temperature in room 222/221 was 102 degrees F.</p> <p>Refer to interview on 07/18/19 at 12:00 pm with the Administrator.</p> <p>Refer to interview on 07/22/19 at 11:10 am with the Administrator.</p> <p>Interview with the Administrator on 07/18/19 at 12:00 pm revealed:</p>	D 113		

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D113	<p>Continued From page 11</p> <ul style="list-style-type: none"> -She did not know the hot water temperatures were above 116 degrees F. -She would post signs warning the water was too hot, per surveyor request. -She would notify the maintenance supervisor of the hot water temperatures being too hot. <p>Interview with the Administrator on 07/22/19 at 11:10 am revealed:</p> <ul style="list-style-type: none"> -She was not aware the resident bathrooms' hot water was too hot on the 100 and 200 Halls. -Resident bathroom hot water temperatures were checked weekly and documented in a log book by the maintenance staff. -The Spa bathroom and residents' adjoining bathrooms were checked randomly, 3 to 4 rooms each visit. -She was made aware of a water mixing valve problem about a month and a half ago; the water would get too hot or too cool in residents' bathrooms. -A plumber was called, the mixing valve was changed, and the problem was fixed, until now. -Maintenance staff was trying to handle the hot water fluctuations. -A plumber had not been contacted since the mixing valve was replaced. -The Maintenance Supervisor was currently requesting a plumber to be sent to check the facility water system. 	D 113	<p>10A NCAC 13F .0902(b) Health Care</p> <p>It is a policy of Somerset Court to ensure there is daily health care needs being met.</p> <p>1. The CM will ensure the health care needs are met and provide adequate requirements for each area addressed.</p>	
D273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p>	D273	<p>The CM will begin reviewing all resident physician orders and Medication Administration Records (MARs) to determine any outstanding issues which may include but not limited to physician notification, medical appointments and treatments. All identified issues will be followed up immediately by Care Manager (CM). CM will conduct weekly chart and MAR audits to ensure ongoing compliance. Administrator and CM will provide additional training to Medication Aides (MAs) regarding notification to the physician</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	(X3) DATE SURVEY COMPLETED R 07/22/2019
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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802
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RCC	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) COMPLETE DATE
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D273	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure physician notification for 2 of 5 sampled residents (Resident #3 and #5) related to non-compliance with compression hose (Resident #3) and a need for mental health referral (Resident #5).</p> <p>The findings are</p> <p>1. Review of Resident #3's current FL-2 dated 02/21/19 revealed: -Diagnoses included atrial fibrillation, congestive heart failure (CHF), hypertension (HTN), mood disorder, over active bladder, psoriasis and vitamin D. -There was no order to wear compression hoses during the day.</p> <p>Review of Resident #3's physician's order dated 06/06/19 revealed there was an order to wear compression hoses during the day.</p> <p>Observation on 07/18/19 at 10:20 am and 07/22/19 at 9:20 am revealed Resident #3 was not wearing her compression hoses.</p> <p>Interview with a medication aide (MA) on 07/22/19 at 11:00 am revealed: -The personal care aide (PCA) or the MA was responsible for putting Resident #3's compression hoses on. -Resident #3 did not have compression hoses on 07/18/19 and 7/22/19 because she could not find</p>	D273	<p>and reporting any concerns to management on a daily basis. The Administrator will monitor for ongoing compliance through audits and observations weekly.</p> <p>Plan of Correction Date 07/29/19</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPUER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WNG	(X3) DATE SURVEY COMPLETED R 07/22/2019
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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27B02
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(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) COMPLETE DATE
D 273	<p>Continued From page 13</p> <p>them.</p> <ul style="list-style-type: none"> -She did not notified the RCC about the compression hoses being missing. -Resident #3 did not like to wear the compression hoses. -She had not notified Resident #3's physician. <p>Interview with the Resident Care Coordinator (RCC) on 07/22/19 at 3:54 pm revealed:</p> <ul style="list-style-type: none"> -She did know Resident #3 refused to wear her compression hoses. -She had not notified Resident #3's physician about the resident refusing to wear her compression hoses. <p>Interview with a second MA on 07/22/19 at 6:08 pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 wore her compression hoses 2 to 3 times within a month. -She had notified the RCC, but she had not notified Resident #3's physician. -She should have documented in the progress notes and notified the resident's physician about Resident #3 refusing to wear her compression hoses. <p>Interview with Resident #3 on 07/22/19 at 6:00 pm revealed:</p> <ul style="list-style-type: none"> -She did not want staff to put compression hoses on. -Staff asked her to put the compression hoses on, but she did not remember the last time she wore the compression hoses. <p>Interview with the Administrator on 07/22/19 at 5:20 pm revealed:</p> <ul style="list-style-type: none"> -She did not know Resident #3 was refusing to wear her compression hoses. -The physician should have been notified of Resident #3 refusing to wear compression hoses. 	D 273		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	(X3) DATE SURVEY COMPLETED R 07/22/2019
NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802		
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D273	<p>Continued From page 14</p> <p>Attempted interview with Resident #3's physician on 07/22/19 at 4:29 pm was unsuccessful.</p> <p>2. Review of Resident #S's current FL-2 dated 04/25/19 revealed diagnoses included muscle weakness, abnormality gait mobility, chronic obstructive pulmonary disease (COPD), unspecified congestive heart failure, hypertension, anemia, vitamin D deficiency, dementia without behavior, anxiety and cardiomegaly.</p> <p>Review of Resident #S's progress note dated 07/19/19 at 3:11 pm revealed Resident stated, "She was tried, and if she could end it she would."</p> <p>Interview with Resident #5 on 07/19/19 at 10:22 am revealed she was upset because her son would not be able to visit her because of personal reasons.</p> <p>Interview with the medication aide (MA) on 07/22/19 at 3:50pm revealed: -Resident #5 was talking about killing "herself" -If Resident #5 had a gun, she would end ii all because she was tired. -MA notified the Resident Care Coordinator (RCC) on 07/19/19, but she did not recall the time. -This was the first time Resident #5 talked about killing herself.</p> <p>Interview with the RCC on 07/22/19 at 4:08 pm revealed: -She did recall the MA notifying her about Resident #5 being upset about her medication on 07/19/19, -She did not recall the MA notifying her about Resident #5 wanting to kill herself.</p>	D273		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	(X3) DATE SURVEY COMPLETED R 07/2212019
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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802
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D273	<p>Continued From page 15</p> <p>-If she had known, she would have notified the Administrator, Resident #5's physician and wrote a progress note.</p> <p>-She would have requested a referral for mental health.</p> <p>Interview with the Administrator on 07122/19 at 5:20 pm revealed:</p> <p>-She did not know Resident #5 talked about killing herself if she had a gun.</p> <p>-Resident #5's physician should have been notified by the RCC or the MA.</p> <p>-The RCC was responsible for the health care needs of the residents.</p> <p>Attempted interview with Resident #5's physician on 07122119 at 4:29 pm was unsuccessful.</p>	D273		
D280	<p>10ANCAC 13F .0903(c) Licensed Health Professional Support</p> <p>10ANCAC 13F .0903 Licensed Health Professional Support</p> <p>(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:</p> <p>(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;</p> <p>(2) evaluating the resident's progress to care being provided;</p>	D280	<p>10ANCAC 13F .0903(c) Licensed Health Professional Support</p> <p>It is a policy of Somerset Court to ensure that Professional Support is in place.</p> <p>All resident records will be audited by CM to ensure all residents with tasks have a completed LHPS assessment. Any identified issues will be addressed and commnicated to CM and Administrator. CM will be responsible for maintaining and updating a tickler system to ensure ongoing compliance. The CM will notify the RN within 24 hours regarding the need for LHPS reviews in regards to new tasks. The Administrator will monitor ongoing compliance through random</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING	(X3) DATE SURVEY COMPLETED R 07/22/2019
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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKYMOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802
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D280	<p>Continued From page 16</p> <p>(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and</p> <p>(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph,</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure a Registered Nurse (RN) completed an on-site Licensed Health Professional Support (LHPS) evaluation and assessment within thirty days from the date a resident develops the need for compression hoses.</p> <p>The findings are:</p> <p>Review of Resident #3's current FL-2 dated 02/21/19 revealed: -Diagnoses included atrial fibrillation, congestive heart failure (CHF), hypertension (HTN), mood disorder, over active bladder, psoriasis and vitamin D. -There was no order to wear compression hoses during the day.</p> <p>Review of Resident #3's physician's order dated 06/06/19 revealed there was an order to wear compression hoses during the day,</p> <p>Review of Resident #3's current LHPS assessment dated 05/15/19 revealed it was completed prior to the order for compression hoses, Interview with Resident #3 on 07/22/19 at 9:30 am revealed her legs had been measured for</p>	D 280	<p>audits and observations weekly.</p> <p>Plan of Correction 07/24/19</p>	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER SOMERSET COURT OF ROCKY MOUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 918 WESTWOOD DRIVE ROCKY MOUNT, NC 27802
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D 280	<p>Continued From page 17</p> <p>compression hoses, but she does not remember the date.</p> <p>Observation on 07/22/19 at 6:15pm in Resident #3's room revealed she had a pair of compression hoses in her chest of drawer.</p> <p>Interview with the Resident Care Coordinator (RCC) on 07/22/19 at 3:54 pm revealed:</p> <ul style="list-style-type: none"> -She did know Resident #3 had an order to wear compression hoses. -She could not say that she knew the LHPS nurse should have completed a LHPS evaluation and assessment for compression hoses within thirty days of the task for Resident #3. <p>Telephone interview with the LHPS nurse on 07/22/19 at 4:29 pm revealed:</p> <ul style="list-style-type: none"> -She did know the resident had an order for compression hoses. -She measured Resident #3's legs for compression hoses, but she did not recall the date. -She had not completed a LHPS evaluation and assess for compression hoses for Resident #3. -She did not know an evaluation and assessment should be completed within thirty days of the task. <p>Interview with the Administrator on 07/22/19 at 5:20 pm revealed:</p> <ul style="list-style-type: none"> -She did not know the LHPS nurse had not completed an evaluation and assessment for compression hoses for Resident #3 within thirty days of the task. -The RCC was responsible for notifying the LHPS nurse of the residents' tasks. 	D 280		