F 241
SS=D

483.16(a) DIGNITY AND RESPECT OF INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview, the facility failed to treat a resident in a dignified manner by administering eye drops to 1 of 1 residents (# 12) while the resident was seated at a table with 3 other residents during breakfast. The findings include:

- Resident #12 was admitted to the facility on 05/25/10 with cumulative diagnoses that included Alzheimer's disease and Hypertension. The resident was coded on the most recent MDS (minimum data set) dated 01/24/12 as having short and long term memory problems and as being moderately impaired in the decision making process.

- The resident was observed on 02/02/12 at 8:25AM on the secured unit, sitting in the dining room at a table with 3 other residents. Resident #12 had finished eating, but her table mates were still eating their breakfast. There were 5 other tables in the dining room with residents at each table eating their breakfast. Nurse #1 was observed to bring the medication cart into the dining room and prepared medications for resident #12. Included in the medications for this resident was Refresh eye drops. When Nurse #1 administered all the pills to the resident, she

Riverpoint Crest Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.

Riverpoint Crest Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Riverpoint Crest Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 241</td>
<td>Continued From page 1 brought the eye drops over to the resident. Nurse #1 had to encourage the resident to keep her eyes open for the administration and after some difficulty was able to administer the eye drops. During an interview with nurse #1 on 02/02/12 at 08:48 AM it was revealed &quot;I am not aware of any policy about giving medications to residents while in the dining room. This is what I always do.&quot; During an interview with the Director of Nursing (DON) on 02/02/12 at 10:00 AM it was revealed &quot;we do not have a policy about giving medications in the dining room, but it is not ok to give eye drops in the dining room. We should only be giving by mouth medications while residents are in the dining room.&quot;</td>
<td>F 241</td>
<td>All licensed nurses and medication aides will be Inserviced on dignity, to include providing privacy to residents when administering eye drops, by Feb. 23, 2012. On Feb. 3, 2012 resident #12 was reviewed by the Director of Nursing for dignity to include dignity during the administration of eye drops. No issues were identified. All residents were observed by administrative nurses on Feb. 20, 2012 for dignity to include during the administration of eye drops. All residents receiving eye drops, including resident #12, will be monitored to ensure dignity/privacy is maintained during the administration of eye drops.</td>
<td>2/23/201</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

RIVERPOINT CREST NURSING AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2600 OLD CHERRY POINT ROAD
NEW BERN, NC 28563

**DATE SURVEY COMPLETED**

02/02/2012
Administrative nurses will monitor eye drop administration for compliance and record results on an audit tool. Residents receiving eye drops will be randomly monitored 3 times per week for 4 weeks, then 2 times per week for 2 weeks, then weekly for 4 weeks. If any issues are identified the administrative nurse will provide retraining for the involved staff member.

Results of the audit will be reviewed weekly by the Administrator, Director of Nursing and the Administrative Nurses, with follow up taken as indicated for any potential identified concern. Results will be included in the monthly Quality Improvement committee meeting for 3 months, to identify any potential issues with training as indicated, and to determine the need for and/or the frequency of continued monitoring.
Dignity

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his/her individuality.

Dignity includes providing privacy when administering eye drops to residents.
Riverpoint Crest Nursing and Rehab Center

Employee list of Nurses and Med Aides

Christine Casen, LPN
Lydia Collins, LPN
Jennifer Corona, RN
Carolyn Cribb, RN
Nancy Davidson, RN
Arika Dawson, LPN
Belinda Dillahunt, LPN
Billie Ellis, LPN
Monica Frazier, LPN
Reba Gay, RN
Sharon Gillyourd, Med Aid
Tracey Hardy, Med Aid
Vanessa Joyner, LPN
Kari Linthicum, RN
Diane Maiden, LPN
Dana McCarthy, LPN
Patricia Morris, LPN
Melissa Norman, RN
Melissa Parker, RN
Katie Ramey, RN

Kimberly Sadler, LPN
Stephanie Walker, LPN
Jennifer White, LPN
Eye Drop Administration

Date__________ Time__________

Nurse/med aide observed__________________________

Resident(s) observed__________________________

Privacy provided when administering eye drops?__________

If no, retraining provided?__________________________

Nurse retrained signature__________________________

Signature of nurse completing audit__________________________
Eye Drop Administration

Date: 2-26-12  Time: 0740

Nurse/med aide observed: Kari Lanthum

Resident(s) observed: Seiko Sugiyama, Susie Dupre, Cecil Toler

Privacy provided when administering eye drops? Yes

If no, retraining provided?

Nurse retrained signature

Signature of nurse completing audit: [signature]
Eye Drop Administration

Date 02/20  Time 1200

Nurse/med aide observed  Christie Casen

Resident(s) observed  O. Rogers

Privacy provided when administering eye drops?  Yes

If no, retraining provided?  

Nurse retrained signature  

Signature of nurse completing audit  

Eye Drop Administration

Date 2-20-12  Time 0915
Nurse/med aide observed  Bevinda DiLaburt
Resident(s) observed Ruby Daniels * Anna Ingram *
Mary Levy * Bethe Lewis * Rayford Godley

Privacy provided when administering eye drops? Yes
If no, retraining provided? _______________________
Nurse retrained signature _______________________

Signature of nurse completing audit  [Signature]
Eye Drop Administration

Date 2/20/13.  Time 0815.

Nurse/med aide observed Ken Linthicum

Resident(s) observed B. Compris, M. Finke, L. Jonas
M. Johnson, L. Duggan

Privacy provided when administering eye drops? yes.

If no, retraining provided?

Nurse retrained signature

Signature of nurse completing audit: [Signature]
Eye Drop Administration

Date 2/20/12                      Time 0800

Nurse/med aide observed Kim Soden

Resident(s) observed Ryan, M. Williams, S. White, Booth, Davis

Cooper

Privacy provided when administering eye drops? Yes
If no, retraining provided?

Nurse retrained signature

Signature of nurse completing audit Donna Meadley
Eye Drop Administration

Date: 2012-04-20  Time: 0800

Nurse/med aide observed: Christine Casen.

Resident(s) observed: Wilson Justice, Octavious Rogers, Claude Hael.

Privacy provided when administering eye drops? **YES**

If no, retraining provided? **N/A**

Nurse retrained signature: **N/A**

Signature of nurse completing audit: [Signature]
PLEASE DELIVER TO: Dianne Underwood, Facility Survey Consultant
DATE/TIME: February 21, 2012
RE: Plan of Correction

Dianne-
I am faxing the Plan of Correction for our survey on January 30, 2012 through February 2, 2012.

The Plan of Correction will also be mailed to you today.

If any further information is needed, please call me.

NUMBER OF PAGES: 13
Including cover

THANK YOU,

Melissa Parker RN
**K 000 INITIAL COMMENTS**

This Life Safety Code (LSC) survey was conducted as per Title 42 Code of Federal Register at 42 CFR 483.70(a); using the existing Health Care section of the LSC and its referenced publications. This building is Type V protected construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

<table>
<thead>
<tr>
<th>K 045</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
<th>K 069</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.)</td>
<td>19.2.8</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

- 42 CFR 483.70(a)
- By observation on 3/1/12 at approximately noon the following exit discharge illumination was observed as noncompliant: specific findings include a single bulb fixture at the 500 exit and it's path to the public way. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area.

NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.

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Riverpoint Crest Nursing and Rehabilitation Center’s response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Riverpoint Crest Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.

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**Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that for 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 yrs following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued participation.**
K 045

Single bulb fixture will be replaced with a double bulb fixture.

Maintenance staff will inspect exit lighting throughout the facility to ensure that at least double bulb fixtures are present. If single bulb fixtures are identified, they will be replaced with double bulb fixtures.

Maintenance will inspect lighting weekly to ensure that all fixtures are working properly. Lighting will be replaced as needed.

Results of inspections will be reviewed monthly in the Quality improvement meetings for 3 months, then quarterly for 2 quarters and then on an as needed basis.
<table>
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<tr>
<th>ID PREFIX</th>
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</table>
| K 069     | Continued From page 1

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 3/1/12 at approximately noon, the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations.
Specific findings include; the deep fryer was located next to a gas cook top stove without the required splash guard in the dietary kitchen. |
| K 069     | Stainless steel splash guard was installed between the deep fryer and the gas cook top. |

Maintenance staff will inspect entire kitchen to identify any other areas where water has the potential to splash into deep fryer. If any other areas are identified, a splash guard will be installed.

Maintenance staff will inspect kitchen weekly to insure that no other issues of water potentially splashing into deep fryer exist.

Results of Inspections will be reviewed monthly in the Quality Improvement meetings for 3 months, then quarterly for 2 quarters and then on an as needed basis.
K 000 INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V protected construction, one story, with a complete automatic sprinkler system.

There were no Life Safety Code Deficiencies noted at time of survey.
K 000 INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V protected construction, one story, with a complete automatic sprinkler system.

There were no Life Safety Code Deficiencies noted at time of survey.
FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)

PROVIDER NUMBER  
345211

FACILITY NAME  
Riverpoint Crest Nursing & Rehab (Brithaven)

SURVEY DATE  
3/1/12

K8 DATE OF PLAN APPROVAL  
2/4/98

K3 MULTIPLE CONSTRUCTION

TOTAL NUMBER OF BUILDINGS 3

NUMBER OF THIS BUILDING D

A BUILDING

B WING

C FLOOR

D APARTMENT UNIT

LSC FORM INDICATOR

Health Care Form

12  2786R  2000 EXISTING

13  2786R  2000 NEW

ASC Form

14  2786U  2000 EXISTING

15  2786U  2000 NEW

ICF/MR Form

16  2786V, W, X  2000 EXISTING

17  2786V, W, X  2000 NEW

*K7  SELECT NUMBER OF FORM USED FROM ABOVE

COMPLETE IF ICF/MR IS SURV

SMALL (16 BEdS OR LESS)

K8:  1 PROMPT

2 SLOW

3 IMPRACTICAL

LARGE

K8:  4 PROMPT

5 SLOW

6 IMPRACTICAL

APARTMENT HOUSE

K8:  7 PROMPT

8 SLOW

9 IMPRACTICAL

ENTER E - SCORE HERE)

K5:  

e.g. 2.5

*K9: FACILITY MEETS LSC BASED ON (Check all that apply)

A1.  (COMP. WITH ALL PROVISIONS)

A2.  (ACCEPTABLE POC)

A3.  (WAIVERS)

A4.  (FSES)

A5.  (PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC

B.  

K0180

A.  FULLY SPRINKLERED
(All required areas are sprinklered)

B.  PARTIALLY SPRINKLERED
(Not all required areas are sprinklered)

C.  NONE
(No sprinkler system)

* MANDATORY
**FIRE SAFETY SURVEY REPORT**  
**CRUCIAL DATA EXTRACT**  
**(TO BE USED WITH CMS-2786 FORMS)**

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<tbody>
<tr>
<td>345211</td>
<td>Riverpoint Crest Nursing &amp; Rehab (Britthaven)</td>
<td>3/1/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K6 DATE OF PLAN APPROVAL</th>
<th>K3 MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/85</td>
<td>A BUILDING</td>
</tr>
<tr>
<td></td>
<td>B WING</td>
</tr>
<tr>
<td></td>
<td>C FLOOR</td>
</tr>
<tr>
<td></td>
<td>D APARTMENT UNIT</td>
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</tr>
<tr>
<td>13 2786R</td>
<td>2 SLOW</td>
</tr>
<tr>
<td>2000 EXISTING</td>
<td>3 IMPRactical</td>
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<tr>
<td>2000 NEW</td>
<td></td>
</tr>
<tr>
<td>ASC Form</td>
<td>LARGE</td>
</tr>
<tr>
<td>14 2786U</td>
<td>4 PROMPT</td>
</tr>
<tr>
<td>15 2786U</td>
<td>5 SLOW</td>
</tr>
<tr>
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<td>APARTMENT HOUSE</td>
</tr>
<tr>
<td>16 2786V, W, X</td>
<td>7 PROMPT</td>
</tr>
<tr>
<td>17 2786V, W, X</td>
<td>8 SLOW</td>
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<tr>
<td>2000 EXISTING</td>
<td>9 IMPRactical</td>
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<tr>
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</table>

*K7 SELECT NUMBER OF FORM USED FROM ABOVE:

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</tr>
<tr>
<td>A2. [x] (ACCEPTABLE POC)</td>
</tr>
<tr>
<td>A3. [ ] (WAIVERS)</td>
</tr>
<tr>
<td>A4. [ ] (FSES)</td>
</tr>
<tr>
<td>A5. [ ] (PERFORMANCE BASED DESIGN)</td>
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</table>

**FACILITY DOES NOT MEET LSC**

<table>
<thead>
<tr>
<th>K6180</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>A. [x] FULLY SPRINKLERED (All required areas are sprinklered)</td>
<td>B. [ ] PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</td>
<td>C. [ ] NONE (No sprinkler system)</td>
</tr>
</tbody>
</table>

*MANDATORY*