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

PRINTED: 01/13/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345371	B. WING		11/21	I/2013
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST-ACUTE CARE-TRENT				STREET ADDRESS, CITY, STATE, ZIP CODE 836 HOSPITAL DRIVE NEW BERN, NC 28560		
(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 463 SS=D	resident calls through		F 463	3	1:	2/5/13
	by: Based on observation interview, and record maintain a working carooms. Findings include: On 11/18/13 during Sobservation was mad a resident 's room, at the call bell and the limot function. On 11/19/13 at 3:05 F Maintenance Director problem in a room, the walls in the hallways there is a problem. The computer by the Maintenance birector also stated the nursing station where and that these boxes times daily. Observat for work orders. On 11/19/13 at 3:40 F the call bell was obset The Maintenance Director.	tage 1 of the survey, an e of a call bell malfunction in fter the resident turned on ght outside over the door did PM, in an interview, the stated that if there is a ere are computers on the where staff can enter that nese are viewed on a attenance Director and the visor. The Maintenance hat there is a box at each work orders can be put, are checked at least ten ion was made of the boxes PM, in a resident 's room, erved to be dysfunctional. ector stated that he would		This plan of correction constitutes a written allegation of compliance. Preparation and submission of this pla correction does not constitute an admission or agreement by the provide the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirement under state and federal law. The maintenance director replaced the call bell and light cover in the room the call bell and light cover were dysfunctional. The Clinical Competency Coordinator reeducated staff related to procedures reporting problems that need to be repaired by the Maintenance Director of 11/19/13 The faclity completed a 100% audit of call bell system in the facility to ensure call bells and lights were functioning properly on 11/19/13.	er of n nts for n the all	
	replace the call bell, a	and the light cover.		All call bells and lights were functioning		
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(Xe	6) DATE

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.

Electronically Signed

12/05/2013

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F 463	room was observed to Maintenance Director light which is in the room of the problem of the probl	PM, the call bell in the same to be functioning. It states he will replace the boom.	F 4	properly by 11/29/13. The Maintenance Director 100% call bell and call light x 1, then will complete a 5 call light audit monthly x 2. The results of the audits w to the QAPI committee modetermine continued frequent and call light monitoring the process.	nt audit monthly 0% call bell and vill be forwarded onthly x 3 to lency of call bell			