STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345371

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ____________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED: 11/21/2013

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: F 463

(X5) COMPLETION DATE: 12/5/13

ID PREFIX TAG: F 463

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 463 483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH

The nurses’ station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.

This REQUIREMENT is not met as evidenced by:
Based on observation, staff and resident interview, and record review, the facility failed to maintain a working call bell system in one of 35 rooms.
Findings include:
On 11/18/13 during Stage 1 of the survey, an observation was made of a call bell malfunction in a resident’s room, after the resident turned on the call bell and the light outside over the door did not function.

On 11/19/13 at 3:05 PM, in an interview, the Maintenance Director stated that if there is a problem in a room, there are computers on the walls in the hallways where staff can enter that there is a problem. These are viewed on a computer by the Maintenance Director and the Housekeeping Supervisor. The Maintenance Director also stated that there is a box at each nursing station where work orders can be put, and that these boxes are checked at least ten times daily. Observation was made of the boxes for work orders.

On 11/19/13 at 3:40 PM, in a resident’s room, the call bell was observed to be dysfunctional. The Maintenance Director stated that he would replace the call bell, and the light cover.

This plan of correction constitutes a written allegation of compliance. Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of 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 requirements 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 for reporting problems that need to be repaired by the Maintenance Director on 11/19/13

The facility completed a 100% audit of the call bell system in the facility to ensure all call bells and lights were functioning properly on 11/19/13.

All call bells and lights were functioning rightly.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE: Electronically Signed

(©) DATE: 12/05/2013

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.
### PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345371

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 463         | Continued From page 1

On 11/19/13 at 4:10 PM, the call bell in the same room was observed to be functioning. Maintenance Director states he will replace the light which is in the room.

In an interview on 11/19/13 at 4:15 PM, the Administrator stated that she would expect that all call bells would be working, and if not, the staff would report the problems to maintenance.

On 11/19/13 at 5:15 PM, a facility wide call bell audit was reviewed.

On 11/20/13 at 9:00 AM, in an interview, the Maintenance Director stated that he is in the process of repairing the light, although the call light outside the room does work. The order for the light bulb for the call light in the room was observed.

On 11/19/13 at 5:15 PM, a facility wide call bell audit was reviewed.

On 11/20/13 at 9:00 AM, in an interview, the Maintenance Director stated that he is in the process of repairing the light, although the call light outside the room does work. The order for the light bulb for the call light in the room was observed.

F 463

properly by 11/29/13.

The Maintenance Director will complete a 100% call bell and call light audit monthly x 1, then will complete a 50% call bell and call light audit monthly x 2.

The results of the audits will be forwarded to the QAPI committee monthly x 3 to determine continued frequency of call bell and call light monitoring through the QAPI process.