

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

PRINTED: 03/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2015
NAME OF PROVIDER OR SUPPLIER STOKES COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1570 NC 8 AND 89 HIGHWAY DANBURY, NC 27016		
(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 000	INITIAL COMMENTS	F 000			
F 172 SS=F	<p>483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>Any representative of the Secretary;</p> <p>Any representative of the State;</p> <p>The resident's individual physician;</p> <p>The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);</p> <p>The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);</p> <p>The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);</p> <p>Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p> <p>Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any</p>	F 172		2/21/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/22/2015

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.

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F 172	<p>Continued From page 1</p> <p>time, others who are visiting with the consent of the resident.</p> <p>The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews with resident and staff, the facility failed to allow 36 of 36 residents to have visitors for one week by informing both residents and family members and posting signs stating, "No visitors are allowed until further notice." Findings included: The Authority of the Infection Prevention and Control Committee policy dated 11/1/2014 was reviewed and stated, "Authority is given to the committee through the infection control nurse, the chief nursing officer, and/or the medical staff director to make the necessary decisions or take appropriate actions if there is deemed to be a danger to patients, employees or others related to infections or infection prevention." An observation of the elevators and the skilled nursing floor (2nd floor) of the facility on 2/4/15 at 10:15 am revealed posted 8 ½ x 11 inch signs stating, "Due to patients/residents testing positive for the flu no visitors are allowed until further notice." During an interview on 2/4/15 at 10:55 am with Nurse #1, when asked about the posted signs restricting visitors, she indicated the signs had been posted "about a week" to prevent any visitors from coming to the skilled nursing facility</p>	F 172	<p>Corrective action to be accomplished for the resident found to be affected by the deficient practice:</p> <p>The restrictive visitor signage was removed. The social work assistant called the family contact for resident #2 and informed them that they could visit and there were no restrictions. A meeting was held by administration, infection control nurse and medical director to review the current guidelines for visitation rights of residents. A policy and procedure titled Visitation Rights of Residents was implemented outlining the rights of residents to have visitors 24 <input type="checkbox"/> hours a day who are visiting with the resident consent to include immediate family, other relatives and non-relatives per CMS Regulation 483.10 (j) (1) & (2). Training with staff regarding residents rights related to visitation as well as the Visitation Rights of Residents policy and procedure was implemented on 2/20/2015.</p>		

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F 172	Continued From page 2 due to 3 cases of the flu on the skilled nursing floor. She further indicated there was one current case of the flu on the skilled nursing floor and the resident was on isolation. During an interview on 2/4/15 at 11:17 am with the Administrator, when asked about the restriction on visitors, she stated, "We called all the families when we were implementing the no-visitor policy. It has been in place about a week. [The Medical Director and the Infection Control Nurse] talked about what to do and [the Medical Director] was in agreement with the no-visitor policy. The [Assistant to the Social Worker] called the families and informed them." She further indicated family members have asked how much longer they would not be able to visit. During an interview on 2/4/15 at 2:17 pm with the Infection Control Nurse she indicated there was currently one resident in the facility who had the flu and was on droplet precautions. She stated, "I believe I posted the no-visitor signs last Tuesday, January 27th. As we see things that need to be done we just go ahead. I spoke to the Medical Director and the Administrator. I had [the Assistant to the Social Worker] contact all the family members. We have [restricted visitors] before because I already had the signage. My concerns were the elderly population we have and the limited effectiveness of the vaccine this year. I talked with the Activities Director, providers, and staff that was working to let the residents know [about the no-visitors restrictions]. There were a few family members that were unable to be contacted. When they came to visit, we discussed [the no-visitors restrictions] with them at that time. The infection control policy refers to outbreaks but states that during outbreaks the Infection Control Nurse and Medical Director can make those decisions. The	F 172	Corrective actions to be accomplished for residents having potential to be affected by the same deficient practice: The restrictive visitor signage was removed. The social work assistant called the family contacts for all residents and informed them that they could visit and there were no restrictions. A meeting was held by administration, infection control nurse and medical director to review the current guidelines for visitation rights of residents. A policy and procedure titled Visitation Rights of Residents was implemented outlining the rights of residents to have visitors 24 <input type="checkbox"/> hours a day who are visiting with the resident consent to include immediate family, other relatives and non-relatives per CMS Regulation 483.10 (j) (1) & (2). Training with staff regarding residents rights related to visitation as well as the Visitation Rights of Residents policy and procedure was implemented on 2/20/2015. Measures to be put in place or systemic changes made to ensure that the deficient practice will not occur: Training with staff regarding residents rights related to visitation as well as the Visitation Rights of Residents policy and procedure was implemented on 2/20/2015. Administration, DON, Infection Control Nurse and medical director have reviewed guidelines regarding visitation rights and		

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F 172	Continued From page 3 Health Department was not involved." During an interview on 2/4/15 at 2:29 pm with the Assistant to the Social Worker she stated, "I was notified by the Infection Control Nurse last week to call each of the family members to let them know that, until further notice, we could not allow visitors due to an active case of the flu. It was the first case we had. We told them we would call to let them know when this was no longer in effect." During an interview on 2/4/15 at 3:28 pm Resident #2 stated, "No one is supposed to come visit this week because some people had the flu. My [family members] usually come to visit me and visitors from church." She indicated she has visitors each week, but had not had visitors during the previous week due to the no-visitors restriction.	F 172	justified clinical restrictions and will follow the policy for the least restrictive measures needed for resident and visitor safety. Measures to implement infection control practices for isolation and precautions will be implemented per policy. Visitors will be educated regarding isolation measures as applicable to facilitate the visitation for the resident while on isolation or special precautions. Review of any restrictions deemed necessary will be discussed by the Quality of Life Committee and Infection Control Committee to determine if there are any concerns that the measures have violated patient rights. The discussion and any actions taken will be reported to the Housewide Quality Improvement Committee. Any grievances regarding resident visitation will be investigated immediately and action taken per the grievance policy. How we will monitor our performance to make sure that solutions are sustained: Infection control will monitor compliance with policy and procedure and report at the bi-monthly Infection Control meetings, noting any grievances or concerns. Infection control will report to Quality of Life Committee, Infection Control Committee and Housewide Quality Improvement Committee in February, May, August, and November.		