

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/23/2015
NAME OF PROVIDER OR SUPPLIER SENTARA NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3907 CARATOKE HIGHWAY BARCO, NC 27917		
(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 246 SS=B	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to post 2 of 2 postings with state agency contact information (complaint intake unit telephone number and posting of state agency contact information) in a manner and location where 3 of 3 residents (Residents #19, #45 and #67) were aware the information was posted.</p> <p>The findings included: During an interview on 4/22/15 at 10:10 AM Resident #19, who ambulated throughout the facility via her wheelchair, indicated she had not seen any posted information on how to contact the state or ombudsman. A tour of the facility was conducted with Resident #19 on 4/22/15 at 10:30 AM. A sign was observed with the Complaint Intake Unit telephone number posted in an 8 X 10 inch document frame. The sign was located hanging on the wall in the hall leading into the dining room. The sign was posted at eye level for a person standing. The sign, printed on white paper, had silver colored lettering. Adjacent to the Complaint Intake Unit sign was another framed hanging with various agencies listed, including the contact information</p>	F 246	<p>Preparation and or execution of this Plan of Correction does not constitute either admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared solely because it is required by law.</p> <p>This Plan of Correction is submitted as our allegation of compliance.</p> <p>F-tag 246</p> <p>1) At the time of the survey facility personnel increased the Font Size and lowered the sign and have since recopied the state generated DHSR Intake form to a darker Ink.</p> <p>2) Any resident desiring to contact outside resources or agencies had the potential of being affected.</p> <p>3) On 5/6/2015 Resident Council met and agreed upon a desired font & Boldness via an individual questionnaire with a</p>	5/18/15	

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

TITLE

(X6) DATE

Electronically Signed

05/14/2015

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.

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

PRINTED: 05/18/2015
FORM APPROVED
OMB NO. 0938-0391

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F 246	Continued From page 1 for the state survey agency and the regional ombudsman. All the information was printed on white paper in a letter-sized font. Resident #19 stated at this time she could not read either of the postings. During an interview on 4/22/15 at 2:18 PM Resident #45, who ambulated throughout the facility in his wheelchair, indicated he was not aware that state contact information, including the telephone number for the Complaint Intake Unit, was posted in the facility. During an interview on 4/22/15 at 4:11 PM Resident #67 who was wheelchair dependent, indicated she was unaware if the telephone number for the Complaint Intake Unit was posted. On 4/22/15 at 4:50 PM an interview was conducted with the Administrator. The Administrator indicated that the postings were the same and in the same location as when she started working at the facility last year and no one had raised any concerns that they could not read the postings. The Administrator said she did not believe a resident in a wheelchair could read the postings.	F 246	majority rule decision. 4) Activities Director and or Activity Assistant will continue to review Resident Rights in resident council. This review will include but not limited to their right of reasonable accommodation of needs/preferences. Any concerns will be addressed by the respective department manager. Trends identified by Administrator will be brought to the QAPI for review and recommendations.		