PRINTED: 03/01/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
		345164	B. WING		1	C 04/2016
NAME OF PROVIDER OR SUPPLIER			<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		
CHOWAN RIVER NURSING AND REHABILITATION CENTER				1341 PARADISE ROAD P O BOX 566		
OHOWAN	NIVER NOROING AND IN	ENABLITATION GENTER		EDENTON, NC 27932		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICE (CROSS-REFERENCE)) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 00	00		
		s a result of the complaint ed on 12/4/16. Event ID				
F 463 SS=E	483.70(f) RESIDENT ROOMS/TOILET/BAT		F 46	63		2/17/16
	resident calls through	nust be equipped to receive a a communication system and toilet and bathing				
	by:	is not met as evidenced		Chowan River Nursing & Rehabilita	tion	
	interviews the facility maintain a working ba	failed to identify, report and athroom call light system for		acknowledges receipt of the Statem Deficiencies and proposes this Plan	ent of of	
		bserved (#312, #313, #321, 14, #138/140 (shared 19, #125, #130)		Correction to the extent that the sum of findings is factually correct and in to maintain compliance with applical	order	
	Findings include:	, ,		rules and provision of quality of care residents. The plan of corrections is submitted as a written allegation of		
	in room 114 was obse indicator light came of cord was pulled, the I room did not come or heard in the hall. Dur Resident #88 indicate the bathroom call light 2) On 2/2/16 at 11:28 in room 120 was obse indicator light came of cord was pulled, the I	in in the bathroom when the ight in the hall outside the in. An auditory signal was ring an interview at this time, and she had never tried to use it.		compliance. Chowan River Nursing Rehabilitation response to tis statem Deficiencies does not denote agreer with the Statement of Deficiencies n does it constitute admission that any deficiency is accurate. Further Chowan River Nursing & Rehabilitation reserves the right to reany of the deficiencies on this State to Deficiencies through informal dispresolution, formal appeal procedure and/or any other administrative or le proceeding.	ent of nent or efute ment oute	
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	_	(X6) DATE

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

Electronically Signed 02/17/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345164	B. WING			C	
NAME OF PE	ROVIDER OR SUPPLIER	0.0.0.		STREET ADDRESS, CITY, STATE, ZIP CODE	02	2/04/2016	
TAPAWIE OF TH	COVIDER OR OUT FEILIN			1341 PARADISE ROAD P O BOX 566			
CHOWAN	RIVER NURSING AND F	REHABILITATION CENTER		EDENTON, NC 27932			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 463	Continued From page	e 1	F 46	53			
	heard. During an into	erview at this time, Resident					
		d never tried to use the					
	bathroom call light.			F463			
	·	PM, the bathroom call light		The bathroom call bells for room	ms		
		erved not to work. No		#312,#313,#321,#327,#329,	40 #12F an		
	•	on in the bathroom when the light in the hall outside the		#120,#114,#138,#140,#144,#14 d #130 were immediately repor			
		n and no auditory signal was		maintenance so that repairs co			
	heard.	in and no additory signal was		made. These call bells were ba			
				working order by 5:30pm on 2/4			
	4) On 2/2/16 at 3:03	PM, the bathroom call light		3			
	·	erved not to work. No					
	indicator light came of	on in the bathroom when the		100% audit was conducted by	the		
	cord was pulled, the	light in the hall outside the		administrative office staff to che	eck call		
	room did not come o	n and no auditory signal was		bells in all residents' rooms/bat			
	heard.			2/4/2016 using the midnight ce			
	E) 0 0/0/40 10 40	514 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		identify any room in which the			
	· · · · · · · · · · · · · · · · · · ·	PM, the bathroom call light in		were not working. Any call bells	s found not		
		ved not to work. No indicator		to be working was reported to maintenance for correction and	Lranaira		
	_	pathroom when the cord was e hall outside the room did		were promptly made on 2/4/20	•		
	-	auditory signal was heard.		were promptly made on 2/4/20	10.		
		at this time, Resident #153					
	•	ver tried to use the bathroom		100% in-service was conducted	d for all		
	call light.			employees by the Administrato	r regarding		
				the steps to take when a call be			
	6) On 2/3/16 at 8:35	AM, the bathroom call light in		not to be working properly. The			
		ved not to work. No indicator		was completed by 2/12/2016.			
	•	pathroom when the cord was		employees will be in-serviced by	-		
	-	hall outside the room did		development coordinator during	•		
	not come on and no	auditory signal was heard.		orientation regarding the steps when a call bell is found not to			
	7) On 2/3/16 at 8:47	AM, the bathroom call light in		properly.	-		
	room 312 was observ	ved not to work. No indicator					
	•	pathroom when the cord was		When a call bell is found not to	•		
		e hall outside the room did		in a resident room or bathroom			
		auditory signal was heard.		employee will notify the unit su			
	During an interview a	at this time, Resident #118		that a tap bell can be obtained	and		

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		345164	B. WING _			C 02/04/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STAT	· · · · · · · · · · · · · · · · · · ·	02/04/2016	
CHOWAN	RIVER NURSING AN	D REHABILITATION CENTER		1341 PARADISE ROAD P O E EDENTON, NC 27932	3OX 566		
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S F ((EACH CORRECT CROSS-REFERENCE	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE	
F 463	call light. 8) On 2/4/16 at 8:0 shared by room 1:3 work. No indicato when the cord was outside the room of signal was heard. 9) On 2/4/16 at 8:0 room 144 was obsilight came on in the pulled, the light in not come on and rouring an intervier indicated she had call light. 10) On 2/4/16 at 8:0 in room 149 was of indicator light came cord was pulled, the room did not come heard. During an #76 indicated he room call light. 11) On 2/4/16 at 8 in room 125 was of indicator light came cord was pulled, the room did not come heard.	23 AM, the bathroom call light 38/140 was observed not to r light came on in the bathroom is pulled, the light in the hall did not come on and no auditory 25 AM, the bathroom call light in served not to work. No indicator he bathroom when the cord was the hall outside the room did no auditory signal was heard. We at this time, Resident #12 never tried to use the bathroom when the bathroom when the light in the hall outside the eon in the bathroom when the he light in the hall outside the eon and no auditory signal was interview at this time, Resident had never tried to use the the control of the bathroom call light observed not to work. No he eon in the bathroom call light observed not to work. No he eon in the bathroom when the he light in the hall outside the eon and no auditory signal was heard no auditory signal heard no auditory si	F	then fill out a work of the white copy to the doorway that leads the Nurses Station #1. The placed in the black beadministrator door. Or reports to the administrator door. Or reports to the administrator door of call bells will be check the call bell to repaired and function of call bells will be check the call for using a tool (Midnight Censuland then monthly X problems noted will be addressed by providing the bell for use and check the administration of the administration of the administration of the submitted with the check the call bell Audit tool with the results of the administration of the submitted with the check the call bell administration of the submitted with the check the call bell to repair the check the chec	e. The employee will order form and tape to pole closest to the to the back hall way at the yellow copy will be pox on the concernation of the pox on the pox on the concernation of the pox o		
	in room 130 was of indicator light cam	8:13 AM, the bathroom call light observed not to work. No lie on in the bathroom when the he light in the hall outside the					

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	ROVIDER OR SUPPLIER RIVER NURSING AND F	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COL 1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932	•	2/04/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 463	heard. On 2/4/16 at 8:10 AMD and R hall stated in reported nonfunction. On 2/4/16 at 8:15 AMD (MD) stated he condicall light system. He scheduled checks or checks. He could not random check occurright was not working that would be issued was fixed. A walkthrowas conducted with flight in rooms #114, anot functioning. On 2/4/16 at 9:05 AMD assisted a resident to stay with them. She wonfunctioning call light in Administrator or the light was not working order slip for mainter any resident complait working.	In and no auditory signal was If, Nurse #1 assigned to the proceeding or residents or staff had ing call lights. If, the Maintenance Director fucted random checks on the stated there were no written logs recording the procedure of the recall when the last red. He reported that if a call to the resident until the light rough of the identified rooms the MD. The bathroom call file 120, #313, #321, #329 were If NA #1 stated if she to the bathroom, she would was not aware of any ghts. She stated she would ot working to the MD. If Nurse #2 stated if a call to the she would was not aware of any ghts. She would write up a work the mance. She was not aware of any ghts are she would write up a work than the she would write up a work than the she was not aware of any ghts. She was not aware of any ghts. She was not aware of any ghts. She would write up a work than the she would write up a work than the she was not aware of any ghts. She was not aware of any ghts. She was not aware of any ghts. She would write up a work than the she was not aware of any ghts. She was not aware of any ghts. She would write up a work than the she would write up a work than the she was not aware of any ghts.	F 4				
	was not working she maintenance director system and wait until	I NA #2 stated if a call bell would page the using the overhead paging someone came to fix it. I NA #3 stated she was					

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NAME OF PROVIDER OR SUPPLIER CHOWAN RIVER NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1341 PARADISE ROAD P O BOX 566 EDENTON, NC 27932		J2/04/2016
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F 463	unaware of any call li explained if a call ligh would fill out a slip an On 2/4/16 at 5:15 PM staff was expected to bathroom call lights to department by compl She further stated that room contained hand	ghts not working. She at was not working, she ad tell maintenance about it. I the Administrator stated report non-functioning	F 4	463		