DEPARTMENT OF HEALTH AND HUMAN SERVICES						FOR	MAPPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	D. 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			E SURVEY PLETED	
		B. WING				C /11/2016	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
				Р	OST OFFICE BOX 8495		
HUNTER	HILLS NURSING AND RE	HABILITATION CENTER		F	OCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 164 SS=D	PRIVACY/CONFIDER	PERSONAL NTIALITY OF RECORDS right to personal privacy and or her personal and clinical	F	164			2/22/16
	medical treatment, wi communications, per meetings of family an	sonal care, visits, and d resident groups, but this acility to provide a private					
	section, the resident i	a paragraph (e)(3) of this may approve or refuse the nd clinical records to any facility.					
	and clinical records d resident is transferred	o refuse release of personal oes not apply when the d to another health care elease is required by law.					
	contained in the resid the form or storage m release is required by	r transfer to another law; third party payment					
LABORATORY	by: Based on observatio facility failed to cover Administration Record medication cart to pas medication passes,(n observation during to	is not met as evidenced ns and staff interviews the the Medication d (MAR), when leaving the ss medications for 2 of 6 urse #2 and #4), and 1 ur, which exposed patient	RE		Nurse #2, 3, & 4 were in-serviced re: n exposing patient personal information t include covering the MAR when leaving the medication cart on 2/11/2016 by the RN DON. On 2/11/2016 100% audit was complete	0] e	(X6) DATE

Electronically Signed

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.

02/17/2016

PRINTED: 03/21/2016

		MEDICAID SERVICES			OMB NO. 0938- (X3) DATE SURVEY
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345279		· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		
		B. WING			
AME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	02/11/2016
				POST OFFICE BOX 8495	
IUNTER I	HILLS NURSING AND R	EHABILITATION CENTER		ROCKY MOUNT, NC 27804	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE COMPLE D THE APPROPRIATE DAT
F 164	Continued From pag	e 1	F 16		
1 104	· · · · · · · · · · · · · · · · ·				
	information, (nurse # The findings included			by the RN facility consultated that patients identifying of	ũ là chí
		AM a medication pass was		that patients identifying control information to include the	
		#2. The nurse left the MAR		Administration Record is	
		edication cart and entered		not in direct supervision of	
	the room 208. The r			cart. No concerns were i	
		e nurse turned her back to		the audit.	
	the door to assist the			A 100% in-service to all li	censed nurses
		view was conducted with the		and Medication Aides to i	
	nurse after exiting the room. The nurse stated			3, & 4 was completed by	
	she would only cover the MAR on 3rd shift if			2/17/2016 re: exposing re	
	someone was in the			information to include as	
	On 2/11/2016 at 6:21	AM, an unlocked		patients identifying confid	-
	medication cart was	observed outside of room		information including the	
	514, with the MAR of	pened. Upon exiting the		Administration Record is	protected when
	room, an interview w	as conducted with the nurse,		the Nurse and / or Medica	ation Aide is not
	(nurse #3). The nurs	e stated she didn ' t know		in direct supervision of the	e medication
	anyone was in the ha	all. She indicated she usually		cart. Any nurse who has	not received this
	covered he MAR, bu	t didn ' t know why she had		in-service will not be allow	ved to work until
	not covered it this tim	ne.		in-service has been provi	
	On 2/11/2016 at 8:55			All newly hired licensed n	
		observed outside of room		Medication Aides will be i	
		se #4) exited the room and		orientation by the RN DO	
		e medication. At room 609		on not exposing residen	
		e room and left the MAR		information to include cov	
		hed her back to the door to		Medication Administration	
		An interview was conducted		the medication cart is una	
	-	om. The nurse stated she		The Medication/Treatmer	5
		R when she walked away oned if she considered the		QI Audit tool will be comp ADON, LPN QI nurse and	-
				Treatment Nurses, to incl	
	cart to be with in her eye line when her back was to it, the nurse stated she guessed her eyes were			week-ends, daily for 7 da	-
	not directly on it.	tene guedeeu ner eyes were		week X s 4 weeks, then	
	-	nducted with the Director of		weeks then monthly X	
	An interview was conducted with the Director of Nursing (DON) on 6/11/2016 at 11:09 AM. The			ensure no resident inform	
	-	ected her nurses to cover the		exposed. Any identified	
	MAR if they walked a			the nurse or med aide to	-
				by RN DON or RN ADON	
	1		1		

Event ID: 5QBG11

Facility ID: 923072

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CENTER		MEDICAID SERVICES			OMB N	0. 0938-039	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 345279			. ,	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING		C 02/11/2016			
	ROVIDER OR SUPPLIER	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE POST OFFICE BOX 8495 ROCKY MOUNT, NC 27804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 164 F 431 SS=D	LABEL/STORE DRUG The facility must emp a licensed pharmacis of records of receipt a controlled drugs in su accurate reconciliatio records are in order a controlled drugs is ma reconciled. Drugs and biologicals labeled in accordance professional principle	.60(b), (d), (e) DRUG RECORDS, BEL/STORE DRUGS & BIOLOGICALS facility must employ or obtain the services of ensed pharmacist who establishes a system ecords of receipt and disposition of all trolled drugs in sufficient detail to enable an urate reconciliation; and determines that drug ords are in order and that an account of all trolled drugs is maintained and periodically		Administrator. The RN DON w and initial the Medication/Treat Security QI Audit Security tool days, then weekly for 8 weeks monthly for 3 months for comp to assure all areas of concerns identified were addressed. The Administrator will review w Executive QI committee Medic Security tool monthly X s 6 m determine issues and trend to continued monitoring frequenc	tment Cart daily for 7 s then bletion and s were vith ration Cart onths to include	2/22/16	
	applicable. In accordance with St facility must store all o locked compartments	tate and Federal laws, the drugs and biologicals in a under proper temperature only authorized personnel to					
	The facility must prov	-					

Facility ID: 923072

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 03/21/2016 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345279	B. WING		C 02/11/2016	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				POST OFFICE BOX 8495		
HUNTERI	HILLS NURSING AND RE	EHABILITATION CENTER		ROCKY MOUNT, NC 27804		
(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 CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 431	controlled drugs listed Comprehensive Drug Control Act of 1976 a abuse, except when t package drug distribu quantity stored is min be readily detected.	e 3 compartments for storage of d in Schedule II of the Abuse Prevention and nd other drugs subject to the facility uses single unit ation systems in which the imal and a missing dose can	F 43	1		
	facility failed to lock th (600 hall cart and 500 the facility, and during observations with 2 n The findings included On 2/10/2016 at 9:37 found to be unlocked exiting the room, an in the nurse, (nurse #1), usually locked the can temperature of the re On 2/11/2016 at 6:13 observed with Nurse unlocked and entered resident ' s bed was p turned her back to the to take the medication conducted with the nu- The nurse stated she cart if it was just outsi On 2/11/2016 at 6:21 medication cart was of 514. Upon exiting the conducted with the nu-	AM, the 600 hall cart was in front of room 614. Upon interview was conducted with . The nurse stated she rt, but had to take the sident in the room. AM a medication pass was #2. The nurse left the cart d the room 208. The positioned so that the nurse e door to assist the resident in. An interview was urse after exiting the room. did not lock the medication ide the resident 's room.		Nurse #1, 2, 3, & 4 were in-service locking and securing the medication at all times when left unattended of 2/11/16 by the RN DON. On 2/11/2016 a 100% audit was completed by the RN facility consu- ensure all medication carts were loc when left unattended by the license nurse/ Medication Aides. Immedia retraining was conducted by the Fa- Consultant with the license nurse/Medication Aide for all identi- areas of concern on 2/12/2016. 100% in-service to all licensed nur Medication Aides to include nurse 3 & 4 was completed by the RN DO ADON on 2/17/2016 on locking the medication cart when unattended. nurses who have not received this in-service will not be allowed to wo the in-service has been provided. All newly hired licensed nurses and Medication Aides will be in-service orientation by RN DON or RN ADO locking and securing the Medication while leaving the medication cart	on cart n ultant to ocked ed ate acility fied ses and # 1, 2, ON, RN e Any ork until d d upon DN re:	

Facility ID: 923072

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PRINTED: 03/21/2016

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345279		(X2) MULTIPL	· · ·	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		A. BUILDING			C	
		B. WING		02	02/11/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1	
HUNTER	HILLS NURSING AND RE	HABILITATION CENTER		POST OFFICE BOX 8495 ROCKY MOUNT, NC 27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 431	Continued From page	e 4	F 431			
	Continued From page 4 She indicated she left the cart unlocked if it was by the resident 's door. On 2/11/2016 at 8:55 AM, an unlocked medication cart was observed outside of room 607. The nurse (nurse #4) exited the room and continued to dispense medication. The nurse entered room 609, after leaving the medication cart unlocked. The nurse turned her back to the door to assist the resident. An interview was conducted after the nurse exited the room. The nurse stated she left the cart unlocked when entering a resident room, if the cart was within her eye line. When questioned if she considered the cart to be with in her eye line when her back was to it, the nurse stated she guessed her eyes were not directly on it. An interview was conducted with the Director of Nursing (DON) on 6/11/2016 at 11:09 AM. The DON stated she expected her nurses to lock the cart if they walked away from the cart. When passing medication, the DON indicated, if the cart was pulled up to the resident door and the cart remained in the nurse 's eye site, it did not have to be locked. The DON stated if their back was turned to the cart, the cart should be locked.			unattended. The Medication/Treatment Car QI Audit tool will be completed ADON, LPN QI nurse and LPI Treatment Nurses, to include r week-ends, daily for 7 days, 3 week X s 4 weeks, then week weeks then monthly X s 3 mo assure no unattended medicat are left unlocked. Any identifi will require the Nurse or Medic to be reeducated by the RN Do ADON, or Administrator up to a including disciplinary action to termination by the Administrato DON will review and initial the Medication/Treatment Cart Se Audit tool daily for 7 days then 8 weeks then monthly for 3 mo completion and to assure all a concerns that were identified v addressed. The Administrator will review v Executive QI committee Medic Security tool monthly X s 6 m determine issues and trend to continued monitoring frequence	by the RN N nights and 3 times a dy X □ s 4 onths to ion carts ed areas cation Aide ON or RN and include or. The curity QI weekly for onths for reas of vere vith cation Cart onths to include	

Facility ID: 923072

If continuation sheet Page 5 of 5