STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING ____________________________

B. WING ____________________________

NAME OF PROVIDER OR SUPPLIER

POPLAR HEIGHTS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

804 SOUTH POPLAR STREET
ELIZABETHTOWN, NC  28337

B. WING ____________________________

(4) ID  PREFIX  TAG

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

F 164
SS=D

483.10(e), 483.75(l)(4) PERSONAL
PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and
confidentiality of his or her personal and clinical
records.

Personal privacy includes accommodations,
medical treatment, written and telephone
communications, personal care, visits, and
meetings of family and resident groups, but this
does not require the facility to provide a private
room for each resident.

Except as provided in paragraph (e)(3) of this
section, the resident may approve or refuse the
release of personal and clinical records to any
individual outside the facility.

The resident's right to refuse release of personal
and clinical records does not apply when the
resident is transferred to another health care
institution; or record release is required by law.

The facility must keep confidential all information
contained in the resident's records, regardless of
the form or storage methods, except when
release is required by transfer to another
healthcare institution; law; third party payment
contract; or the resident.

This REQUIREMENT is not met as evidenced
by:

Based on observations, staff interviews and
record review the facility failed to provide privacy
for 2 of 3 sampled residents by leaving window
blinds open during incontinent care for resident
#2 and during a bath for resident # 4 so the
residents exposed bodies could not be viewed

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

Electronically Signed

05/06/2016

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.

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: L5HC11
Facility ID: 943301
If continuation sheet Page 1 of 7
Resident #4 was admitted to the facility on 12/17/2009 with diagnoses which included dementia. The most recent Minimum Data Set (MDS) dated 3/5/2016 indicated the resident was severely cognitively impaired and required total assistance with bathing and toileting. The clinical medical record also revealed the resident was on Hospice services. On 4/20/2016 at 8:30 AM Nursing Assistant (NA) #1 accompanied the resident’s Hospice Aide into the resident’s room to assist with the resident’s bath. NA #1 knocked on the door prior to entering room, closed the door after she entered the resident’s room and pulled the privacy curtain located in the center of the room. Resident #4 was in the bed next to the window. The blinds on the window were open and raised approximately 2 feet and full view of the facility’s side parking lot was observed from the window. The Hospice Aide informed resident #4 of the intent to give her a bath and the aide began gathering the needed supplies. The Hospice Aide uncovered the resident, took off the resident’s night clothes and proceeded to bathe her. NA #1 stood at the end of the bed and assisted by retrieving supplies when needed. The Hospice Aide completed the resident’s care and dressed the resident.

Resident #2 was admitted to the facility on 8/18/2011 with diagnoses which included Anxiety and Depression. The most recent Minimum Data Set (MDS) dated 1/29/2016 indicated the resident had severe cognitive impairment, required extensive assistance with 1 person assist for provided on 4/21/16 and the hospice CNA was educated on 5/6/16.

2. Residents receiving personal care in the facility have the potential to be affected. Nursing staff will be educated by the Nurse Practice Educator on providing privacy during personal care. Education will be completed by 5/13/16.

3. DNS, ADNS, and Unit Managers will monitor provision of privacy during personal care daily x 1 week, 3 x week x 1 week, 2 x week x 2 weeks, then weekly x 1 month, and monthly x 1 month. Documented results of monitoring will be kept by the DNS and additional training will be provided for staff as indicated by monitoring results.

4. Results of monitoring will be reported to the Quality Assurance Committee monthly x 3 months for review and further recommendation.
### Summary Statement of Deficiencies

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<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>TAG</th>
<th>Description</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>F 164</td>
<td></td>
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<td>Continued From page 2 toileting and was always incontinent of bowel and bladder.</td>
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<td>On 4/20/2016 at 10:00 AM NA #2 was observed providing incontinence care for resident # 2. NA #1 assisted with care. NA #1 knocked on the door prior to entering the room and closed the door after she entered the resident<code>s room. Resident # 2 was in a private room and the bed was positioned next to the window. The blinds on the window were open and full view of the facility</code>s side parking lot was observed from the window. NA # 2 explained to the resident incontinence care was to be provided. NA # 2 uncovered the resident and removed resident # 2<code>s pants and brief. NA# 2 cleaned the resident with disposable wipes, applied a clean disposable brief and reapplied the resident</code>s pants.</td>
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<td>During an interview on 4/20/2016 at 10:15AM, NA #1 indicated the blinds should have been closed when care was provided to ensure privacy during incontinent care for resident #2 and during the bath for resident #4. NA # 1 reported she did not know why she had not closed the blinds.</td>
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<td>On 4/20/2016 at 11:00 AM NA #2 was interviewed. NA #2 acknowledged the blinds should have been closed before providing incontinent care for resident # 2. NA # 2 did not have an explanation as to why she had not closed the blinds. During an interview on 4/20/2016 at 4:00 PM the Director of Nursing stated the expectation was for blinds to be closed when resident care was provided to ensure privacy.</td>
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<tr>
<td>F 253</td>
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<td>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</td>
<td>5/18/16</td>
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F 253 Continued From page 3

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observations and staff interviews, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior for 8 of 17 resident room window screens observed with holes.

Findings:
An observation on 04/20/16 at 10:50 a.m. revealed 8 of 17 resident room window screens to contain one or more holes (rooms 232, 228, 226, 224, 218, 214, 303, and 307).

During an interview with the Administrator on 04/20/16 at 11:10 a.m., the Administrator stated she had been aware the facility had maintenance concerns upon the beginning of her tenure as Administrator in March 2016. The Administrator indicated she had put a detailed plan of correction in place to correct the maintenance concerns and had been working with the Maintenance Director to prioritize and correct the concerns. The Administrator stated window screens were not listed in her plan of correction notebook.

During an interview with the Maintenance Director on 04/21/16 at 11:08 a.m., the Maintenance Director stated he was responsible for checking resident room window screens on a weekly basis for needed maintenance. He stated he made notes in his computer system about planned maintenance for the facility. When asked if he had any notes in his computer system regarding the resident room window screens with holes in

<table>
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<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>
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<tr>
<td>F 253</td>
<td>1. Identified window screens for rooms 232, 228, 226, 224, 218, 214, 303, 307 have been repaired.</td>
<td>F 253</td>
<td>2. Residents residing in the facility have the potential to be affected. The Administrator and the Regional Property Manager performed an inspection of the exterior of the facility to identify additional window screens needing repair. Once identified, a plan of correction was developed by the Administrator and Regional Property Manager and these repairs will be completed by the 5/18/16. Education will be provided by the Administrator to the Maintenance Director, Housekeeping Director, and/or designee on importance of monthly facility rounds and documentation of identified concerns.</td>
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### Statement of Deficiencies and Plan of Correction

#### Multiple Construction Wing

<table>
<thead>
<tr>
<th>ID</th>
<th>Name of Provider or Supplier</th>
<th>Street Address, City, State, Zip Code</th>
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<tbody>
<tr>
<td>345267</td>
<td>Poplar Heights Center</td>
<td>804 South Poplar Street, Elizabethtown, NC 28337</td>
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#### Summary Statement of Deficiencies

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<tr>
<td>F 253</td>
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<td>Continued From page 4 them, the Maintenance Director stated there were none but he had made &quot;self-notes&quot; about the screens and had planned to repair the screens one room at a time. During an interview with the Administrator on 04/21/16 at 11:26 a.m., the Administrator stated it was her expectation maintenance projects be completed in a reasonable and timely manner.</td>
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<tr>
<td>F 520</td>
<td>SS=E</td>
<td>483.75(o)(1) QAA Committee-Members/Meet Quarterly/Plans</td>
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A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility’s staff.

The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.

A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

This REQUIREMENT is not met as evidenced
Based on observation and staff interviews, the facility Quality Assurance Committee failed to maintain and monitor interventions that were put into place in October 2015. These interventions were in an area originally cited in the recertification survey of 10/09/15 and recited in the complaint survey of 04/21/16. The deficiency was in the area of housekeeping and maintenance services. Findings included:

This citation is cross referenced to F253: Housekeeping and Maintenance services. Based on observation and staff interviews, the facility failed to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior on 8 of 17 resident room window screens with holes. The facility was cited during the 10/09/15 recertification / complaint survey for F253 for failing to maintain housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior on 3 of 4 halls observed.

During an interview with the Administrator on 04/20/16 at 11:10 a.m., the Administrator stated she had been aware the facility had maintenance concerns upon the beginning of her tenure as Administrator in March 2016. The Administrator indicated she had put a detailed plan of correction in place to correct the maintenance concerns and had been working with the Maintenance Director to prioritize and correct the concerns. The Administrator stated window screens were not listed in her plan of correction notebook.

During an interview with the Maintenance Director on 04/21/16 at 11:08 a.m., the Maintenance Director stated he was responsible for checking resident room window screens on a weekly basis.

1. The goal of the Quality Assurance Committee is to make a good faith attempt to identify areas of deficiency and to develop and implement plans of action to correct these concerns, including monitoring the effect of implemented changes and, as needed, making revisions to the new and on-going action plans. The interventions implemented for the recertification survey of 10/9/15 have been reviewed. Routine monitoring of window screens was added to the environmental rounds checklist. The previous monitoring put in place in October 2015 will be re-implemented and placed into the monthly Quality Assurance meetings.

3. Environmental/Maintenance has been added to the standing agenda items for the monthly Quality Assurance meetings. The Administrator will review the electronic documentation of facility rounds monthly to ensure continued compliance and to ensure identified concerns are documented and reported to the Quality Assurance Committee for review.

4. Results of environmental/maintenance rounds will be reported to the Quality Assurance Committee monthly with identified concerns addressed with a plan of correction. These plans of correction will be reviewed monthly until resolved and PRN as identified by monthly rounds. Environmental/Maintenance will remain as a standing agenda item on the Quality Assurance monthly agenda.
Continued From page 6

for needed maintenance. He stated he made notes in his computer system about planned maintenance for the facility. When asked if he had any notes in his computer system regarding the resident room window screens with holes in them, the Maintenance Director stated there were none but he had made "self-notes" about the screens and had planned to repair the screens one room at a time.

During an interview with the Administrator on 04/21/16 at 11:26 a.m., the Administrator stated it was her expectation maintenance projects be completed in a reasonable and timely manner.