A. BUILDING ____________________________

B. WING ____________________________

345491

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE SURVEY COMPLETED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

CROATAN RIDGE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

210 FOXHALL ROAD

NEWPORT, NC  28570

ID PREFIX

F 253

ID PREFIX

F 253

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

F 253 1/18/17

The privacy curtains for rooms 112 A&B, 502A, 400A, 303A, and 108A were removed and replaced on 12-21-2016 by Housekeeping Supervisor.

100% observation of all other privacy curtains were completed on 1-10-2017 by Administrator to ensure privacy curtains were clean and in good repair. Any work orders were completed on 1-10-2017 by Administrator for notification to housekeeping for any identified areas of concern. Housekeeping addressed all areas of concerns from the audit by 1-11-2017.

Housekeeping Services was in-serviced 100% by the Administrator on 1/10/2017 and 1/11/2017 to check privacy curtains daily during the daily room cleaning and to replace if visibly soiled. A monthly schedule was provided to the Administrator on 1/10/2017 from the Housekeeping Supervisor. All license Nurses and Nursing Assistants were in-serviced by the Administrator and/or Staff Facilitator starting on 1/10/2017 and completed on 1/18/2017 to notify Housekeeping services of any soiled privacy curtains noted when providing care to the residents by completing a work order slip. All newly hired licensed Nurses...
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345491

(X2) MULTIPLE CONSTRUCTION A. BUILDING ____________

B. WING ________________

(X3) DATE SURVEY COMPLETED

C 12/21/2016

NAME OF PROVIDER OR SUPPLIER

CROATAN RIDGE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

210 FOXHALL ROAD

NEWPORT, NC 28570

(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 253 Continued From page 1
During an observation on 12/20/16 at 6:57 p.m., the privacy curtain around bed 112A was observed to have a red stain and a brown stain. During an observation on 12/20/16 at 6:59 p.m., the privacy curtain around bed 108A was observed to have a brown stain.
During an interview with the Administrator on 12/21/16 at 12:55 p.m., the Administrator stated it there was no cleaning schedule for privacy curtains in place at the present time. The Administrator stated it was her expectation for housekeeping staff to inspect the privacy curtains daily when the resident rooms are being cleaned and to clean the privacy curtain if needed.

and Nursing Assistants will be in-serviced by the staff facilitator regarding notification of soiled privacy curtains noted during daily care of the Residents by completing a work order slip and giving it to Housekeeping Supervisor. All newly hired Housekeeping staff will be in-serviced by the Housekeeping Supervisor to check privacy curtains daily during the daily room cleaning and to replace if visibly soiled.

The RN Supervisor, DON, and/or Administrator will monitor 100% of all Resident rooms, to include rooms 112 A&B, 502A, 400A, 303A, 108A for cleanliness of all privacy curtains weekly x8 weeks then monthly x1 utilizing a Housekeeping Privacy Curtain Qi tool. The Housekeeping Supervisor will address immediately any identified areas of concern during the audit. The Administrator will review the Housekeeping Privacy Curtain Qi Tool weekly x8 weeks then monthly x1 month for completion and to ensure all areas of concern were addressed.

The Executive QI committee will meet monthly and review the Housekeeping Privacy Curtain Qi Tool and address any issues, concerns and/or trends and to make changes as needed, to include continued frequency of monitoring x3 months.