

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

PRINTED: 02/12/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2018
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-SEALEVEL			STREET ADDRESS, CITY, STATE, ZIP CODE 468 HIGHWAY 70 EAST SEALEVEL, NC 28577		
(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 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the</p>	F 550		1/31/18	

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

TITLE

(X6) DATE

Electronically Signed

02/01/2018

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.

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F 550	<p>Continued From page 1</p> <p>exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview with staff and the resident's medical record review, facility failed to place the call light within reach for 1 of 1 sampled Residents (Resident # 41) .</p> <p>Findings included:</p> <p>Resident #41 was admitted on 3/31/2016 with diagnoses that included Muscle weakness, ataxia and Hypertension. Minimum Data Set (MDS) dated 11/17/2017 indicated the resident's cognition was moderately impaired. She required extensive assist with one person for bed mobility, dressing and toilet use. The resident's care plan updated 11/17/2017 indicated the resident had a problem with self-care deficit of daily living related to poor cognitive and physical status.</p> <p>Observations were made on 1/9/2018 at 12:30 PM and 1/9/2018 at 1:45 PM. The call light was out of reach for Resident # 41.</p> <p>On 1/9/2018 at 1:45 PM, the resident was interviewed. During the interview with the resident she reported she was wet and needed to be changed but she could not reach her call light.</p> <p>Nurse Assistant (NA) #1 was interviewed on 1/9/2018 at 1:50 PM. The NA # 1 confirmed she was assigned to take care of Resident #41. The NA # 1 stated she had been trained to place the call light within resident's reach at the beginning of the shift. She acknowledged the call light was not placed within the resident's reach and he had no explanation as to why the call light was not</p>	F 550	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</p> <p>F550</p> <p>Plan for corrective action taken for the specific deficiency:</p> <p>1.Call bell was immediately placed within reach for Resident #41 and the resident was provided personal care by the attending CNA. It is unknown how the call bell became out of reach but it is presumed that the resident's movement in bed altered the placement of the call bell.</p> <p>Procedure for implementing the acceptable Plan of Correction for the specific deficiency cited:</p> <p>2.A complete call bell audit was conducted by the Administrator and other managers to assure all call bells were in reach and properly placed at that time. No other call bells were identified to be out of reach upon observation. CNA and nursing staff were immediately re-inserviced on call bell placement within reach at all times for residents.</p>		

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F 550	<p>Continued From page 2 within the resident's reach.</p> <p>Nurse #1 was interviewed on 1/9/2018 at 2:15 PM. She stated nurses and NAs were taught to keep the call light within the resident's reach. The nurse added it was the responsibility of the NAs to make sure the call light was placed within the residents reach at the facility.</p> <p>On 1/10/2018 at 2:55 PM, the Director of Nursing stated her expectation was for the call light to be placed within the residents reach at all time.</p>	F 550	<p>Education began on Jan. 9, 2018 by the Clinical Competency Coordinator for call bells within reach to assure that all nursing staff received re-education. An All-Staff Meeting was held on 01-25-18 by the Administrator to re-educate all staff on proper call bell placement and call bells within reach.</p> <p>Monitoring procedure put in place to ensure the Plan of Correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements:</p> <p>3.All managers will complete room rounds daily to assure proper placement of call bells on an ongoing basis. Nursing staff entering room will assure call bells are within reach prior to exiting the room. Weekend Managers on Duty will complete room rounds frequently throughout the day to assure all call bells are properly placed and within reach. Any call bells found not within reach will be corrected immediately, placed within reach and reported to the Director of Nursing Services (DHS)/Clinical Competency Coordinator for monitoring, tracking, trending, re-education and corrective action as needed.</p> <p>Results of the tracking and trending from the monitoring will be reported to the QAPI committee by the DHS for recommendations and suggestions for change to ensure continued compliance.</p>		

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F 550	Continued From page 3	F 550	<p>4. Title of the person responsible for implementing the acceptable Plan of Correction: Director of Health Service</p> <p>5. Date when corrective action will be completed: 01-31-18</p>		