

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2018
NAME OF PROVIDER OR SUPPLIER PRODIGY TRANSITIONAL REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 911 WESTERN BOULEVARD TARBORO, NC 27886		
(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 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>	F 580		10/29/18	

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

TITLE

(X6) DATE

Electronically Signed

11/02/2018

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 580	<p>Continued From page 1</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to notify the responsible party of 1 of 1 resident (Resident #1) when the resident was sent from the facility to the hospital after a change in status.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility 6/10/16 and re-admitted 9/13/18. Review of a Quarterly MDS (Minimum Data Set-a tool used for resident assessment) dated 9/26/18 revealed Resident #1 was severely cognitively impaired and displayed no behaviors or rejection of care. All activities of daily living required extensive to total assistance. Resident #1 had a feeding tube present. Review of a nursing note dated 9/26/18 read, in part, "CNA (Nursing Assistant) told me resident didn't look right (on 9/25/18). This nurse (Nurse #1), and (Nurse #2) went to assess and evaluate. Agreed to send out. 911 (Emergency Medical Services) was called."</p> <p>An interview was conducted on 10/16/18 at 3:40PM with Nurse #1. She stated if a resident was transported to the hospital, or had any change in status, the physician and family were</p>	F 580	<p>Submission of the response to The Statement of Deficiencies by The undersigned does not Constitute an admission that the deficiencies existed, that they were cited correctly, or that any correction is required.</p> <p>F 580 Criteria #1: On 09/25/18, Resident #1 was sent to the hospital for a change in status. The Responsible Party was not notified due to both nurses involved in the resident's care thought the other nurse had placed the call. The resident's Responsible Party was notified on 09/26/18. The Primary Nurse was in-serviced 1:1 by the DON on 09/26/18.</p> <p>Criteria # 2: A 100% audit of Responsible Party notification of all residents that were currently discharged to another facility for treatment and all residents that have significant changes in conditions was completed on 09/26/18. No further issues were identified.</p>		

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F 580	<p>Continued From page 2</p> <p>notified. If a resident was sent to the hospital the physician and responsible party was called no matter what time of day or night it was. She stated she had not notified Resident #1's family on 9/25/18 because she had already clocked out and had given report to the on-coming shift (Nurse #2). She also stated she returned the next day for her 3:00PM-11:00PM shift and heard the resident's responsible party had called the facility and was upset because no one called to let them know Resident #1 was sent to the hospital. Nurse #1 stated she had assumed Nurse #2 had called the resident's responsible party.</p> <p>An interview was conducted on 10/16/18 at 4:00PM with Nurse #2. She stated, "If a resident goes out to the hospital you're supposed to notify the responsible party and the physician. I make sure the Director of Nursing (DON) is aware by leaving a note. I did not notify (Resident #1's) family because the nurse in charge of her (Nurse #1) asked my opinion about the patient's status only. I went and assessed the patient, and her abdomen was distended and firm. Her general appearance suggested sending her out so I told her to send her to the hospital. At that point, I asked (Nurse #1) if there was anything else I needed to do. She said no, so I gathered my things and went to the 100 Hall. (Nurse #1) was supposed to notify the family. She had all the paperwork, and had not turned care over to anyone. When I did my rounds later that night I saw (Resident #1) was already gone. The next day I became aware the family had not been notified when the DON or Assistant DON asked me if I had called the family. I told them no."</p> <p>An interview was conducted with the DON on 10/16/18 at 4:15PM. She stated her expectation</p>	F 580	<p>Criteria #3: 100 % of all Nurses and the Social Worker were in-serviced on Responsible Party notification with significant changes in resident conditions was implemented on 10/16/18. All nurses that were not in-serviced are not allowed to return to work until in-serviced. All new hires will be in-serviced in orientation. 10/29/18</p> <p>Criteria #4: The DON will monitor the pink slips, discharge reports and Nurses Notes daily in clinical meeting to ensure that the Responsible Party or resident representative is notified of any significant changes in conditions daily x 1-month, weekly x 1 months, and monthly for one month. In the DON's absence, the ADON or SDC will assume the responsibility of the POC. The Director of Nursing will incorporate the POC into the facility's monthly QAA meeting to evaluate the effectiveness and compliance of the regulatory requirements.</p>		

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

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F 580	Continued From page 3 was for the physician and responsible party to be notified any time there was a change in status for a resident, or if they were sent to the hospital. She also stated a notification was to be made no matter what time of day or night it was if a resident went to the hospital. She stated it was her understanding the Resident #1 was not notified when she was sent out to the hospital. She also stated Nurse #1 thought Nurse #2 called, but it was Nurse #1's responsibility to call and she had not. She stated, "(Nurse #1) should have called them and she had not."	F 580		