STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345185	A. BUILDING ______ B. WING ______	C 01/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER LIVING AND REHAB CENTER	**106 CAMERON STREET LAKE WACCAMAW, NC 28450**

(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
E 000	Initial Comments An unannounced Recertification survey was conducted on 01/13/20 through 01/16/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #OX2011.	E 000		
F 000	INITIAL COMMENTS A recertification/complaint investigation survey was completed on 01/16/20. None of the allegations were substantiated.	F 000		
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights	F 585		1/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 01/27/2020

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 585	Continued From page 1 contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect,	F 585		

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F 585	Continued From page 2 abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews the facility failed to provide a written response of the grievance resolution to the resident or the residents responsible party regarding grievances that was filed for 4 of 4 residents reviewed on the grievance log. A record review on 1/15/20 of the facility grievance log revealed four residents had filed a grievance during the months of October 2019	F 585	Grievance Resolution Forms were provided to the resident and/or their responsible person/interested party for each of the 4 concerns on 1/24/2020. All Grievance/Concerns filed since 1/16/2020 have received written resolution forms and a copy filed in the Social Services office.	

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F 585	Continued From page 3 through January 2020. Further record review showed no evidence that the facility had issued a written response to the resident's or their responsible party concerning the grievance resolution. In an interview with the facility Social Worker on 1/15/20 at 10:30 AM she stated a written resolution was not provided to the resident's or their responsible party following each grievance that was filed during the previous three-month period. She indicated that she was not aware that a written decision response was required and stated the resident or residents responsible party was either provided a verbal response regarding the resolution or was notified by phone. In an interview with the Director of Nursing on 1/16/20 she acknowledged that a written grievance decision was not provided to each resident or the residents responsible party.	F 585	An inservice was performed on 1/24/2020 with the Director of Social Services regarding the requirements to provide a written summary of findings for all grievances to the resident or responsible person/interested party per regulations and facility policy. Grievance Logs will be reviewed/audited weekly x's 4 weeks by the Social Services Director and Administrator to ensure the deficient practice does not recur and requirements are met. Results will be forwarded to the facility QAPI Committee for further recommendations as necessary. Social Services Director will be responsible.	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to	F 609		1/29/20

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F 609	Continued From page 4 the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to submit the 24-hour and 5-day report to the state agency for an injury of unknown origin that resulted in a fracture of the right humerus (long bone in upper arm) for 1 of 1 resident reviewed. (Resident # 21) Findings included: Resident #21 was admitted to the facility on 7/26/13 with diagnoses to include in part; cerebral vascular accident, heart disease, osteoarthritis, chronic pain, gastrostomy tube placement, spastic hemiplegia (difficulty with voluntary movements), and idiopathic aseptic necrosis (death of bone tissue). A care plan dated 3/17/19 documented resident #21 was at risk of falls due to right hemiparesis (muscle weakness or partial paralysis of on side of the body). Goals included to remain free from falls, with interventions in part to include low bed, fall mats, two-person assistance with Hoyer lift for	F 609	A 24-Hour and 5 Day Report was completed and submitted to the NC Personnel Registry on Resident #21 on 1/23/2020. An Incident/Accident report was pulled for all current residents to review for Injuries of Unknown Origin that might meet criteria for reporting. None were identified. All staff are educated during new-hire orientation and annually regarding Abuse, Neglect, Misappropriation, including Injury of Unknown Origin and reporting requirements. In-services have been scheduled to re-educate staff regarding appropriate reporting procedures and their responsibilities for reporting all incidents to include Injuries of Unknown Origin and the criteria for determining same on 1/28/2020 and 1/29/2020.	

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F 609	Continued From page 5 transfers, and quarterly fall assessments. The most recent annual MDS (Minimum Data Set) assessment dated 5/2/19 documented resident #21 had severely impaired cognition. He was nonverbal and had highly impaired vision. He exhibited no behaviors and no rejection of care. He required extensive two-person physical assistance with bed mobility and was totally dependent with two-person physical assistance for transfers. He had impaired range of motion on one side and had no falls during the assessment period. A review of the nursing progress notes from July 2019 through September 2019 revealed no reported falls. A nursing progress note dated 9/3/2019 at 2:28 PM documented resident #21 had adventitious (abnormal) lung sounds and coughing up white frosty sputum. The standing order for a chest X-ray and suction was ordered. The family and physician were notified of the orders. The nursing home hospital transfer summary dated 9/3/2019 recorded at 8:33 PM documented a chest x-ray was obtained at the facility on 9/3/19 due to possible aspiration. The results revealed a humeral fracture. The resident's posterior upper arm was edematous. An increased respiratory rate and pained facial expression (widened eyes) was noted with gentle palpation. The physician was made aware and orders were obtained to send the resident to the emergency department. Resident had not had a recent fall but did have tonic-clonic movements (a type of seizure activity-in the tonic phase the body becomes rigid and in the clonic phase there is	F 609	Incident Reports will be monitored daily on an ongoing basis to ensure all Injuries of Unknown Origin are promptly reported and investigated as per requirements and facility policy and procedure. An audit list of all incidents will be obtained weekly x's 4 weeks and reviewed by the Administrator or Designee to ensure the deficient practice does not recur and reporting requirements are met. Results will be forwarded to the QAPI Committee for further recommendations as necessary. Social Services Director is responsible.	

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F 609	Continued From page 6 uncontrolled jerking) of right arm and leg frequently related to his spastic hemiplegia. A review of the nursing notes from July 2019 through September 2019 revealed no documented seizure activity. A nursing progress note dated 9/3/19 documented resident #21 was sent out to the hospital due to a fracture at 7:20 PM and returned to the facility at 10:45 PM with a sling on right shoulder. A progress note written by the facility physician dated 9/8/19 summarized the events from the hospital and read as follows: the patient had concerns of copious pulmonary secretions and respiratory distress. A chest x-ray was ordered for further evaluation. Pulmonary findings were unremarkable but an incidental finding of a right humeral fracture was noted on x-ray. The patient was referred to the local emergency department (ED). X-ray of right shoulder in ED revealed fracture through the right femoral neck with offset and slight impaction. The Radiologist noted the appearance of the bony structure seemed to be abnormal for a traumatic fracture and questioned the possibility of a pathological fracture. There was minimal soft tissue swelling and question of whether fracture was acute or subacute. Right upper extremity was placed in a sling for immobilization. Hydrocodone for pain control although he expressed minimal discomfort with palpation of his right shoulder. The patient has a history of idiopathic aseptic necrosis of multiple bone sites which seems a likely contributor to what seems clinically to be a pathological fracture. Patient also has history of spastic hemiplegia affecting primarily his right side. The	F 609		

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F 609	Continued From page 7 nurse reported they often observed resident hitting his upper extremities against the side of the bed rails which have been padded. Patient has long term immobility and possible associated osteoporosis. Patient is bed bound and nonverbal. He had no recent observed fall. Due to his inability to communicate APS (Adult Protective Services) consultation investigation is deemed appropriate. In an interview with the Director of Nursing on 1/15/20 at 12:04 PM she stated she was made aware of the injury of unknown origin on 9/3/19 the day it was discovered on x-ray. She reported that resident #21 was sent to the emergency department the day of the injury and the cause of the fracture was undetermined. She stated the facility completed an investigation and Adult Protective Services was notified. She acknowledged that the 24- hour and 5-day report was not submitted.	F 609		