

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

PRINTED: 08/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2020
NAME OF PROVIDER OR SUPPLIER TOWER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3609 BOND STREET RALEIGH, NC 27604		
(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 COVID-19 Focused Survey was conducted on 7/23/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# QZVS11.	E 000			
F 000	INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 7/23/2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 2 of the 5 complaint allegations were substantiated resulting in deficiencies.	F 000			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the	F 561		8/11/20	

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

TITLE

(X6) DATE

Electronically Signed

08/07/2020

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 561	<p>Continued From page 1 facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews with staff and resident interviews and record reviews the facility failed to allow a resident to obtain and wear a face shield provided by a family member for 1 of 1 resident reviewed for self-determination. (Resident #1)</p> <p>Findings Included:</p> <p>Resident #1 was admitted to the facility on 2/5/2020.</p> <p>Review of Resident #1 ' s minimum data set assessment dated 7/8/2020 revealed he was assessed as cognitively intact. He had no behaviors and was independent with all activities of daily living.</p> <p>Review of Resident #1 ' s care plan dated 6/1/2020 revealed he was care planned to be at risk for infection.</p> <p>During a phone interview on 7/23/2020 at 11:11 AM, Resident #1 stated a family member brought him a face shield to put him at ease as there had been some residents who were positive for the</p>	F 561	<p>F 561 Disclaimer Tower Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Tower Nursing and Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tower Nursing and Rehabilitation reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding</p>		

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F 561	<p>Continued From page 2</p> <p>COVID virus in the facility and he was immunocompromised. He stated he was told the administrator would not let him have the face shield. He concluded this made him very nervous and worried about his health.</p> <p>During an interview on 7/23/2020 at 9:02 AM the Receptionist stated one day during the week of 7/5/2020 a family member of Resident #1 came to the facility and met with her outside socially distanced with a face shield, some face masks, and gloves. She told him she would check and see if he could have the items. She took the items to the administrator and the administrator told her Resident #1 could have everything but the face shield. The administrator told her Resident #1 should be staying in his room and it would not be fair to other residents if he had the face shield. She stated she went to his room and told him this reasoning for why he could not have the face shield, but he could have the other items after they were quarantined for the required time. She stated she then called the resident 's family member and informed him of the same.</p> <p>During an interview on 7/23/2020 at 6:45 AM the Administrator stated someone Resident #1 knew dropped off a face shield with gloves and surgical masks for him. She stated she allowed him to be given the gloves and surgical masks which the facility provided to residents already. She stated the face shield was not given to him due to the following concerns. There was no facility policy regarding resident use of face shields. To her knowledge there were no Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, or State guidelines for the use of face shields for residents. She stated she had</p>	F 561	<p>Resident #1 was not in the facility at this time.</p> <p>100% of the staff will be in-serviced by the Administrator and Nurse Supervisor on resident's rights, to include honoring resident's choices. This will be completed by 8/10/20. All newly hired staff will be in-serviced on honoring resident choices during orientation.</p> <p>On 8/7/20, 100% of alert and oriented residents will be interviewed to include resident #1 using the Resident Choice Interview Tool by the Social Worker or ADON. Any areas of concern identified will be addressed by the Administrator.</p> <p>Eight (8) alert and oriented residents, to include resident #1 will be interviewed utilizing the Resident Choice Interview Tool by the Social Worker, ADON, and/or Activities staff for resident preferences weekly times four (4) weeks, then bi weekly times four (4) weeks, then monthly times one (1) month. Any areas of concern identified will be addressed by the Administrator</p> <p>The Administrator will present the results and trends of the Resident Choice Interview Audit Tool to the Quality Assurance and Performance Improvement (QAPI) Committee monthly for three (3) months. The QAPI Committee will review the Resident Choice Interview Audit Tool to make recommendations for further monitoring and/or interventions to maintain regulatory</p>		

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F 561	Continued From page 3 the understanding the face shield was medical equipment which would need to be cleaned and maintained and ensured it was worn properly and there was no policy in place which gave guidance on that. She stated the facility did provide surgical masks to wear when receiving care. She stated she did not have any recollection of Resident #1 bringing this concern to her attention and she did not speak with the family member, only the receptionist. She concluded there was no documentation about this issue.	F 561	compliance.	