

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

PRINTED: 03/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>MAR 21 2011</i>	(X3) DATE SURVEY COMPLETED 03/03/2011
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NAME OF PROVIDER OR SUPPLIER SNUG HARBOR ON NELSON BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 272 HIGHWAY 70 SEALEVEL, NC 28577
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(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
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F 221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to identify the use of full length side rails as a restraint for 1 of 1 sampled residents (Resident #5) observed for restraints. The findings include:</p> <p>Resident #5 was admitted to the facility on 8/27/10 with diagnoses including Advanced Senile Dementia with Behaviors, Osteoporosis, Osteoarthritis, History of Dizziness and Restless Leg Syndrome.</p> <p>Review of the most current Minimum Data Set (MDS) Summary, dated 12/6/10, identified Resident #5 as moderately impaired cognitively, able to move independently in bed and as needing help in transferring from the bed to the chair. Resident #5 was identified as being unsteady moving from a seated to standing position and unsteady transferring from bed and chair to the wheelchair. Resident #5 was also identified as having no impairment with upper or lower extremity range of motion. Resident #5 was identified as having no falls since admission and as not having any type of restraint.</p> <p>Review of the most recent Resident Assessment Protocol (RAP) Summary, dated 9/7/10, did not trigger in the area of Physical Restraints.</p>	F 221	<p>Resident admitted with enablers.</p> <p>Family requested full bedrails due to history of falls.</p> <p>As a result of the defecient finding on 3/2/11 the full side rails were discontinued and 4 enabler rails were installed. Family was notified and understood situation. Orders were corrected on chart per MD order.</p> <p>There are no full side rails currently available in facility.</p> <p>Ongoing education on restraint free facility practices, (source, Health Quality Institute).</p> <p>With use of enabler rails the resident has tolerated well without incident.</p> <p>Quarterly QA meetings will continue to address Risk Management which includes restraints.</p>	3/2/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Rosa Jankard* TITLE *Administrator* (X6) DATE *3/16/11*

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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NAME OF PROVIDER OR SUPPLIER SNUG HARBOR ON NELSON BAY			STREET ADDRESS, CITY, STATE, ZIP CODE 272 HIGHWAY 70 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 221	Continued From page 1 Review of the most recent Care Plan, dated 12/9/10, did not list restraints as an area of concern. Review of the Physician ' s Orders, dated 8/31/10, documented that Resident #5 was to have Enabler Rails (half rails) up x 4 for positioning, safety and comfort. Review of the Physician ' s Orders, dated 3/2/10, documented to discontinue bed with full rails and change bed to bed with Enablers x 4. Review of the Nursing Noted dated 1/6/11 documented that Resident #5 had " Enablers up x 4. " Review of the Nursing Notes dated 2/22/11 documented that Resident #5 " has been anxious/restless " , " pulled sheet off in bed, attempted to crawl over side rails. " During an observation on 3/2/11 at 9:00AM, Resident #5 was observed to be sleeping in her bed with full length side rails up on both sides of the bed. During an observation on 3/2/11 at 1:39PM, Resident #5 was observed to be in her recliner next to the bed moving her legs back and forth from side to side over the chair. The full length side rails on her bed were observed to be up on both sides. During an observation on 3/3/11 at 0:10AM, Resident #5 ' s full length side rails were observed to be off of her bed and 4 Enabler rails (half rails) were observed to be on the bed.	F 221	MDS ARD 2/28/11 was modified to reflect bed with full rails under restraint section of MDS on 3/3/11.	

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NAME OF PROVIDER OR SUPPLIER SNUG HARBOR ON NELSON BAY			STREET ADDRESS, CITY, STATE, ZIP CODE 272 HIGHWAY 70 SEALEVEL, NC 28577	
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F 221	Continued From page 2 During an interview with Nurse #1 on 3/3/11 at 9:05AM, she stated that the entry dated 1/6/11 was incorrect. She stated that the majority of resident ' s have Enablers x 4 and out of habit she wrote this. She stated that Resident #5 did not have Enablers on her bed, but had full side rails. During an interview with NA #1 on 3/3/11 at 9:10AM she stated that when Resident #5 had been admitted she did have Enablers x 4 up on the bed but the family requested full side rails and the rails were changed. She stated she did not know an exact date the full side rails were put on the bed. During an interview with Nurse #2 on 3/2/11 at 3:30PM, she stated that Resident #5 had Enablers up x 4. She was unaware that full length side rails had been placed on the bed. During an interview with Nurse #2 on 3/2/11 at 3:50PM, she stated that she had checked with the Director and the side rails had been changed to full length side rails per family request. She stated that Resident #5 is able to move around in her bed and if she wanted to get out of bed she could have gone to the end of the bed and climbed out. During an interview with the Director of Nursing on 3/2/11 at 4:45PM, she stated that she was unaware that the facility had a choice because the family had requested full side rails. She stated that the resident does have an alarm on but other least restrictive options had not been attempted. She stated that the family member would be contacted and the full side rails would be removed today.	F 221		

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NAME OF PROVIDER OR SUPPLIER SNUG HARBOR ON NELSON BAY			STREET ADDRESS, CITY, STATE, ZIP CODE 272 HIGHWAY 70 SEALEVEL, NC 28577	
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F 221	Continued From page 3 During an interview with Nurse #2 on 3/3/11 at 9:15AM, she stated that when Resident #5 had been admitted she had Enablers x 4 (half rails) and at some point these were changed to full length side rails. She stated that she was unaware of the change and if she had known she would have questioned why the resident had full rails. During an interview on 3/3/11 at 9:50AM with the Director of Engineering, he stated that he did not know who changed the bed rails to full rails or when the change occurred. During an interview with the Administrator on 3/3/11 at 2:45PM, she stated that the staff was following one of the facility 's goals, which is customer satisfaction. She stated the family wanted full rails and they did what the family wanted. She stated she could see why the use of full rails could pose a problem and the rails had been removed.	F 221		

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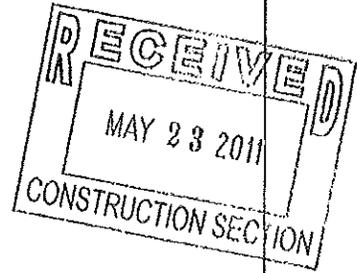
PRINTED: 05/09/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2011
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NAME OF PROVIDER OR SUPPLIER SNUG HARBOR ON NELSON BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 272 HIGHWAY 70 SEALEVEL, NC 28577
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K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 5/4/2011 the audible and visual alert for the sprinkler riser did not send a signal to the fire alarm control panel when tested during the survey.</p> <p>CFR#: 42 CFR 483.70 (a)</p>	K 062	<p>A resistor, found to be bad, was replaced. In addition to the resistor, a loose connection was found and repaired. The system was tested and was operating correctly.</p>	5/18/11
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Evan D. [Signature]	(X6) DATE 5/18/11
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