

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

PRINTED: 05/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/20/2011
NAME OF PROVIDER OR SUPPLIER HARBORVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 812 SHEPARD ST MOREHEAD CITY, NC 28557	
(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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews with facility staff and resident, the facility failed to follow the Smoking Policy for one of one sampled residents. (Resident #2)</p> <p>The findings include:</p> <p>Facility policy entitled "Smoking Policy" (without a date) located in the Resident Handbook on page 11 (eleven) states, "Smoking is permitted in the designated areas only. Staff may assist you with the designated smoking area which is located on South West covered area in front of the Laundry Department for residents and visitors."</p> <p>Resident #2 was admitted to the facility on 10/19/10 with cumulative diagnoses that include spinal stenosis, chronic osteomyelitis and depression. The most recent Quarterly Minimum Data Set (MDS) identified the resident as having no short or long term memory deficit and is independent in daily decision making. The resident was independent for Activities of Daily Living (ADL).</p>	F 242	<p>THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.</p> <p>• F:242 <u>ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u></p> <p>Beginning May 23, 2011 a tent will be placed outside the 1st floor East Entrance until a permanent awning can be installed to provide a dry and accessible place for residents to smoke on facility property.</p> <p><u>ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</u></p> <p>Any resident that smokes independently has the potential to be affected by the cited practice. Beginning May 23, 2011 a tent will be placed outside the 1st floor East Entrance until a permanent awning can be installed to provide a dry and accessible place for residents to smoke on facility property.</p>	05-23-11

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

TITLE

(X6) DATE

[Signature]

Administrator

5/23/11

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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F 242	Continued From page 1 An interview with the Facility Administrator on 4/20/11 at 8:50AM stated the facility is a Smoke-free facility and residents are not allowed to smoke on the premises. He stated residents have to go off the property and will go across the street to the park when they want to smoke. The Administrator stated the Nursing Facility is attached by a covered area to an Independent Care Facility which is owned by another company. He stated the area is located in front of the Laundry Department and that is where the staff is allowed to smoke. The Administrator stated that residents are not allowed to smoke in this area since the facility became non-smoking about a year ago. An interview on 4/20/11 at 9:00AM with the Admission Director stated residents and/or their family are told during the admission process that the facility is smoke-free and residents are not allowed to smoke on the premises. She stated there is no form during the admission process that is signed stating the facility is smoke-free. The Admission Director stated the resident will get a copy of the Resident Handbook and they will sign that they had read and understand what is in the handbook and the smoking policy is in the handbook. Observation on 4/20/11 at 9:15AM on the second floor while getting off the elevator there was a sign posted on the wall above the key-pad for the elevator which stated, " The designated smoking area is in front of the Laundry Department ". The sign did not designate who could smoke in this area.	F 242	<u>ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:</u> The Resident Handbook will be updated to address the new designated area for resident smoking. All facility signs will be updated to inform residents of the new designated and approved resident smoking area. All staff will be in-serviced by May 23, 2011 on the new designated and approved area for resident smoking. <u>INDICATE HOW THE FACILITY PLANS TO MONITOR IT'S PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE PoC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY.:</u> Residents that smoke will be interviewed with-in one week by the Social Worker after allowing smoking in the new designated area to determine if the area is meeting their needs. Residents that smoke will be interviewed again within 60 days by the Social Worker to determine if the corrective action is acceptable to them. The results of the interviews will be reported to the monthly QA meeting by the Social Worker and	

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F 242	<p>Continued From page 2</p> <p>An interview with Resident #2 on 4/20/11 at 11:45AM stated when she first was admitted to the facility she was allowed to smoke in the area by the Laundry Department and about two (2) months ago she was told by the Director of Nursing (DON) residents could no longer smoke in that area because it was for staff only. Resident #2 stated she was never told the designated area had changed and now she has to go across the street to smoke. She stated on admission she received a Resident Handbook and in the handbook there was a smoking policy that stated residents could smoke in the designated area in front of the Laundry Department. Resident #2 stated if she wants to smoke when it is raining that she now has to go out into the rain. Before the area where she could smoke was covered and she would not get wet.</p> <p>An interview on 4/20/11 at 1:50PM with Nursing Assistant (NA) #1 stated residents used to be able to smoke in front of the Laundry Department but now they have to go across the street if they want to smoke. She stated there was nothing printed out or posted that a change was going to happen and was just told by her Supervisor that residents had to go across the street to smoke. NA #1 stated she was told if she went across the street to assist a resident with smoking she had to clock out to help the resident and then when she returned to the building she was to clock back in.</p> <p>An interview on 4/20/11 at 1:55PM with Licensed Practical Nurse (LPN) #1 stated that residents were allowed to smoke in the designated smoking area in front of the Laundry Department.</p>	F 242	<p>will be monitored by the QA Committee for ensuring that correction has been achieved and is sustained. The QA Committee will be responsible for ensuring that resident's rights to smoke on site in a dry accessible area are honored.</p>		

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F 242	<p>Continued From page 3</p> <p>She stated she was never told the designated smoking area had changed for residents. LPN #1 stated the designated smoking area for staff is the same as for the residents.</p> <p>An interview on 4/20/11 at 2:00PM with LPN #2 stated employees can smoke in the designated smoking area, but residents had to go across the street to smoke. She stated she was not given anything in writing and was informed by her Supervisor of the change. LPN #2 stated she could not remember when the change took place but was couple of months ago.</p> <p>An interview on 4/20/11 at 2:00PM with the Activities Director stated residents went across the street to smoke. She stated she could not remember if anything had ever been presented to Resident Council concerning the change.</p> <p>Review of the Resident Council Meeting Minutes from October, 2010 to April, 2011 did not have any information presented to the residents that the designated smoking area for residents was being changed.</p> <p>Observation on 4/20/11 at 2:15PM on third floor (while getting onto the elevator) revealed a sign was posted above the key-pad which stated, " The designated smoking area is in front of the Laundry Department ". The sign did not designate who could smoke in the area.</p> <p>An interview on 4/20/11 at 2:20PM with the Administrator stated that when he came to the facility about a year ago he made the facility a non-smoking building. He stated there were a couple of residents in the facility that smoked at</p>	F 242			

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F 242	Continued From page 4 the time and he allowed them to continue to smoke in the designated area in front of the Laundry Department. The Administrator stated (when asked about the smoking policy in the Resident Handbook) he stated he had forgotten to change the information. When asked about the signs posted at the elevators in areas where residents reside, he had no comment.	F 242			