

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

PRINTED: 06/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2007
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT			STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804	
(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 241 SS=B	<p>483.15(a) DIGNITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, facility staff failed to knock on the doors before entering 4 of 6 resident rooms (Room # 301, # 304, # 305, and # 306). Findings include:</p> <p>Record review of the facility policy and procedure titled "Quality of Life," dated 12/11/04 was conducted. The following are excerpts:</p> <p>"Policy</p> <p>Care is provided in a manner and in an environment that humanizes and individualizes each resident."</p> <p>"The resident is treated with respect in a manner that assists the resident to maintain and enhance his/her self-esteem and self-worth."</p> <p>"7. The resident's private space and property are treated with respect (e.g., asking permission to move or inspect personal clothing, knocking on doors before entering the room, not changing stations on television or radio without asking permission, etc.)."</p> <p>Observations were made during medication pass on 11/28/07 between 4:11 PM and 4:56 PM. Nurse # 1 did not knock on the following residents' doors before entering to administer</p>	F 241		12/19/07

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

TITLE

(X6) DATE

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.

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

PRINTED: 06/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/29/2007
NAME OF PROVIDER OR SUPPLIER GUARDIAN CARE OF ROCKY MOUNT			STREET ADDRESS, CITY, STATE, ZIP CODE 160 WINSTEAD AVE ROCKY MOUNT, NC 27804		
(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 241	Continued From page 1 medications: Room # 301 at 4:11 PM to administer insulin. Room # 304 at 4:26 PM to administer medications by mouth. Room # 305 at 4:41 PM to administer medications by mouth. Room # 306 at 4:46 PM to administer medications by mouth. An interview was conducted with NA # 1 on 11/29/07 at 11:35 AM. NA # 1 stated she "always knocks on a resident's door before entering their room." An interview with NA # 2 was conducted on 11/29/07 at 11:46 AM. NA # 2 revealed she knocks on all residents' doors before entering resident rooms. An interview was conducted with the Director of Nursing (DON) on 11/29/07 at 1:37 PM. The DON stated it was her expectation that all facility staff knock on a resident's door before entering their room.	F 241			