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

PRINTED: 09/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345480	A. BUILDING ______ B. WING ______	C 08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SATURN NURSING REHAB CENTER	1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262

(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 253 SS=B	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to maintain resident furniture and doors leading to resident bathrooms in good repair in four (4) of five (5) resident rooms observed on one unit. In addition, a hole was noted in the drywall behind the door leading to the resident nourishment room on the same unit. The findings are: During the initial tour of the facility on 8/24/11 starting at 9:20 a.m., the following observations were made: Room 237--the second drawer on the resident dresser was off the track and unable to be closed. The laminate on the top of the second drawer and top of dresser front was missing exposing the unfinished surface. Room 270--the top drawer on the resident dresser was hanging open and off a plastic track preventing the drawer from being closed. A circular hole was noted in the bathroom door facing the resident's bedroom. The hole was approximately 18 inches from the bottom of the door.	F 253	No residents were affected by the alleged deficient practice. In room 237 the second drawer on the dresser was repaired and the laminate on the top of the second drawer and top of the dresser front has been replaced as of 9/9/11. In room 270 the top drawer on the Resident dresser rail/track has been replaced. The circular hole in the bathroom door was repaired as of 9/9/11. In room 276 the handle on the dresser drawer was replaced. The laminate on the top drawer has been repaired. The hole leading to the bathroom of 278 has been repaired. The wall in the nourishment room has been repaired. An audit of resident rooms and common areas was completed as Of 9/9/11.	9/12/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela Conway, NHA | TITLE: Administrator | (X6) DATE: 9/9/11

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.

SEP 12 2011
BY: MH

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	346489	A. BUILDING ______ B. WING ______	C 08/24/2011

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F 253	Continued From page 1 Room 276--the handle on second drawer on the right side of the resident dresser was broken and the piece of the handle necessary to open the drawer was missing. The laminate on the top drawer on the left side of the dresser was peeled up. Room 278--the door leading into the resident bathroom had an L shaped hole punched through the door approximately 18 inches below the top of the door. Resident Nourishment Room--the drywall directly behind the door leading into the Nourishment Room had approximately a four inch hole at the level of the door knob. Observation revealed a decorative cover which was placed over the hole, had been pushed into the wall. The larger hole which had been created was stuffed with paper towels. During an interview on 8/24/11 at 3:10 p.m. the maintenance director stated he was unaware of these problems and staff needed to notify him of any needed repairs. He added that he made daily rounds of the resident rooms at 6:00 a.m. and noted anything that needed to be repaired. He was unable to provide any information about the system he used to make these rounds. When asked, he stated that he did not look at the condition of the dressers. He just looked for general problems. The maintenance director indicated the facility started putting new laminate on the dressers last year, but he did not have any schedule of how this project was being conducted and when it would be completed. Review of the maintenance log revealed no	F 253	Inservices were conducted for Facility staff as of 9/11/11 regarding procedures for identifying and reporting repair and/or replacement needs. Newly hired staff will be oriented to the maintenance log books and the corresponding procedures during new hire orientation. The Director of Maintenance or the environmental services Director will audit 10 resident rooms per week with report to the QA&A committee q month x 3 months, then quarterly x 9 months. The Administrator or Director of Nurses will audit the maintenance log book q week to monitor for completion of work orders.	

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	345489	A. BUILDING ____ B. WING ____	C 08/24/2011

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F 253	Continued From page 2 concerns documented related to any of the observed resident rooms or the nourishment room. Review of documents related to the rounds made by the maintenance director revealed several pieces of paper with notes written about specific issues, but nothing related to the items observed during the survey.	F 253		