PRINTED: 08/15/2011 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	
1		345155	A. BUILDIN		, ng	C /04/2011
	ROVIDER OR SUPPLIER PH HEALTH AND REHAL	BILITATION CENTER	:	REET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203	1 00	04/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
SS=D	maintenance services sanitary, orderly, and This REQUIREMENT by: Based on record revi interview, the facility for resident's rooms in cle on 1 (600 hall) of 7 ha findings include: On 08/03/11 at 10:00 conducted. On 600 h conditioning (AC) unit observed to be dusty. These AC units were 633, 634, 630, 628. On 08/04/11 at 8:40 A supervisor was interview and the AC units. On 08/04/11 at 8:50 A member was interview department was responsible but he did not ha was swamped. On 08/04/11 at 8:55 ar hall was conducted. To still dusty and with debarrance staff men	ide housekeeping and a necessary to maintain a comfortable interior. is not met as evidenced ew, observation and staff ailed to maintain the ean and sanitary condition alls in the building. The AM, tour of the building was all, there were 7 air is in residents' rooms and with debris in them. In rooms 623, 627, 629, M, the housekeeping ewed. He stated that the ent was responsible for M, the maintenance staff eed. He stated that his insible for cleaning the AC we time to clean them, he m, another tour of the 600 he seven AC units were ris in them. These units in them. These units in them. These units in them. These units in unsekeeping and	F 253	F253 483.15 (h)(2) HOUSEKE MAINTENANCE SERVICES Rooms 623, 627, 629, 633, 634, 6 were all cleaned by Housekeeping 8/17/11. Current facility air condition units cleaned on 8/17/11. Facility Housekeeping Staff and Maintenance Staff were re- educate mechanics of cleaning all PTAC usefacility by 8/24/11 by the mainte technician and housekeeping supe. The Housekeeping Supervisor will the cleanliness of air condition unit utilizing the PTAC audit tool week weeks, then monthly thereafter beg 8/22/11. All results will be reviewed weekly monthly in Quality Assurance Condetermine effectiveness, frequency duration of the audit.	as 30, 628 g staff on were ted on the nits in the nance rvisor. I monitor ts dy X 8 ginning on x 4 then nittee to , and	8/26/11
WORKTURY DI	MEGTER S OR PROVIDER/S!	PETER 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 awing 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

s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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		345155	B. WING		08/	C 04/2011	
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			S	STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE			
SS=D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 agreed that the AC units needed to be cleaned. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on record review, observation and resident and staff interview, the facility failed to provide personal hygiene to 1 (Resident #4) of 4 sampled residents who needed extensive assist with personal hygiene. The finding includes: Resident #4 was admitted to the facility on 16/29/11 with multiple diagnoses including Naheimer's disease. The admission Minimum Data Set (MDS) assessment dated 07/06/11 indicated that the resident had impaired cognition, and no behavior problems and needed extensive sistance with personal hygiene. The care plan and 07/11/11 included a problem that the esident required staff assistance and intervention for completion of activities of daily living (ADL) eeds and the goal was the resident will have and the goal was the resident will have included an intervention while maintaining ighest level of independent function possible.		F 25	RESIDENTS Resident #4 provided assist shaving on 8/4/11. Facility current residents was to ensure that any resident what to carry out activities of daily receive the necessary services good nutrition, grooming, and oral hygiene. This was completely assistants were re-educated or services to maintain good nutring grooming and personal and or 8/23/11 by the Director of Nur. Assistant Director of Nur. Assistant Director of Nursing, Development Coordinator, and Managers. Newly hired licens assistants will receive education orientation. The Nurse Unit Managers designee will complete the Grown Rounds Sheet Audit Tool 5 X weeks, then weekly x 4 weeks thereafter to ensure that service provided to meet individuals' reinclude shaving, grooming, and All results will be reviewed then monthly in Quality Assura Committee to determine effect.	stance with vere assessed to was unable living did to maintain personal and eted on d nursing in providing rition, all hygiene on ring, Staff d Unit sed staff and on during and/or coming a week for 4 then monthly es were needs to d bathing. weekly x 4 ance iveness,	8/26/11	
	room. He was observed When interviewed, he s	d to be in need of shaving.		Committee to determine effect frequency, and duration of the			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/15/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		345155	B. WING	3	0.00	C 08/04/2011	
	OVIDER OR SUPPLIER H HEALTH AND REH	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 230 EAST PRESNELL STREET ASHEBORO, NC 27203		04/2011	
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C C C C C C C C C C	promising him that it days. On 08/04/11 at 8:20 observed up in whe still in need of shavion street clothes at 20 observed up in whe still in need of shavion street clothes at 20 observed up in whe still in need of shavion street clothes at 20 observed. Shassigned to Resider esident everyday dishower days. She sheeded a shave and 20 observed as singular to 20 observed. She stated that she is in 08/03/11 but did ricknowledged that Fout did not give explain the stated that she is in 08/03/11 but did ricknowledged that Fout did not give explains have him. 83.70(c)(2) ESSEN observed in safe op this REQUIREMENT.	have him but the staff kept hey would do it but didn't for 4 AM, Resident #4 was again elchair in his room. He was ang. He was already dressed this time. AM, nurse aide #2 (NA #2) he stated that she was at #4 and that she shaves the uring AM care and during tated that Resident #4 would shave him today. AM, nurse aide #1 (NA#1) the resident on 08/03/11 he stated that she normally everyday during AM care, had given Resident #4 a bath not shave him. She desident #4 needed a shave anation why she did not TIAL EQUIPMENT, SAFE ITION Intain all essential I, and patient care	F 45	F456 483.70 (c)(2) ESSEN	NTIAL ERATING 312 have had air with new ere replaced by have been audited to is in safe was conducted on the safe.	8/26/11	

PRINTED: 08/15/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT	DE DECIDIONE	T	I			OMB IV	O. 0938-0391	
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]		345155	B. WIN	√G	, <u>— 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1. 118. 5. 1</u>		C	
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER				!	REET ADDRESS, CITY, STATE, ZIP CODE 30 EAST PRESNELL STREET	1 08/	04/2011	
	7,00	TOTAL VEHICLE		L A	ASHEBORO, NC 27203			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	condition in 2 (300 & 4 building. The findings On 08/03/11 at 10:00 conducted. There we 300 hall and three AC were not in good work On 08/03/11 at 10:10 414 was observed. The the room was warm. If family member revealed working for a week now were aware that it was that he was told that the replace the unit but did to 0n 08/03/11 at 10:13 412 was observed. The the room was warm. To be open. On 08/03/11 at 10:15 4409 was observed. The the room was warm. To be open. Interview were sides in room 409 revent to been working for a members were aware as stated that it was the state of the window due to the 400 0n 08/03/11 at 10:25 A 302 was observed. The here was a blanket under the was a blanket un	AM, the AC unit in room e unit was not working and the window was observed with the resident was not working and not. AM, the AC unit in room e unit was not working. He stated that the unit in room e unit was not working and onterview with the resident's and the staff members and the staff would it not. AM, the AC unit in room e unit was not working and the window was observed with the resident who wealed that the AC unit had long time and the staff member who opened AC unit not working. M, the AC unit in room e unit was leaking and der the unit soaked with e resident revealed that aking and the staff	F	456	The maintenance supervisor and maintenance assistants will audiconditioning units weekly for 8 monthly thereafter to ensure that conditioning units are working parties will begin on 8/22/11. All results will be reviewed weemonthly in Quality Assurance C determine effectiveness, frequenduration of the audit.	at all air weeks, then t all air properly. kly x 4 then committee to		

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	ROVIDER OR SUPPLIER PH HEALTH AND REHAE	ILITATION CENTER		2:	EET ADDRESS, CITY, STATE, ZIP CODE 30 EAST PRESNELL STREET SHEBORO, NC 27203		00472011
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F 456	Continued From page	4	F	456			
	On 08/03/11 at 10:28 310 was observed. Ti air.	AM, the AC unit in room ne unit was blowing warm					
	On 08/03/11 at 10:29 . 312 was observed. Thair.	AM, the AC unit in room ne unit was blowing warm					
	that some of the AC ur were old and needed to that the units were so of parts to repair them. It had informed the admi- units that needed to be	M, the maintenance ewed. He acknowledged nits in 300 and 400 halls to be replaced. He stated old that he could hardly find le also indicated that he nistration about the AC replaced. He indicated w units and replaced some					
	AC unit in room 414 wa and he remembered tha filter He was not inforr again. He also stated th the AC units not workin	th the maintenance hat he was aware that the is not working last week at he had replaced the ned that it was not working hat he was not informed of g in rooms 412, 302, 310 heled that he had replaced					
; 1 t	foom was not working, state in the sign of the maintenance	AC unit in the resident's she filled out a work order . She further stated that d be aware of these units maintenance staff					

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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER				2:	EET ADDRESS, CITY, STATE, ZIP CODE 30 EAST PRESNELL STREET SHEBORO, NC 27203	08/04/2011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	х	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPR DEFICIENCY)	JI D RE	(X5) COMPLETION DATE	
F 456	Continued From page units in the building.	• 5	F.	456				
!				}				