DEPARTMENT OF HEALTH AND HUMAN SERVICES

SEP 04 2012

PRINTED: 06/27/2012 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES QMB NO. 0938-0391 siatement centro entres and flan of correction даравь аченалическа (19) was multiple construction YEVRUR HAD (EX) IDENTIFICATION NUMBER: COMPLETED A. BUILDING D. WHO 345212 08/15/2012 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, DITY, STATE, 20 COOK 3632 DUNN ROAD BETHESOA HEALTH CARE FACILITY EASTOVER, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (X4)10 PROVIDERS PLAN OF CORRECTION 10 (25) COMPLETION (PACH DEFICIENCY MUST BE PRECEDED BY PULL ирели (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR ESCHOEMIFYING RIFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1. Resident #92 could of been effected 8/15/12 F 157 483,10(b)(11) NOTIFY OF CHANGES F 157 SSED (INJURY/DECLINE/ROOM, ETC). by this deficient practice. The facility will promptly notify the designated legal representative or interested family A facility must immediately inform the resident, consult with the resident's physician, and if member and physician of any open known, notify the resident's legal representative area. or an interested family member when there is unaccident involving the resident which results in 2. All residents could of been effected 8/16/12 Injury and has the potential for regulding physician by this deficient practice. The facility intervention, a significant change in the resident's will promptly notify the designated legal physical, mental, or psychosocial status (i.e., a representative or interested family deterioration in health, mental, or psychosocial member and physician of any open skin status in either life threatening conditions or clinical complications); a need to alter trealment significantly (i.e., a need to discentifice as 3.(a) Robin Staling, LPN, wound care nurse 8/27/12 existing form of treatment due to adverse in-serviced by Caroline Horne. consequences, or to commence a new form of treatment); or a decision to transfer or discharge Administrator and Deborah Spell, RN, the resident from the faculty as specified in DON, to promptly notify the legal \$483.12(a). representative or interested family member and physician of any open The facility must also promptly nobly the resident skin areas. and, if known, the resident's legal representative or interested family member when there is a (b) Caroline Horne, Administrator and 8/27/12 change in room of roommate assignment as Deborah Spell, RN, DON in-serviced specified in §483.15(e)(2); or a change in all CNA's to promptly notify their resident rights under Federal or State law or nurse supervisor and Robin Starling, regulations as specified in paragraph. (b)(1) of LPN, wound care nurse of any open this section. skin areas. The facility must record and periodically update (c) Robin Starling, LPN, wound care 8/21/12 the address and phone number of the resident's nurse inserviced by Caroline Horne, legal representative or interested family member. Administrator to review new weekly skin assessment book daily to ensure that all new open skin areas are This REQUIREMENT is not met as evidenced appropriate assessed, documented, treated and that the legal representative Rased on observation, record raview and staff interested family member and physician interviews the facility failed to notify the (continue on next page) LABORATORY DIRECTOR'S SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Any deficiency statement ending with an asterlisk (*) denotes a deliciancy which the inalliction may be excused from correcting providing it is determined that other safequards provide sufficient protection to the patients. (See instructions.) Except for quising homes, the findings stated above are disclossore still days following the disteroi survey whether or not a Wan of correction is provided. For nursing homes, the above hadings and plans of correction sie disclosable 14 days following the date these documents are made available to the lookly. If deficiencies are clad, an approvad plant of correction is requisite to continued process parturates.

PRINTEO, 08/27/2012

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CENTER	<u>Ş FOR MEDICARE 8</u>	MEDICAID SERVICES				ı. 0938-0391	
STATEMENT OF DEP/CICNOISS (X1) PROVIDER/SUPPLIER/CLIA AND PLANT OF CHRISPICITION (CENTRECATION NUMBER:		A. BUILDRG		COMPLETED			
		345212	ช. พ.ทซ์		08/1	5/2012	
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3632 DUNN ROAD BASILIVEM, NO 26307				
(X4) ID FREFIX TAG	(E40H DCFICIE)	STATEMENT HE DEFICIENCIES (CY AU) T DE PRECEDED DY FULL B I SC (DENTIFYING INFORMATION)	id Pretix Tag	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CHOSS-REFERENCED TO TH DEFICIENCY	IN SHOULD RE E APPROPRIATE	ikbi Cov-Lepon Bare	
E 157	Continued From pa	as 1	F 157	continued)			
1 101	designated legal re	presentative and physician of a that resulted in an		has been notified prop	omtly.		
	unstagoable pressuresident (Resident Findings included:	are utcer for 1 of 1 sampled	((d) Robin Starling, LPN, v was in-serviced by Am clinical specialist on the of wound assessment	ny Watson, AMT ne importance		
	A review of the facility's protocol for pressure ulcers (undated) read in part "Any area above stage three, notify the MD." Resident #92 was admitted into the facility on 8/8/12, Cumulative diagnoses included Pressure Ulcer, Carebrovascular Accident (Hemiplegia), Diabetes and Failure to Thrive. The admission minimum data set was in process of being completed. The admission tevel of care screening		(e) All nurses have been i Amy Watson, AMT cli reporting all open area	in-serviced by nical specialist or as promptly to	8/27/12	
				wound care nurse Rot wound care nurse and Importance of notifying representative, or inte the physician.	l in-serviced on ti g the legal		
	tool (FL2) signed of #92 mental status time, place and we activities of daily fir assessment comp decubitus on the s admission care pla care" was not com	tool (FL2) signed on 8/8/12 indicated Resident #92 mental status was informittent to person, time, place and was totally dependent with all activities of daily fiving. The admission skin assessment completed on 8/8/12 identified a docubitus on the sacrat and redness. The admission care plan section "pressure sores/skin care" was not completed. A review of the nurses' note completed on 8/10/12 by Nurse #1 indicated "Small red opening at 3 o'clock in wound edges measuring .5 centimeters (cm) x .5 cm."		4. (a) All nurses are to as document weekly and assessments in new assessment book that nurses station using assessment sheets a documentation and of all new open skin/pre	d as needed skin weekly skin at is to be kept at new weekly skin as a means of communication of	:	
	8/10/12 by Nurse at 3 o'cleck in wor			(b) QA nurse LaDean will ensure that legal or interested family n	l representative,	8/21/12	
	revealed no specif	ephone orders for 8/10/12 ic ordered treatment for the sened akin area observed at 9 Nurse #1 on 8/10/12.		physician has been of by using new Q.A. F Audit sheet weekly of monthly on an ongoi	Pressure ulcer x's 30 days then		

A review of the nurse's notes dated 8/10/12, 8/11/12, 8/12/12, 8/13/12, 8/14/12 revealed

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Famility (C. 1022058)

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

PRINTED: 08/27/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ION	(X3) DATE SURVEY COMPLETED	
		345212	B. WIN	G		0	8/15/2012
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY				STREET ADDRESS, C 3532 DUNN ROAL EASTOVER, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACI	ROVIDER'S PLAN OF CO H CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
n ti n #	ne physician had bee eddened skin openin 1 on 8/10/12.	d legal representative nor en notified of a small g as documented by Nurse	F	157			
# () () a d fi w u u	1. A second unstage Pressure ulcer #2) w rea; opened with yel ocumented as prese acility. Pressure ulce then measured by N nstageable sacral pr lcer #1). Pressure ul	nent was provided by Nurse rable pressure ulcer as observed near the sacral low slough that was not int on admission into the r #2 was located 1.5 cm urse #1 from the essure ulcer (Pressure cer #2 was not located #1, but was a separate		· ·			
ir n o u	ndicated pressure uld eddened opened skir 'clock she observed nstageable pressure	n area positioned at 3 on 8/10/12, that was now an ulcer.	:				
d n		esentative indicated she was e #1 of a newly developed	:				
A e re b o F 314 4	xpectation was that to epresentative and the een notified on 8/10/	ector of Nursing revealed the designated legal e physician should have 12; after the reddened tobserved by Nurse #1.		314			

PRINTED 08/27/2012

		MEDICAID SERVICES					RM APPROVE NO. 0938-039
STATEMENT OF DEFICIENCIES (XI) PROVIDENSUPPLIERISLIA INFINIFICATION NUMBER:		(X2) MUITIPLE CONSTRUCTION A. BUILDING B. WIRE		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
345212				,,		08	/15/2012
NAME OF PROVIDER OF SUPPLIER BETHESDA HEALTH CARE FACILITY				35	ET ADDRESS CITY, STATE, ZIE CODE 32 DUNN ROAD ISTOVER, NO. 26301	· · · · · · · · · · · · · · · · · · ·	
px4) to Reesta TAG	(EACH DEPUBLISHED)	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SCHOEN IN YMBERFRIKMATION)	IQ PREF TAG		PROMPER'S PLAN OF CORRECTIVE ACTION SHO (EAGH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APP OPEIGENCY)	JULO BE	(NS) Completion Gate
F 314	Continued From page 3 Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sorce does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores recurves necessary treatment and services to promote heating, prevent infection and prevent new sores from developing.		; F	314	1. Resident #92 could of beer by this deficient practice. The will conduct a thorough asset for care of the pressure ulce Spell, RN, DON and LaDear ADON will follow the protoculcers. Deborah Spell, RN, LaDean Hair, RN,ADON will and note whether or not are and measure depth. Note a	ne facility essment r. Deborah h Hair, RN ol for press DON and I measure a is open	
	by: Beaed on observation interviews the facility to assessment for care of	is not met as evidenced n, record review and staff failed to conduct a thorough of an opened skin area that sable pressure ulcer for 1 of	:		of the area and whether dra present. If drainage is prese color, odor, and amount of a and assess resident for nee pressure relieving devices.	ent note drainage, ed of	
!	Findings included: A review of the facility ulcers (undated) read keep our residents proceed that a pressure must be done; measured the area is open a appearance of the are present. If drainage is and the amount of the need of pressure relieves.	is protocol for pressure in part "It is our goal to issure older free. In the occurs the following things to the area, note whether or ind measure the depth. Note a and whether drainage is present note color, odor, inage. Assess resident for ving devices."	:		2. All residents could have bee by this deficient practice. Del RN,DON and LaDean Hair, F will conduct thorough assess all pressure ulcer areas on a residents following the proto pressure ulcers. Deborah Sp and LaDean Hair,RN,ADON and note whether or not area and measure the depth. Not of the area and whether drain present. If drainage is present odor, and amount of drainag	borah Spel RN,ADON ments on Il the col for pell,RN,DO will measu is open e appearan nage is nt note colo	N re ce
£.	8/8/12. Gumutativa dia Ulcar, Carabravascula	ntted into the facility on gnoses included Pressure i Accident (Hamiplägia), p Thrive. The admission			resident for need of pressur devices.		

minimum data set was in process of being completed. The admission layer of care screening

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PRIMITED: 08/27/2012

### Continued From page 4 Continued From page 4 F 314 Continued From page 5 f 314 Continued From page 6 f 314 Continued From page 7 f 314 Continued From page 8 f 314 Continued From page 9 f 314 Continued F	orm approved					
MAYE OF PROVIDER OF SUPPLER BETHESDA HEALTH CARE FACILITY BETHESDA HEALTH CARE FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 3332 DUNN ROAD EASTOVER, NO. 28301 IMABID SHAMARY STATEMENT OF DEFICIENCIES IMABID PROFIX LEACH DEFICIENCY MUST BE PRECEDED BY BULL TAG REQUARRIES PLAN OF CORRESONAND OF CONTINUED F 314 Continued From page 4 tool (FL2) signed on 8/8/12 indicated Resident #92 mental status was intermittent to person, Imag. place and was totally dependent with all activities of daily living. The admission skin assessment completed on 8/8/12 identified a decubitus on the sacral and redness. The (b) All CNA's have been in-serviced	NO. 0938-039					
HAVE OF PROVIDER OF SUPPLER BETHESDA HEALTH CARE FACILITY BETHESDA HEALTH CARE FACILITY IXADID SHAMMAY STATE VEHT OF DEFICIENCIES PREFIX (CACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX, (FMCH CCARRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 314 Continued From page 4 tool (FL2) signed on 8/B/12 indicated Resident #92 mental status was intermittent to person, lime, place and was totally dependent with all activities of daily living. The admission skin assessment completed on 8/B/12 identified a decubitus on the sacral and redness. The STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301 PROVIDER ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE PREFIX. (FMCH CCARRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) F 314 (continued) 3. (a) Amy Watson, AMT clinical special in-serviced all nurses on wound asset and documentation. (b) All CNA's have been in-serviced	SURVEY (LEIED					
BETHESDA HEALTH CARE FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301 IX4) ID PROVIDERS PLAN OF CORRECTION OF PROJECT OF PERIOD BY FULL (FACT DEFICIENCY MUST BE PROCEEDED BY FULL (FACT DEFICIENCY MUST BE PROCEEDED BY FULL (FACT DEFICIENCY) F 314 Continued From page 4 (Continued) F 314 Continued From page 4 (F 314 (Continued)) F 314 Continued From page 4 (F 314 (Continued)) F 314 Continued From page 4 (Continued) ##92 mental status was intermittent to person, (IIIIII) ##92 mental status was intermittent to person, (IIIIII) ##93 mental status was intermittent to person, (IIIIIII) ##94 mental status was intermittent to person, (IIIIIIIII) ##95 mental status was intermittent to person, (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	8/15/2012					
BETHESDA HEALTH CARE FACILITY 1332 DUNN ROAD 1240 1250 DUPLE	DITSIAUTZ					
IXADD SHAMMAY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION						
F314 Continued From page 4 F314 tool (FL2) signed on 8/8/12 indicated Resident 4/92 mental status was intermittent to person, time, place and was totally dependent with all activities of daily living. The admission skin assessment completed on 8/8/12 identified a decubitus on the sacral and redness. The						
tool (FL2) signed on 8/R/12 indicated Resident #92 mental status was intermittent to person, time, place and was totally dependent with all activities of daily living. The admission skin assessment completed on 8/8/12 identified a decubitus on the sacral and redness. The	DATE CONFERION 1421					
#92 mental status was intermittent to person, time, place and was totally dependent with all in-serviced all nurses on wound assert activities of daily living. The admission skin and documentation. ##92 mental status was intermittent to person, and was totally dependent with all in-serviced all nurses on wound assert and documentation. ##92 mental status was intermittent to person, and was placed all nurses on wound assert and documentation. ##92 mental status was intermittent to person, and was placed all nurses on wound assert and documentation. ##92 mental status was intermittent to person, and was totally serviced all nurses on wound assert and documentation.						
time, place and was totally dependent with all in-serviced all nurses on wound assertativities of daily living. The admission skin and documentation. ### description on the sacral and redness. The ### (b) All CNA's have been in-serviced.						
activities of daily living. The admission skin and documentation. ### ### ### ### ### ### ### ### ### #	list 8/27/12					
easesament completed on 8/8/12 identified a decubitus on the sacral and redness. The decubitus on the sacral and redness. The decubitus on the sacral and redness.	sment					
decubitus on the sacral and redness. The (b) All CNA's have been in-serviced	•					
	9/07/40					
schools from George and an even linear Process and a removal time	8/27/12					
care was not completed. by Caroline Horne, Administrator and	į					
Deborah Spell, RN,DON on proper						
A review of the nurses' note completed 8/8/12 on notification of any new skin areas or						
admission indicated "Sacrat decub noted with concerns to Robin Starling, LPN,wou						
some dramage and redness " care nurse promptly. In-serviced on t	he					
A review of the telephone order initiated on \$19/12 importance of proper skin care and w	ound					
stated "Clean unstageable wound to sacrum with normal saline. Apply santyl cover and dry (c) All nurses in-serviced how to do	8/27/12					
offesting change great day and not "	0/2//12					
proper skin assessments and						
A review of the nurses' note completed on 8/10/12 by Nurse #1 indicated "Small red opening at 3 o'clock in wound edges measuring .5 weekly skin assessment forms. Instructed to leave weekly skin assessment book at nursement of further stated that Santyl and calcium alginate forms are to the sacral wound that measured form (length) × 6 cm (width).	re ses nents					
•	-					
A review of the telephone orders for 8/10/12	icems.					
revealed there was no ordered treatment for the small revisioned energy to king your change of the small revisioned energy to king your change of the small revision of the smal	8/27/12					
Survey recognition adult step observed at 2.0	0/2//12					
clock position by Nurse #1 on 8/10/12 LPN is to check weekly skin						
On 8/15/12 at 9:20 am, Resident #92 was skin areas are to be assessed and observed when treatment was provided by Nurse documented on/ taken care of following (Pressure ulcer #2) was observed near the sacrol area; opened with yellow slough that was not documented as present on admission into the						

facility. Pressure ulder #2 was located 1.5 cm.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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		346212	क ध्यात्रल 📅		08/1/	5/2012
NAME OF PROMOTER OR SUPPLIER BETHESOA HEALTH CARE FACILITY			35	FFT ADDRESS, CITY, STATE, ZIP C 32 DUNN ROAD ASTOVER, NC 28301	OUE .	
CX4) IC PREFIX TAG	(DACH G DRICK	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PREGFORD BY FILL OR LSG (DENTIFYING INTORMATION)	IÚ PRFFIX TAÇ	PROVIDER'S PLAN O BEAUM CORRECTIVE AC CROSS-REFERENCED TO DEFICEN	TION SHOULD DE THE APPROPRIATE	IXS: EXEMPLE HEN DATE

F314 Continued From page 5

when measured by Nurse #1 from the unstageable eacral pressure ulcer (Pressure ulcer #1). Pressure ulcer #2 was not located within pressure ofcer #1, but was a separate unslageable pressure ulcer.

ਮਿਰ ਕਰ ਰਹੇਬਾ vian ਪਰ 8/15/12 ਤੋਂ। 9 30 ਫ਼ਸ਼ਸ਼, ਉਸ਼ਾਂਤਊ ਜੋ ਜੋ indicated pressure alog: #2 was the same. reddened upened skin area positioned at 3 o'clock she observed on 8/10/12, that was now an imstageable pressure ulcer.

In an interview on 8/15/12 at 1.15 pm, the Assistant Director of Nursing (ADOM) stated there should have been a treatment plan initiated for the skin area assessed as opened by Nurse #1 on 8/10/12. The AUON concluded a specific treatment to the skin area would have been an approach to prevent the area from worsening

In an interview on \$/15/12 at 5:15 pm. Nurse #2 stated she completed the admission head to toe akin assessment and observed one sacrai decubitus (pressura utcer #1) on admission on 6/8/12. She indicated sha did not notice any other upened skin areas.

On 8/15/12 at 6:35 pm accompanied by the Director of Mursing, ADON and the Administrator (a registered nurse) preseure ulcer #2 was observed. The ADON measured pressure ulcer 82 at .9 cm (length) x .8 cm (width) x .2 cm (depth) located at 3 o'clock position that revealed on increace in size.

A review of the nurses note entry completed after reessessment by the ADON on 8/15/12 read in part "Small sacrat wound at 3 o'clock 9 cm

(continued) F 314

- (e) Wound care nurse Robin Starling, LPN 8/27/12 is to properly assess and document all new wounds/pressure ulcers using new weekly wound progress report sheet then weekly on an ongoing basis until healed
- 4. LaDean Hair, RN, ADON, QA is to use 8/21/12 new QA Pressure Ulcer Audit sheet to ensure new pressure ulcer areas that have been reported are assessed, documented on, and receiving proper treatment by Robin Starling, LPN, wound care nurse. LaDean Hair, RN, ADON, QA is to do this weekly x's 30 days the monthly on an ongoing basis.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY	
					COMPLETED	
		345212	B. WI	1G		08/15/2012
NAME OF PE	ROVIDER OR SUPPLIER		•	STREET	ADDRESS, CITY, STATE, ZIP CODE	00/10/2012
BETHESD	A HEALTH CARE FACIL	ІТУ		3532	DUNN ROAD OVER, NC 28301	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLETION
E 244	0 " 15		:	:		
F 314	Continued From page		F	314		
	(length) x .8 cm (widtl unstageable with yell bloody drainage in wo	n) x .2 cm (deptn) ow slough. Scant amount of ound bed. No odor present."				
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No. 9103216084	P. 001
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LE CONSTRUCTION OCT	CKIN CAYE SURVEY

DEPARTMENT OF HEALTH	AND HUMAN SERVICES
CENTERS FOR MEDICARE	& MEDICAID SERVICES
tialement of deficiencies and plan of correction	(XI) Provider/supplifricha identification humber:

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345212

(XX) MULTIP DI - MAIN BUILDING OF UL I O ZUCOMMETED

09/27/2012

NAME OF PROVIDER OR SUPPLIER

BETHESDA HEALTH CARE FACILITY

Street Address. City. State. 7ff Code 3532 DUNN ROAD

EASTOVER, NC 20301

REHX

Summary Byatement of Deficiencies Haven Objectency and I se preceded by full REGILLATORY OR LISC IDSHTIFYING INFORMATIONS

PRECIX

B. Whis

PROVIDER'S PLAN OF CORRECTION EACH CONRECTIVE ACTION SHOULD BE CAOSS-NEFERENCEO TO THE APPROPRIATE DEFICIENCY;

соулстви 151

0.Xt 10/08/42

n(n)

K 000 INITIAL COMMENTS

This Life Safety Code(LSC) survey was conducted as par The Code of Federal Register at 42CFR 483.70(a); using the Existing Health Care section of the USC and its referenced publications. These buildings (0102 and 0202) are Type III construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

K U29 NFPA 101 LIFE SAFETY CODE STANDARD

35-D

One have fire roled construction (will by hour fire-rated doors) or an approved automatic fire. extinguishing system in accordance with 8.4.1 and/or 19 3.5 4 proteots hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by annoxe resisting partitions and doors. Doors are self-closing and non-reled or field-applied protective plates that do not exceed 48 Inches from the bottom of the door are permitted, 19.3.2.1

This STANDARD is not met as evidenced by: By observation on 9/27/12 at approximately 10:00 ANI the following hazardous area was non-compliant, specific findings include one of the doors to the main solled room at the nurses station was a 20 minute door without a closure. K D72 NEPA 101 LIFE SAFETY CODE STANDARD

> Means of egress are continuously maintained free of all obstructions or impediments to full instant

K 000 1. The facility could have been effected by the 20 minute door to the main soiled linen/trash room. The facility will order and install a one hour fire-rated construction (with 3/4 hour fire-rated door). Door will be self-closing to protect the facility.

> 2. All doors in the facility could be effected by this deficient practice. All doors will be checked for proper fire-rating and selfclosers to ensure the facility is protected from all hazardous areas.

9/28/12

9/28/12

K D29

- 3. Caroline Horne, Administrator Inserviced 9/27/12 Neil Walker, Maintenance supervisor to make sure all hazardous areas are protected with proper equipement to protect the facility, resident's, staff, and visitors by making sure areas are separated from other spaces by smoke resisting partitions and doors. Doors are self- closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted.
- 4. LaDean Hair, RN, QA has checked all hazardous areas/storage rooms to ensure they have the proper equipement (fire-rated and self-closures) to keep the facility safe.

K 072

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TITLE

73.07 TE

ted benimark by it is content to most beauties ad user notifying the content of t oliver categorists provide suificion protection to the patients. (The matricuous.) Except for nursing homes, the findings stated above are disclosable 90 days 14 aldrestable are collegated for expired avode and event and event for the expired for the ex 25-1:0 (Whith the date these decliments are made avadable to the lectility. If deficiencies are cited, an approved plan of correction is requisite to continued to the period action.

er and time (X81)02-05; Previous Versions Objectede

Event ID: UWP21

Facility ID: 022068

If continuation sheet Page 1 of 2

PRINTED: 09/28/2012 ULPARIMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CLNTURS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 HEATEMENT OF DEPTHEACHEN AND PLAN OF DORRECTION ATTOMEST AND STATE OF THE STATE YEVAUR BYAG (CX) (X2) MULTIPLE CONSTRUCTION COMPLETED A BUILDING 01 - MAIN BUILDING 01 B WING 346212 09/27/2012 have of provider or supplier STREET ACCURESS, CITY, STATE, DV CODE 3832 DUNN ROAD BETHESOA HEALTH CARE FAGILITY EASTOVER, NC 28301 сі Хчзара Provider's Plan of Correction (Cacil Corrective action should be - ሂላቲ ነው የሚርታሪያ ያይ፤ ፈርላየብ ያስመሰብ DATE choss referenced to the appropriate DEPICIENCY K 072 1. The facility could have been effected by 10/5/12 K 972 Continued From page 1 this deficient practice. The small storage use in the case of fire or other emergency. No (across from the FACP room) could not turnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits, swing open at 180 degrees due to a telephone 7 1.10 hanging on the wall behind the door and a coke machine. Neil Walker, Maintenance supervisor moved the telephone and coke machine. The door is now able to swing 180 This STANDARD is not mel as evidenced by: degrees, it does not project more than 7 inches 42 CFR 483, 70(a) into the required width of the aisle, corridor, By observation on 9/27/12 at approximately 10:00 passageway, or landing, when fully open. AM the following obstruction was observed as 2. All doors could have been effected by this 10/10/12 non-compliant, specific findings include, corridor deficient practice. All doors will be checked door to the small sturger (across from the FACP room) swings into the conidor without a lighted to ensure they have a listed closure or they closure and the door does not swing 180 degrees do not project more than 7 inches into the but leaves a projection of approximately 18° into required width of the aisle, corridor, passageway, the corridor NFPA 7.2.1.4.4 states during its or landing, when fully open. swing, any door in a means of egrass shall leave 3. Caroline Horne, Administrator Inserviced 10/8/12 not less than one-half of the required width of an Nell Walker, Maintenance supervisor that e-sie, corridor, or landing unohatructed and shall all door have listed closures or they do not not project more than 7 in. (17.8 cm) into the project more than 7 inches into the required required width of an aiste, corridor, passageway. width of the aisle, corridor, passageway, or or landing, when fully open. landing, when fully opened. Ensure all doors that do not have closures can open 180 degrees. 4. LaDean Hair, RN, QA has checked all doors to ensure they swing open 180 degrees or 10/10/12 are self-closing with listed closures. That no door projects more than 7 inches into the required width of the aisle, corridor, passageway, or landing, when fully opened.

Child CodS, Principle May Previous Very box Obsolute

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P. 004

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/28/2012 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - BUILDING 02 B. WING_ 345212 09/27/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD BETHESDA HEALTH CARE FACILITY EASTOVER, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID COMPLETION PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 There were no Life Safety Code Deficiencles noted at time of survey.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other saleguards 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.

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

(X6) DATE