MAY 2 3 2013

PRINTED: 04/26/2013 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		CONSTRUCTION	(X3) DATE COM	SURVEY PLETED
		345358	B. WING			04	/18/2013
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253 SS=E		RVICES ride housekeeping and s necessary to maintain a	F	253	F253 Standard Disclaimer: This plan of correction is provided necessary requirement of cont participation in the Medicare and Met program(s) and does not, in any maconstitute an admission to the validity calleged deficient practice.	inued dicaid inner.	
ABORATORY C	by: Based on observation facility staff interviews appropriate houseked conducted in resident repairs were conducted findings include:  1) On 04/15/2013 at interview was conducted your was conducted.  202. During that interview was conducted your was revealed there on the floor to the side TV stand. A patient of the belying across the arresident indicated she plant but it was mission was.  On 04/16/2013 at 2:00 was made of room 20 was observed to still the flower plant on the flowe	trooms and maintenance ed or documented. The  2:12 p.m. a resident eted with a resident in room rview observations of the aring the room observations was an artificial flower plant ee and back of the resident's exam glove was observed to tificial flower plant. The en had an artificial flower and an artificial flower and and had no idea where it as p.m. a second observation etel ying across the artificial or and to the side and etand.  2 a.m. and interview was collity's maintenance director. Extern indicated he was also exping director. The			Room 202 has been cleaned. Room 20 been cleaned and wall behind C repaired. Room 203 dresser has repaired, the closet door handle doe have exposed screws and the sink i bathroom has been secured to the Room 110 corners are repaired witexposed metal. Room 205 A/C usecured with no open space to the outline Room 109 floor light fixture is repaired secured to the wall. Room 108 wall bethe B bed has been repaired. Room does not have sheetrock screws protres from the wall below the clock. The cabove the exit door at end of 200 hall is with no stains. Room 207 ceiling is from the wall below the clock. The reshower room wall at entry point has tiles with no openings. The rear wall of men's shower room tiles are intact.  All staff have been in serviced/remindred to record all environmental issumaintenance log.  The maintenance log has been update provide area for comments related issues/repair. Administrator or designer monitor maintenance log for complication.  Resident rooms and common areas been evaluated for any outstare environmental needs/repairs.	bed been s not he wall. he wall. he wall. he wall staids. I and shind selling clean see of hen's intact of the sed of sed to he will ance have hading	
	Chen	Vermelyea / Chery	Wernut	lye	3/21/13 TITLE a administrator		X6) DATE 5/21/13

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.

5/21/13

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	MEDIO NO CENTIOLO				OMB M	J. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
	345358	B. WING			04	/18/2013
NAME OF PROVIDER OR SUPPLIER  LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		-	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
how often the resider The maintenance/hou indicated the resident On 04/17/2013 at 1:4 was made of room 20 was observed to still flower plant on the flo behind residents TV s On 04/19/2013 at 8:3 was made of room 20 administrator. The pa observed to still lying the floor to the side at stand. An interview w facility's administrator The administrator cou patient exam glove of the facility's housekee removed/disposed of arrival or why it had n removed/disposed of survey.  2) On 04/15/2013 at interview was conduc 206. During that inter room were made. Du it was revealed there sponge filters lying on the room's A/C unit be Also during the observ behind the head of the	seeping director was asked at's rooms were cleaned, usekeeping director at rooms were cleaned daily.  5 p.m. a third observation be lying across the artificial for and to the side and stand.  5 a.m. a fourth observation by with the facility's atient exam glove was across the artificial plant on and behind the residents TV was conducted with the based on the observations, and not explain why the observed was not identified by eping staff and prior to the survey team's ot been identified and during the week of the side of the room observations were 2 oxygen concentrator at the floor to the right side of exween the bed and the wall, wation it was noted the wall areet rock and the sheet rock	F	253	Environmental Services Manager/des will use Weekly Environmental Services tool to identify and correct environr issues.  Episodes of non-compliance housecleaning and/or maintenance repribe documented via Weekly Environn Services Audit tool and forwarde Maintenance Director and Administrative review / follow up.  The Environmental Services Director	with air will nental d to or for to with with with leged is an inality nutes	5/10/13

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI			(X3) DATE SURVEY COMPLETED		
		345358	B. WNG			04/18/2013		
	OVIDER OR SUPPLIER		-	202 S	ADDRESS, CITY, STATE, ZIP CODE MOKETREE WAY ISBURG, NC 27549			
(X4) ID PREFIX TAG	IFACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 253	of room 206 was may concentrator sponge be lying on the floor unit between the bed been no repair to go behind the headboar.  On 04/17/13 at 8:52 conducted with the facility process for replacing items in not repair/replacement, indicated there was the nurse's station, on documenting item repaired, or replace book.  The maintenance did not his assistant would not the facility process for replacement.	as p.m. a second observation de. The oxygen of filters were still observed to to the right side of the A/C of and the wall. There had uged/cracked sheetrock wall and of the C bed.  a.m. an interview was acility's maintenance director. The maintenance of the that needed to be fixed, of in the maintenance log the fixed of the conditional of the maintenance of the maintenanc	F	253				
	thing each morning during the day. The indicated an entry of repaired the date at action taken includit documented into the director stated, "If vitem at the current the log book." The asked if there was documentation was was identified, main and/or a repair was maintenance direct.	(M-F) and also several times a maintenance director concerning an item was and time of the repair or the ang pest control issues was a log book. The maintenance we can not repair or replace an an ime it will also be annotated in maintenance director was any other place that a kept to indicate that an issue antenance was requested, a made or deferred. The or indicated there was no						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
		345358	B. WING			04	/18/2013
	OVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
(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 APPROVIDENCY)	) BE	(X5) COMPLETION DATE
F 253	A review of the facility book was conducted requests, repairs comitems. There was no maintenance request staff had reported or the department/director was concentrator filters be floor or the sheetrock and needing repair.  On 04/17/2013 at 11:: room 206 was conducted in the maintenance director filter sponges were st director to have been 04/16/2013. The larg wall had not been repair was conducted on 04 the observations were maintenance director be in need or repair/rebrought to his attention maintenance request.  On 04/19/2013 at 8:4 room 206 and interviet facility's administrator	e 3  I's maintenance repair log which included notification upleted, and repairs waiting information found in the log book to indicate the he maintenance was aware of the oxygen sing removed and left on the wall was gouged, cracked,  30 a.m. an observation of cited with the facility's  The oxygen concentrator ated by the maintenance taken care of on the gouge in the sheet rock aired. The maintenance lain why there were no ance log book for these replacement. An additional lity's maintenance director (17/2013 at 12:00 p.m. after the conducted. The indicated the items found to eplacement were never an or placed in the		253	DEFICIENCY)		
	not identified in the m needing repair/replace	aintenance log book as ement.					

STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		ISTRUCTION	(X3) DATE SURVEY COMPLETED		
		345358	B. WING				04/18/2013	
	ROVIDER OR SUPPLIER		I	202 S	ADDRESS, CITY, STATE, ZIP CODE MOKETREE WAY SBURG, NC 27549			
(X4) ID PREFIX TAG	(EACH DESIGIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 253	wall. An additional in maintenance directo 04/17/2013 at 12:00 were conducted. Thindicated the items f repair/replacement vattention or placed in request/repair log both on 04/19/2013 at 8: room 203 and intervigent of explain why the not identified in the needing repair/replation of explain why the needing repair/replation of the property of the pattern of the pat	nterview with the facility's or was conducted on p.m. after the observations he maintenance director found to be in need or were never brought to his in the maintenance book.  46 a.m. an observation of view was conducted with the for. The administrator could litems found/observed were maintenance log book as accement.  41 4:51 p.m. a resident furtied with a resident in room derview observations of the During the room observations two corners of the wall (by the metal corner bead was ches long on one corner and 6 corner.	F	253				

STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1		INSTRUCTION	(X3) DATE SURVEY COMPLETED	
WISE LEWIN OF	OMMITO-1014		B. WING			04/18/2013	3
	ROVIDER OR SUPPLIER	345358	B. WING	202	TADDRESS, CITY, STATE, ZIP CODE SMOKETREE WAY JISBURG, NC 27549	04/10/2010	×
(X4) ID PREFIX TAG	SUMMARY ST	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPL	ETION
F 253	the facility process for replacing items in ner repair/replacement, indicated there was the nurse's station. On documenting item repaired, or replaced book.  The maintenance did or his assistant would thing each morning during the day. The indicated an entry or repaired the date an action taken including documented into the director stated, "If witem at the current to the log book." The asked if there was a documentation was was identified, main and/or a repair was maintenance director there place except to kept at the nurse's stated.  A review of the facil book was conducted requests, repairs continued in the conducted items. There was remaintenance requests of the facil book was conducted to the conducted items. There was remaintenance requests of the facil book was conducted to the conducted items. There was remaintenance requests of the facil book was conducted to the condu	or identifying, repairing and/or led or maintenance The maintenance director a maintenance log book at All staff had been in-serviced in that needed to be fixed, if in the maintenance log rector indicated either himself led check the log book 1st (M-F) and also several times maintenance director oncerning an item was at time of the repair or the log book. The maintenance is ean not repair or replace an important will also be annotated in maintenance director was any other place that kept to indicate that an issue intenance was requested, made or deferred. The or indicated there was not the maintenance log book istation.  In the wall corners and the	F	253			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		345358	B. WING		-	04/	18/2013	
	ROVIDER OR SUPPLIER			2	EET ADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549			
(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 SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 253	made of room 205's had Cunit with the facil The maintenance director interview with the facil was conducted on 04 the observations were maintenance director be in need or repair/nd brought to his attention maintenance request On 04/19/2013 at 8:5 room 205 and interview facility's administrator not explain why there exposing the outside was not identified in the needing repair/replace (a) On 04/15/2013 at interview was conducted to the wall and had continued to the wall and had conserved to be still here.	a.m. a third observation was note in the wall and bent up thy's maintenance director. Sector could not explain why in the maintenance log repairs. An additional lity's maintenance director /17/2013 at 12:00 p.m. after a conducted. The indicated the items found to replacement were never on or placed in the frepair book.  3 a.m. an observation of the was conducted with the the administrator could was a hole in the wall elements to the room which the maintenance log book as ement.	F	253				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345358	B. WING			04/	18/2013
	OVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	that way for a long tine. On 04/17/13 at 8:52 at conducted with the far. The maintenance directive facility process for replacing items in new repair/replacement. Indicated there was at the nurse's station. At on documenting items repaired, or replaced book.  The maintenance directive or his assistant would thing each morning (Not the day. The repaired the day. The repaired the date and action taken including documented into the director stated, "If we item at the current time the log book." The masked if there was an documentation was known identified, maintenance director other place except the kept at the nurse's stated. A review of the facility book was conducted requests, repairs corritems. There was no	ne.  a.m. an interview was cility's maintenance director. Sector was asked to explain r identifying, repairing and/or ead or maintenance director maintenance log book at all staff had been in-serviced is that needed to be fixed, in the maintenance log book 1st of the maintenance director indicated either himself of the check the log book 1st of the repair or the pest control issues was log book. The maintenance can not repair or replace an ine it will also be annotated in maintenance director was by other place that ept to indicate that an issue enance was requested, ande or deferred. The indicated there was no emaintenance log book		253			

F 253 Continued From page 12 staff had reported or the maintenance department/director was aware of the room's vent light being out of the wall and hanging by 1 screw.  04/17/2013 at 11:39 a.m. a third observed of room 109 was made with the facility's		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
LOUISBURG NURSING CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)  F 253  Continued From page 12 staff had reported or the maintenance department/director was aware of the room's vent light being out of the wall and hanging by 1 screw.  O4/17/2013 at 11:39 a.m. a third observed of room 109 was made with the facility's			345358	B. WING			04/	18/2013
F 253  Continued From page 12 staff had reported or the maintenance department/director was aware of the room's vent light being out of the wall and hanging by 1 screw.  O4/17/2013 at 11:39 a.m. a third observed of room 109 was made with the facility's					2	02 SMOKETREE WAY		
staff had reported or the maintenance department/director was aware of the room's vent light being out of the wall and hanging by 1 screw.  04/17/2013 at 11:39 a.m. a third observed of room 109 was made with the facility's	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	LD BE COMPLETION	
maintenance director. The vent light was observed to still be hanging at a 45 degree angle on the wall by one screw. The maintenance director could not explain why there were no entries in the maintenance log book for the needed repairs. An additional interview with the facility's maintenance director was conducted on O4/17/2013 at 12:00 p.m. after the observations were conducted. The maintenance director indicated the items found to be in need or repair/replacement were never brought to his attention or placed in the maintenance request/repair book.  On O4/19/2013 at 8:53 a.m. an observation of room 109 and interview was conducted with the facility's administrator. The administrator could not explain why the vent light was hanging on the wall at a 45 degree angle and secured only by one screw and was not identified in the maintenance log book as needing repair/replacement.  7) On O4/15/2013 at 3:56 p.m. a resident interview was conducted with a resident interview observations of the room were made. During the room observations it was revealed the wall had large gouge in the sheetrock behind the headboard of the middle resident's bed.	F 253	staff had reported or department/director vight being out of the 04/17/2013 at 11:39 a room 109 was made maintenance director observed to still be he on the wall by one so director could not expentries in the maintenneeded repairs. An a facility's maintenance 04/17/2013 at 12:00 were conducted. The indicated the items for repair/replacement wattention or placed in request/repair book.  On 04/19/2013 at 8:5 room 109 and intervie facility's administrator not explain why the wall at a 45 degree a one screw and was maintenance log boor repair/replacement.  7) On 04/15/2013 at interview was conducted. During that interview was conducted.	the maintenance was aware of the room's vent wall and hanging by 1 screw.  a.m. a third observed of with the facility's . The vent light was anging at a 45 degree angle crew. The maintenance clain why there were no hance log book for the additional interview with the e director was conducted on p.m. after the observations e maintenance director bund to be in need or rere never brought to his of the maintenance  33 a.m. an observation of ew was conducted with the r. The administrator could went light was hanging on the light was needing  3:56 p.m. a resident cted with a resident in room erview observations of the uring the room observations wall had large gouge in the	F	253			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		345358	B. WING		· · · · · · · · · · · · · · · · · · ·	04	/18/2013	
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 102 SMOKETREE WAY LOUISBURG, NC 27549			
(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 SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 253	of room 108 was condisheetrock wall was obsheetrock wall was obsheetrock. The maintenance director his assistant would thing each morning (Mouring the day. The mindicated an entry conrepaired the date and action taken including documented into the ledirector stated, "If we item at the current tim the log book." The masked if there was any documentation was keen was identified, maintenance director other place except the kept at the nurse's stated of the facility' book was conducted wrequests, repairs complete.	D p.m. a second observation ducted. The gouge in the observed to be unrepaired.  I.m. an interview was cility's maintenance director. Sector was asked to explain indentifying, repairing and/or ed or maintenance director maintenance log book at all staff had been in-serviced in the maintenance log ctor indicated either himself check the log book 1st and also several times maintenance director incerning an item was time of the repair or the pest control issues was og book. The maintenance can not repair or replace an e it will also be annotated in aintenance director was of other place that ept to indicate that an issue mance was requested, ade or deferred. The indicated there was no maintenance log book	F	253				

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		345358	B. WING			04/	18/2013	
	ROVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549			
(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 SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE	
F 253	staff had reported or to department/director washeetrock wall behind bed was gouged.	log book to indicate the the maintenance vas aware of the room's I the head of the resident's	F.	253				
	On 04/17/2013 at 11:42 a.m. a third observation was made of room 108's gouged sheetrock wall with the facility's maintenance director. The sheetrock wall was still gouged and unrepaired. The maintenance director could not explain why there were no entries in the maintenance log book for the needed repairs. An additional interview with the facility's maintenance director was conducted on 04/17/2013 at 12:00 p.m. after the observations were conducted. The maintenance director indicated the items found to be in need or repair/replacement were never brought to his attention or placed in the maintenance request/repair book.							
	room 108 and intervie facility's administrator not explain why the g	7 a.m. an observation of ew was conducted with the r. The administrator could ouge in the sheetrock wall d and was not identified in book as needing						
	213. During that intercom were made. Duit was revealed there partially screwed into mounted on the wall it	ted with a resident in room rview observations of the rioom observations were 2 sheetrock screws						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		345358	B. WING	WNG04		04/	04/18/2013	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549				
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 253	On 04/16/2013 at 2:00 was made of room 21 observed to still be or wall below room's clo On 04/17/13 at 8:52 at conducted with the father facility process for replacing items in new repair/replacement. In indicated there was at the nurse's station. At on documenting items repaired, or replaced book. The maintenance dire or his assistant would thing each morning (Not with the day. The rindicated an entry correpaired the date and action taken including documented into the director stated, "If we item at the current time log book." The masked if there was an documentation was known in the log book. The masked if there was an documentation was known in the log book. The masked if there was an documentation was known in the log book of the masked if there was an documentation was known in the log book. The masked if there was an documentation was known in the log book of the place except the kept at the nurse's states.	p beveled screw heads.  6 p.m. a second observation 3. The 2 screws were hy partially screwed into the ck.  a.m. an interview was cility's maintenance director. actor was asked to explain r identifying, repairing and/or ad or maintenance The maintenance log book at all staff had been in-serviced as that needed to be fixed, in the maintenance log actor indicated either himself a check the log book 1st M-F) and also several times maintenance director meering an item was time of the repair or the a pest control issues was log book. The maintenance can not repair or replace an the it will also be annotated in aintenance director was by other place that applicated there was no a maintenance log book ande or deferred. The indicated there was no a maintenance log book	F	253				

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		345358	B. WING			04/	18/2013
NAME OF PROVIDER OR SUPPLIER  LOUISBURG NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549			
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253	requests, repairs comitems. There was no maintenance request staff had reported or department/director was rewed in sheetrock.  On 04/17/2013 at 11: was made of room 21 were still observed to The maintenance director there were no entries book for the needed reinterview with the factives was conducted on 04 the observations were maintenance director be in need or repair/reprought to his attention maintenance request.  On 04/19/2013 at 9:0 room 213 and interview facility's administrator not explain why the spartially screwed into hazard to anyone tha hand against the screet the maintenance log or repair/replacement.	which included notification upleted, and repairs waiting information found in the log book to indicate the the maintenance was aware of the 2 partially screws.  48 a.m. a third observation 13. The sheetrock screws only be partially screwed in ector could not explain why in the maintenance log repairs. An additional slitly's maintenance director 1/17/2013 at 12:00 p.m. after the conducted. The indicated the items found to replacement were never on or placed in the 1/17/2013 at 12:00 p.m. after the indicated the items found to replacement were never on or placed in the 1/17/2013 at 12:00 p.m. after the indicated the items found to replacement were never on or placed in the 1/17/2013 at 12:00 p.m. after the indicated the items found to replace the items found to replace the interest of the was conducted with the 1/17/2013 at 12:00 p.m. after the indicated the items found to replace the interest of the indicated the items found to replace the interest of the indicated the items found to replace the indicated t	F	253			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETEO
		345358	B. WING			04/	18/2013
NAME OF PROVIDER OR SUPPLIER  LOUISBURG NURSING CENTER				20	LEET ADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549	-	
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253	of the ceiling above e 200 hall was made. I stained brown and no been conducted.  On 04/17/13 at 8:52 a conducted with the fa The maintenance dire the facility process for replacing items in near repair/replacement. Indicated there was a the nurse's station. A on documenting items repaired, or replaced book.  The maintenance dire or his assistant would thing each morning (Not the day indicated an entry correpaired the date and action taken including documented into the director stated, "If we item at the current tim the log book." The masked if there was an documentation was known including and/or a repair was maintenance director.	O p.m. a second observation xit door at the end of the The white ceiling was still orepairs appeared to have a.m. an interview was cility's maintenance director. Sector was asked to explain ridentifying, repairing and/or ed or maintenance of the maintenance of the maintenance of the maintenance log book at all staff had been in-serviced at that needed to be fixed, in the maintenance log book 1st and 1st	F. The state of th	253			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		345358	B. WNG			04	/18/2013
	OVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 102 SMOKETREË WAY .OUISBURG, NC 27549		
(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 SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253	book was conducted requests, repairs comitems. There was no maintenance request staff had reported or the department/director was conducted of the 200 hall with the facility as still of brown. The maintenance discolored the ceiling could not explain why maintenance log book why the repair to the cand if there was any maintenance directly above the stained she and if there was any maintenance of the sheetrock, indicated he had not consider the leaking water. An facility's maintenance 04/17/2013 at 12:00 p were conducted. The indicated the items for repair/replacement we attention or placed in request/repair book.  On 04/19/2013 at 9:08 200 hall's ceiling and if the staffing and if the conducted in the leaking water. An facility's maintenance 04/17/2013 at 12:00 p were conducted. The indicated the items for request/repair book.	which included notification pleted, and repairs waiting information found in the log book to indicate the he maintenance ras aware of the stained to hall.  50 a.m. a third observation stained ceiling area on the ty's maintenance director. Served to be stained ince director indicated there a roof and water had leaked a ceiling in the attic and. The maintenance director there were no entries in the after the needed repairs or ceiling had not been made, ctor was asked if the area test rock had been observed anold growing on the attic. The maintenance director observed the attic side of the area was mold growing from additional interview with the director was conducted on the attic to be in need or the needed or the attic to be in need or the needed or the needed or the attic to be in need or the needed or	F	253			
}	with the facility's admi	nistrator. The administrator					

		1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		345358	B. WING			4/18/2013
NAME OF PROVIDER OR SUPPLIER  LOUISBURG NURSING CENTER		S	STREET ADDRESS, CITY, STATE, ZIP CODI 202 SMOKETREE WAY LOUISBURG, NC 27549	E		
(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 C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 253	or why the ceiling wa	e 19 y the roof had been leaking s stained and not repaired or tenance log book as needing	F 25	53		
	interview was conducted 207. During that interview made. During that interview made. During that interview made. During the conducted and a previous we ceiling's plaster appearance within the sheetrock. I foot was observed and into the area the sheetrock repaired ar	ared to have a patched The patched area, 1 foot by to have a brown ring over patch had replaced. The ea (edges) had cracks and aster repair were missing				
	of room 207 A's ceilin	2 p.m. a second observation ag area was made. There to the cracked, stained and				
	conducted with the far. The maintenance dire the facility process for replacing items in near repair/replacement. Indicated there was at the nurse's station. An on documenting item repaired, or replaced book.  The maintenance dire	a.m. an interview was cility's maintenance director. ector was asked to explain r identifying, repairing and/or ed or maintenance The maintenance director maintenance log book at All staff had been in-serviced as that needed to be fixed, in the maintenance log ector indicated either himself I check the log book 1st				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345358	B. WING			04/	/18/2013
	OVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253	during the day. The nindicated an entry correpaired the date and action taken including documented into the lidirector stated, "If we item at the current time the log book." The masked if there was any documentation was keen was identified, mainter and/or a repair was maintenance director other place except the kept at the nurse's state A review of the facility book was conducted a requests, repairs comitems. There was no maintenance request staff had reported or to department/director with stained and cracked processed and plaster pieces mis areas. The maintenant had been a leak in the down on the sheetrool	M-F) and also several times naintenance director ocerning an item was time of the repair or the pest control issues was og book. The maintenance can not repair or replace an ite it will also be annotated in aintenance director was yother place that ept to indicate that an issue nance was requested, hade or deferred. The indicated there was not emaintenance log book ation.  's maintenance repair log which included notification pleted, and repairs waiting information found in the log book to indicate the he maintenance as aware of the brown plaster in the ceiling in room of the control of the director. The ceiling was acked, stained brown and saing from the cracked ince director indicated there attic and water had leaked as ceiling and discolored the ince director could not	F	253			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345358	B. WING			04/	18/2013
	ROVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 253	why the repair to the The maintenance dire above the stained she and if there was any side of the sheetrock director indicated he side of the sheetrock growing. An addition maintenance director 04/17/2013 at 12:00 p were conducted. The indicated the items for repair/replacement whattention or placed in request/repair book.  On 04/19/2013 at 9:1 ceiling in room 207 at with the facility's admicould not explain why the attic above room a previous repair was considered.	k for the needed repairs or ceiling had not been made. Sector was asked if the area set rock had been observed mold growing on the attic ceiling. The maintenance had not observed the attic to see if there was mold all interview with the facility's was conducted on o.m. after the observations a maintenance director and to be in need or ere never brought to his the maintenance  2 a.m. an observation of the mod interview was conducted inistrator. The administrator of the had been a leak in 207 or why the ceiling's racked with plaster missing was not repaired or identified	T.	253)			
	was made of the men hall. The shower root entry door had 2 broken The tiles were broken of the wall where the observed. A third tile broken on the back walso just above the flo	t 2:20 p.m. an observation I's shower room on the 300 I's shower room on the 300 I'm was just to the left of the I'm was just to the left of the I'm was next to the floor. I and pushed into the inside I inside of the wall could be I was also observed to be I wall by the far shower stall I por. The broken tiles pieces I agged and sharp. An	A PARTICULAR PROPERTY AND				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	į	345358	B. WING		100 marks	04	/18/2013
	ROVIDER OR SUPPLIER			2	REETADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549		
(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 SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 253	book was conducted requests, repairs comitems. There was no maintenance request staff had reported or the department/director with the men's shower of the maintenance request staff had reported or the department/director with the men's shower of the maintenance of the maintenanc	r's maintenance repair log which included notification inpleted, and repairs waiting information found in the log book to indicate the he maintenance ras aware of the broken tiles from on the 300 hall.  66 a.m. a second reference of the men's shower room tenance director. The tiles were still broken and from the second reference of the maintenance lain why there were no ance log book for the diditional interview with the director was conducted on the after the observations maintenance director and to be in need or the maintenance of the maintenance of the maintenance.  65 a.m. an observation of the maintenance of	F	253			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			E CONSTRUCTION		SURVEY PLETED
				00.00	
345358	B. WING			04	/18/2013
NAME OF PROVIDER OR SUPPLIER  LOUISBURG NURSING CENTER		20	REET ADDRESS, CITY, STATE, ZIP CODE 02 SMOKETREE WAY OUISBURG, NC 27549		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL TAG REGULATORY OR LSC IDENTIFYING INFORMATION		iΧ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
documentation of an item found in the facility needing repair/replacement. The NA indicates there was a book at the nurse's station which people wrote in if they found something broke. The NA indicated the maintenance staff would then repair the broken items.  On 04/17/2013 at 11:58 a.m. an interview with facility nurse was conducted concerning the facility's procedure for identification and documentation of an item found in the facility needing repair/replacement. The nurse indicates that when an item was found that needed repair/replacement and entry was made in the maintenance log book about the item. The en would be dated and a time found would be entered. The nurse indicated the maintenance log book each morning and several times a day and ma repairs according to the items entered into the book.	d n. a ted try	253			

657 267 2613 12: 22 9194969364

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/13/2013 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			. <u>O</u> l		0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION B1 - MAIN BUILDING 01	(X3) DATI . COM	e survey Pleted ~
		345358	B. WING			05/	10/2013
	PROVIDER OR SUPPLIER URG NURSING CENT	ER		20	EET ADDRESS, CITY, STATE, ZIF CODE 12 SMOKETREE WAY DUISBURG, NC 27549		
(X4) ID PREFIX YAG	(EACH DEFICIENC)	YEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CONRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X4) COMPLETION DATE
K 000	This Life Safety Coconducted as per Tat 42CFR 483.70(a Health Care section publications. This beconstruction, one sautomatic sprinkler. The deficiencies deare as follows; NFPA 101 LIFE SA Building construction of the following, 19 19,3,5,1	ode(LSC) survey was the Code of Federal Register ); using the 2000 Existing to of the LSC and its referenced wilding is Type V (111) tory, with a complete system.  Intermined during the survey  FETY CODE STANDARD on type and height meets one 1,1.6,2, 19.1.6.3, 19.1.6.4,		000	STANDARD DISCLAIMER: The Plan of Correction for this alleged depractice is provided as a necessary requirem continued participation in the Medicard Medicaid program(s) and does not, in monner, constitute an admission to the validate alleged deficient practice(s).  No residents were specifically identification being been affected by the alleged depractice.  The hole in the kitchen dry storage room that been repaired.  The ceiling is checked for any holes/opening daily basis by Dietary Manager and/or desting the Mainlenance Director, Administrator designed shall ensure compliance via we random audits to evaluate for any holes or variances in dry storage ceiling.	ent of and any dity of des ficient des fic	
K 029 \$S⊐D	A. Based on obser large hole in the ce for the kitchen  42 CFr 483.70 (a) NFPA 101 LIFE SA  One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 pro the approved autor option is used, the other spaces by sm doors. Doors are sfield-applied protect	s not met as evidenced by: vation 05/10/2013 there was a iling in the dry storage room  FETY CODE STANDARD  construction (with % hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When natic fire extinguishing system areas are separated from noke resisting partitions and telf-closing and non-rated or tive plates that do not exceed bottom of the door are	<b>K</b> (	029	The Maintenance Director shall report variances identified to the Quality Associated monthly for three months, quarterly thereafter.	then	5/13/20\3
ABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE.		(X6) DATE

Any deficiency statement enoung with an asterist (f) 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.

1018

PAGE 04

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

**CENTERS FOR MEDICARE & MEDICAID SERVICES** 

PRINTED: 05/13/2013 FORM APPROVED

05/10/2013

OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION

A BUILDING 01 - MAIN BUILDING 01

(X3) DATE SURVEY

COMPLETED

345358 B, WING

THE STATE OF THE STATE OF THE STATE OF

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

LOUISBURG NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIF CODE 202 SMOKETREE WAY LOUISBURG, NC 27549

LOUISBU	JRG NUKSING CENTER	L	OUISBURG, NC 27549	
(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
K 029	Continued From page 1  This STANDARD is not met as evidenced by: A. Based on o bservation on 05/10/2013 residents room 114 was being used as a storage	K 029	The Plum of Correction for this alleged deficient practice is provided as a necessary requirement of continued participation in the Medicare and Medicaid program(s) and does not in any manner, constitute an admission to the validity of the alleged deficient practice(s).	The state of the s
	room and the door did not have a listed closer on it. B. Based on observation on 05/10/2013 the storage room in the can wash area the door failed to close and latch. 42 CFr 483,70 (a)		having been affected by the alleged deficient practice,  Room 114 is a resident room and not in use as storage.  The storage room door in our wash area closes and latches appropriately.	
			All storage area doors have been checked for appropriate closure and latching.  The Maintenance Director, Administrator and/or designee shall ensure compliance via weekly random audits to evaluate for any storage area doors that do not meet the standard for closure and latching.	•
			The Maintenance Director shall report any variances identified to the Quality Assurance Committee monthly for three months, then quarterly thereafter.	5/24/2013·
	·			•
				•
	•			