

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

MAY 23 2013

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 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	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=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and facility staff interviews the facility failed to ensure appropriate housekeeping cleaning was conducted in resident rooms and maintenance repairs were conducted or documented. The findings include:</p> <p>1) On 04/15/2013 at 2:12 p.m. a resident interview was conducted with a resident in room 202. During that interview observations of the room were made. During the room observations it was revealed there was an artificial flower plant on the floor to the side and back of the resident's TV stand. A patient exam glove was observed to be lying across the artificial flower plant. The resident indicated she had an artificial flower plant but it was missing and had no idea where it was.</p> <p>On 04/16/2013 at 2:03 p.m. a second observation was made of room 202. The patient exam glove was observed to still be lying across the artificial flower plant on the floor and to the side and behind residents TV stand.</p> <p>On 04/17/2013 at 8:52 a.m. and interview was conducted with the facility's maintenance director. The maintenance director indicated he was also the facility's housekeeping director. The</p>	F 253	<p>F253 Standard Disclaimer: This plan of correction 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.</p> <p>Room 202 has been cleaned. Room 206 has been cleaned and wall behind C bed repaired. Room 203 dresser has been repaired, the closet door handle does not have exposed screws and the sink in the bathroom has been secured to the wall. Room 110 corners are repaired with no exposed metal. Room 205 A/C unit is secured with no open space to the outside. Room 109 floor light fixture is repaired and secured to the wall. Room 108 wall behind the B bed has been repaired. Room 213 does not have sheetrock screws protruding from the wall below the clock. The ceiling above the exit door at end of 200 hall is clean with no stains. Room 207 ceiling is free of cracks/stains above A bed. The men's shower room wall at entry point has intact tiles with no openings. The rear wall of the men's shower room tiles are intact.</p> <p>All staff have been in serviced/reminder of need to record all environmental issues in maintenance log.</p> <p>The maintenance log has been updated to provide area for comments related to issues/repair. Administrator or designee will monitor maintenance log for compliance daily.</p> <p>Resident rooms and common areas have been evaluated for any outstanding environmental needs/repairs.</p>	

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

Cheyl Vermilyea / Cheyl Vermilyea 5/21/13
Administrator

TITLE

(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.

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F 253	<p>Continued From page 1</p> <p>maintenance/housekeeping director was asked how often the resident's rooms were cleaned. The maintenance/housekeeping director indicated the resident rooms were cleaned daily.</p> <p>On 04/17/2013 at 1:45 p.m. a third observation was made of room 202. The patient exam glove was observed to still be lying across the artificial flower plant on the floor and to the side and behind residents TV stand.</p> <p>On 04/19/2013 at 8:35 a.m. a fourth observation was made of room 202 with the facility's administrator. The patient exam glove was observed to still lying across the artificial plant on the floor to the side and behind the residents TV stand. An interview was conducted with the facility's administrator based on the observations. The administrator could not explain why the patient exam glove observed was not identified by the facility's housekeeping staff and removed/disposed of prior to the survey team's arrival or why it had not been identified and removed/disposed of during the week of the survey.</p> <p>2) On 04/15/2013 at 3:18 p.m. a resident interview was conducted with a resident in room 206. During that interview observations of the room were made. During the room observations it was revealed there were 2 oxygen concentrator sponge filters lying on the floor to the right side of the room's A/C unit between the bed and the wall. Also during the observation it was noted the wall behind the head of the C bed (window bed) had large gouges in the sheet rock and the sheet rock appeared to be cracked.</p>	F 253	<p>The Administrator/designee and/or the Environmental Services Manager/designee will use Weekly Environmental Services Audit tool to identify and correct environmental issues.</p> <p>Episodes of non-compliance with housecleaning and/or maintenance repair will be documented via Weekly Environmental Services Audit tool and forwarded to Maintenance Director and Administrator for review / follow up.</p> <p>The Environmental Services Director / designee will complete monthly Environmental Services Inspection Report to be submitted to Administrator with findings/corrections.</p> <p>The plan of correction for this alleged deficient practice shall be included as an addendum to the facility's most recent Quality Assurance Committee meeting minutes monthly for three months and quarterly thereafter.</p>	5/10/13	

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F 253	Continued From page 2 On 04/16/2013 at 1:35 p.m. a second observation of room 206 was made. The oxygen concentrator sponge filters were still observed to be lying on the floor to the right side of the A/C unit between the bed and the wall. There had been no repair to gouged/cracked sheetrock wall behind the headboard of the C bed. On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need of maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book. The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place just the maintenance log book kept at the nurse's station.	F 253		

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F 253	Continued From page 3 A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the oxygen concentrator filters being removed and left on the floor or the sheetrock wall was gouged, cracked, and needing repair. On 04/17/2013 at 11:30 a.m. an observation of room 206 was conducted with the facility's maintenance director. The oxygen concentrator filter sponges were stated by the maintenance director to have been taken care of on 04/16/2013. The large gouge in the sheet rock wall had not been repaired. The maintenance director could not explain why there were no entries in the maintenance log book for these items needing repair/replacement. 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 log book. On 04/19/2013 at 8:43 a.m. an observation of room 206 and interview was conducted with the facility's administrator. The administrator could not explain why the items found/observed were not identified in the maintenance log book as needing repair/replacement.	F 253			

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F 253	<p>Continued From page 6</p> <p>wall. 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 log book.</p> <p>On 04/19/2013 at 8:46 a.m. an observation of room 203 and interview was conducted with the facility's administrator. The administrator could not explain why the items found/observed were not identified in the maintenance log book as needing repair/replacement.</p> <p>4) On 04/15/2013 at 4:51 p.m. a resident interview was conducted with a resident in room 110. During that interview observations of the room were made. During the room observations it was revealed the two corners of the wall (by the bathroom/closets) had sheetrock falling off the corners and rusted metal corner bead was exposed about 8 inches long on one corner and 6 inches on another corner.</p> <p>On 04/16/2013 at 1:44 p.m. a second observation of room 110 was made. The observation revealed there had been no repair to the sheetrock corners on the resident's walls. Both wall corners had broken sheetrock debris on the floor and the rusted metal corner beads were observed to be exposed.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain</p>	F 253			

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F 253	<p>Continued From page 7</p> <p>the facility process for identifying, repairing and/or replacing items in need or maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the room's broken sheetrock on the wall corners and the exposed rusted corner bead.</p> <p>On 04/17/2013 at 11:37 a.m. a third observation</p>	F 253		

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F 253	<p>Continued From page 10 bent up A/C unit.</p> <p>04/17/2013 at 11:39 a.m. a third observation was made of room 205's hole in the wall and bent up A/C unit with the facility's maintenance director. 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.</p> <p>On 04/19/2013 at 8:53 a.m. an observation of room 205 and interview was conducted with the facility's administrator. The administrator could not explain why there was a hole in the wall exposing the outside elements to the room which was not identified in the maintenance log book as needing repair/replacement.</p> <p>6) On 04/15/2013 at 4:05 p.m. a resident interview was conducted with a resident in room 109. During that interview observations of the room were made. During the room observations it was revealed the vent light grill unit on wall by bathroom door was hanging at a 45 degree angle on the wall and had only 1 screw holding the vent light to the wall.</p> <p>04/16/2013 at 1:55 p.m. a second observation of room 109 was made. The vent light grill unit was observed to be still hanging by 1 screw at a 45 degree angle on the wall. One of the room's</p>	F 253			

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F 253	<p>Continued From page 11</p> <p>residents indicated the vent light grill had been that way for a long time.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need or maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the</p>	F 253			

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F 253	<p>Continued From page 12</p> <p>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.</p> <p>04/17/2013 at 11:39 a.m. a third observed of room 109 was made with the facility's 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 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.</p> <p>On 04/19/2013 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.</p> <p>7) On 04/15/2013 at 3:56 p.m. a resident interview was conducted with a resident in room 108. During that 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.</p>	F 253			

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F 253	<p>Continued From page 13</p> <p>On 04/16/2013 at 2:00 p.m. a second observation of room 108 was conducted. The gouge in the sheetrock wall was observed to be unrepaired.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need of maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the</p>	F 253			

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F 253	<p>Continued From page 14</p> <p>maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the room's sheetrock wall behind the head of the resident's bed was gouged.</p> <p>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.</p> <p>On 04/19/2013 at 8:57 a.m. an observation of room 108 and interview was conducted with the facility's administrator. The administrator could not explain why the gouge in the sheetrock wall had not been repaired and was not identified in the maintenance log book as needing repair/replacement.</p> <p>8) On 04/15/2013 at 3:09 p.m. a resident interview was conducted with a resident in room 213. During that interview observations of the room were made. During the room observations it was revealed there were 2 sheetrock screws partially screwed into the wall below clock mounted on the wall by the bathroom door. The screws were approximately 1/2 - 3/4 inch out of</p>	F 253			

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F 253	<p>Continued From page 15</p> <p>the wall and had sharp beveled screw heads.</p> <p>On 04/16/2013 at 2:06 p.m. a second observation was made of room 213. The 2 screws were observed to still be only partially screwed into the wall below room's clock.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need of maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p> <p>A review of the facility's maintenance repair log</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, 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	
F 253	<p>Continued From page 16</p> <p>book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the 2 partially screwed in sheetrock screws.</p> <p>On 04/17/2013 at 11:48 a.m. a third observation was made of room 213. The sheetrock screws were still observed to only be partially screwed in. 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.</p> <p>On 04/19/2013 at 9:03 a.m. an observation of room 213 and interview was conducted with the facility's administrator. The administrator could not explain why the sheetrock screws were only partially screwed into the wall and possibly be a hazard to anyone that rubbed against or put their hand against the screws and was not identified in the maintenance log book as needing repair/replacement.</p> <p>9) On 04/15/2013 at 3:30 p.m. an observation was made of the ceiling above exit door at the end of the 200 hall. The white ceiling was stained brown approximately 2-3 feet in diameter where water appeared to have been leaking from the</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
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F 253	<p>Continued From page 17 roof to the ceiling.</p> <p>On 04/16/2013 at 2:10 p.m. a second observation of the ceiling above exit door at the end of the 200 hall was made. The white ceiling was still stained brown and no repairs appeared to have been conducted.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need of maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p>	F 253			

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F 253	<p>Continued From page 18</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the stained ceiling area on the 200 hall.</p> <p>On 04/17/2013 at 11:50 a.m. a third observation was conducted of the stained ceiling area on the 200 hall with the facility's maintenance director. The ceiling was still observed to be stained brown. The maintenance director indicated there had been a leak in the roof and water had leaked down on the sheetrock ceiling in the attic and discolored the ceiling. The maintenance director could not explain why there were no entries in the maintenance log book for the needed repairs or why the repair to the ceiling had not been made. The maintenance director was asked if the area above the stained sheet rock had been observed and if there was any mold growing on the attic side of the sheetrock. The maintenance director indicated he had not observed the attic side of the sheetrock to see if there was mold growing from the leaking water. 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 of repair/replacement were never brought to his attention or placed in the maintenance request/repair book.</p> <p>On 04/19/2013 at 9:08 a.m. an observation of the 200 hall's ceiling and interview was conducted with the facility's administrator. The administrator</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
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F 253	<p>Continued From page 19</p> <p>could not explain why the roof had been leaking or why the ceiling was stained and not repaired or identified in the maintenance log book as needing repair/replacement.</p> <p>10) On 04/15/2013 at 4:19 p.m. a resident interview was conducted with a resident in room 207. During that interview observations of the room were made. During the room observations it was revealed the ceiling over the head of the A bed had a previous water leak repair. The ceiling's plaster appeared to have a patched within the sheetrock. The patched area, 1 foot by 1 foot was observed to have a brown ring over and into the area the patch had replaced. The sheetrock repaired area (edges) had cracks and small pieces of the plaster repair were missing from the cracked repaired area.</p> <p>On 04/16/2013 at 2:12 p.m. a second observation of room 207 A's ceiling area was made. There had been no repairs to the cracked, stained and patched ceiling area.</p> <p>On 04/17/13 at 8:52 a.m. an interview was conducted with the facility's maintenance director. The maintenance director was asked to explain the facility process for identifying, repairing and/or replacing items in need of maintenance repair/replacement. The maintenance director indicated there was a maintenance log book at the nurse's station. All staff had been in-serviced on documenting items that needed to be fixed, repaired, or replaced in the maintenance log book.</p> <p>The maintenance director indicated either himself or his assistant would check the log book 1st</p>	F 253			

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F 253	<p>Continued From page 20</p> <p>thing each morning (M-F) and also several times during the day. The maintenance director indicated an entry concerning an item was repaired the date and time of the repair or the action taken including pest control issues was documented into the log book. The maintenance director stated, "If we can not repair or replace an item at the current time it will also be annotated in the log book." The maintenance director was asked if there was any other place that documentation was kept to indicate that an issue was identified, maintenance was requested, and/or a repair was made or deferred. The maintenance director indicated there was no other place except the maintenance log book kept at the nurse's station.</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the brown stained and cracked plaster in the ceiling in room 207 above the A bed.</p> <p>On 04/17/2013 at 11:54 a.m. a third observation was conducted of the cracked, stained, patched ceiling area over room 207 A's bed with the facility's maintenance director. The ceiling was still observed to be cracked, stained brown and had plaster pieces missing from the cracked areas. The maintenance director indicated there had been a leak in the attic and water had leaked down on the sheetrock ceiling and discolored the ceiling. The maintenance director could not explain why there were no entries in the</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
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F 253	<p>Continued From page 21</p> <p>maintenance log book for the needed repairs or why the repair to the ceiling had not been made. The maintenance director was asked if the area above the stained sheet rock had been observed and if there was any mold growing on the attic side of the sheetrock ceiling. The maintenance director indicated he had not observed the attic side of the sheetrock to see if there was mold growing. 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.</p> <p>On 04/19/2013 at 9:12 a.m. an observation of the ceiling in room 207 and interview was conducted with the facility's administrator. The administrator could not explain why there had been a leak in the attic above room 207 or why the ceiling's previous repair was cracked with plaster missing from the cracks and was not repaired or identified in the maintenance log book as needing repair/replacement.</p> <p>11) On 04/16/2013 at 2:20 p.m. an observation was made of the men's shower room on the 300 hall. The shower room was just to the left of the entry door had 2 broken tiles next to the floor. The tiles were broken and pushed into the inside of the wall where the inside of the wall could be observed. A third tile was also observed to be broken on the back wall by the far shower stall also just above the floor. The broken tiles pieces were observed to be jagged and sharp. An</p>	F 253			

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F 253	<p>Continued From page 23</p> <p>A review of the facility's maintenance repair log book was conducted which included notification requests, repairs completed, and repairs waiting items. There was no information found in the maintenance request log book to indicate the staff had reported or the maintenance department/director was aware of the broken tiles in the men's shower room on the 300 hall.</p> <p>On 04/17/2013 at 11:56 a.m. a second observation was made of the men's shower room with the facility's maintenance director. The tiles previously observed were still broken and unrepaired. The interior wall could still be seen where the 2 broken tiles were pushed into the wall along the floor line. 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.</p> <p>On 04/19/2013 at 9:15 a.m. an observation of the men's shower room on the 300 hall and interview was conducted with the facility's administrator. The administrator could not explain why the tiles in the shower room had not been repaired or identified in the maintenance log book as needing repair/replacement.</p> <p>On 4/16/2013 at 2:20 p.m. an interview was conducted with a facility NA concerning the facility's procedure for identification and</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
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F 253	Continued From page 24 documentation of an item found in the facility needing repair/replacement. The NA indicated there was a book at the nurse's station which people wrote in if they found something broken. The NA indicated the maintenance staff would then repair the broken items. On 04/17/2013 at 11:58 a.m. an interview with a 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 indicated that when an item was found that needed repair/replacement and entry was made in the maintenance log book about the item. The entry would be dated and a time found would be entered. The nurse indicated the maintenance director would review the maintenance log book each morning and several times a day and make repairs according to the items entered into the book.	F 253			

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549	
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V (111) construction, one story, with a complete automatic sprinkler system.	K 000	K012 STANDARD DISCLAIMER: The Plan 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). No residents were specifically identified as having been affected by the alleged deficient practice.	
K 012 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012	The hole in the kitchen dry storage room ceiling has been repaired. The ceiling is checked for any holes/openings on a daily basis by Dietary Manager and/or designee. The Maintenance Director, Administrator and/or designee shall ensure compliance via weekly random audits to evaluate for any holes or other variances in dry storage ceiling.	
K 029 SS=D	This STANDARD is not met as evidenced by: A. Based on observation 05/10/2013 there was a large hole in the ceiling in the dry storage room for the kitchen. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the 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. 19.3.2.1	K 029	The Maintenance Director shall report any variances identified to the Quality Assurance Committee monthly for three months, then quarterly thereafter.	5/13/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cheryl Vermilyea TITLE: Administrator (X6) DATE: 5/10/13

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.

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NAME OF PROVIDER OR SUPPLIER LOUISBURG NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 202 SMOKETREE WAY LOUISBURG, NC 27549		
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K 029	Continued From page 1 This STANDARD is not met as evidenced by: A. Based on observation on 05/10/2013 residents room 114 was being used as a storage 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)	K 029	<p>K029 STANDARD DISCLAIMER: The Plan 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).</p> <p>No residents were specifically identified as having been affected by the alleged deficient practice.</p> <p>Room 114 is a resident room and not in use as storage.</p> <p>The storage room door in can wash area closes and latches appropriately.</p> <p>All storage area doors have been checked for appropriate closure and latching.</p> <p>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.</p> <p>The Maintenance Director shall report any variances identified to the Quality Assurance Committee monthly for three months, then quarterly thereafter.</p>	5/24/2013