

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

JUN 18 2013

PRINTED: 06/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/30/2013
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NAME OF PROVIDER OR SUPPLIER  HARNETT WOODS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS RD DUNN, NC 28334
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(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
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F 221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility utilized a concave winged mattress that acted as a restraint without a medical symptom on 1 of 2 residents (resident #75) reviewed for restraints. Findings include:</p> <p>Resident #75 was admitted into the facility on 4/18/13 with diagnoses of insomnia, anxiety, cerebreavascular accident, dementia with behavioral disturbance, hallucinations, alcohol abuse, history of falls and impaired vision. The admission Minimum Data Set (MDS) dated 4/22/13 indicated resident #75 had severe cognitive impairment, was non-ambulatory and required extensive assistance with all activities of daily living (ADL's ). The MDS was not coded for a restraint.</p> <p>A review of the medical record revealed that resident #75 was evaluated by physical therapy on 4/18/13 but no services were indicated since level of function as at baseline. A fall risk assessment was completed on 4/18/13 indicating resident #75 was a high risk for falls. A review of the care plan dated 4/22/13 indicated resident #75 was at risk for falls with interventions to include a mat on the floor beside the bed, low bed, frequent monitoring and a winged mattress.</p>	F 221	<p>RESPONSE PREFACE</p> <p>Harnett Woods Nursing and Rehabilitation acknowledges receipt of the Statement of Deficiencies and proposetthis plan of correction to the extend that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality care of the residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>Harnett Woods Nursing and Rehabilitation response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further Harnett Woods reserves the right to submit any documentation to refute any of the stated deficiencies on this Statement of Deficiencies through the informal dispute resolution formal appeal procedure and/or any other administrative legal proceeding.</p>	06/27/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ida Jordan* TITLE *Administrator* (X6) DATE *6-12-13*

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  HARNETT WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS RD DUNN, NC 28334		
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F 221	<p>Continued From page 1</p> <p>There was no evidence in the medical record that any other less restrictive measure other than the winged mattress had been evaluated for effectiveness.</p> <p>A review of the manufactures product information indicated the defined perimeter mattress (concave winged mattress) was elevated to a level of 16 inches and to be utilized for the difficult patient who required the greatest level of protection.</p> <p>A review of the incident report dated 4/18/13 at 5:52 PM indicated resident #75 was found on the floor. She had fallen out of the reclining chair. There were no injuries. The incident report indicated no intervention to prevent another occurrence. Resident #75 had not experienced any other falls to date from either the reclining chair or the bed.</p> <p>During an observation on 5/28/13 at 11:00 AM, during the initial tour, resident #75 was observed asleep in her bed. A concave winged mattress was observed elevated to each side of the upper/lower sides of the bed. The mattress was made of firm foam with an area in the middle of the right side of the mattress cut out to allow for care to be rendered.</p> <p>During an observation on 5/29/13 at 11:20 AM, resident # 75 was observed in the bed screaming out and kicking her feet and pulling at the right side of the concave winged mattress in an attempt to get out of the bed. In an interview with nursing assistant #1 (NA) at 11:45 AM on 5/29/13, she indicated that resident #75 attempted to get up out of the bed all the time but</p>	F 221	<p>The facility removed the concave winged mattress from Resident #75's bed on June 3, 2013. The facility has evaluated the Resident for the necessity of a less restrictive device with the resident.</p> <p>The facility completed by June 7, 2013 a 100% audit of falls and interventions for the past 180 days. This audit included assessing the use of Physical Restraints and included the concave winged mattress to ensure that the least restrictive device for fall prevention was being used with no issues identified.</p> <p>An in-service was begun by the DON and ADON on June 3, 2013 with all license nurses and administrative staff regarding the use of alternatives for Physical Restraints and assessing for the least restrictive device for fall prevention. New nurses will be in-serviced on the process during orientation.</p> <p>An audit tool was begun by the QI Nurse on June 3, 2013 to review new falls to include Resident #75 and interventions to ensure alternatives to</p>	06/27/13	

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F 221	<p>Continued From page 2</p> <p>she could not because of the concave winged mattress. NA #1 indicated resident #75 had not fallen from the bed and recalled the mattress being on the bed since resident #75 was admitted to the facility. NA #1 stated that the resident exhibited behaviors to include yelling, screaming and verbal aggression daily and the behavior witnessed at 11:20 AM was not out of the ordinary for resident #75. NA #1 stated resident #75 was placed back into her bed to render incontinence care and she would be getting her back up for lunch shortly</p> <p>In an interview with assistant director of nursing (ADON) on 5/29/13 at 12:05 PM, she indicated the concave winged mattress was put on her bed after her fall from the reclining chair on 4/18/13. The ADON stated resident #75 was often combative and tried to get out of the bed. The ADON recalled reading reports that resident #75 tried to roll from the bed, especially at night. She recalled resident #75 had a lot of falls from the previous facility but she had only one fall from the reclining chair to date since her admission on 4/18/13.</p> <p>In an interview with nurse #1 on 5/29/13 at 12:15 PM, she stated that resident #75 tried to get out of the bed all the time. She stated that resident #75 could throw her legs over the side of the mattress and if she really wanted too, she felt resident #75 could get out of the bed.</p> <p>In an interview with NA #2 on 5/29/13 at 12:35 PM, she indicated she had only been employed at the facility for approximately one month. She recalled the concave winged mattress on resident #75's bed since the start of her employment. NA</p>	F 221	<p>Physical Restraints are attempted initially. The QI Nurse will review falls daily. The audit tool will monitor Physical Restraints to ensure the least restrictive device is used, that there is a medical symptom, the correct coding is on the MDS and there is a care plan.</p> <p>The DON and the ADON will review the results of the audit tool weekly X 4 weeks and monthly X 2 months. The DON and/or the ADON will follow up immediately any potential or actual physical restraint use concern upon identification. The results of the audit tool will be shared monthly with the Executive QI Committee X 2 months. Additional action will occur as deemed necessary for potential areas of concerns, and to determine the need for and/or frequency of continued monitoring.</p>	06/27/13

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F 221	<p>Continued From page 3</p> <p>#2 stated resident #75 frequently attempted to get out of the bed but she was unable to because of the mattress.</p> <p>During an observation on 5/29/13 at 1:45 PM, resident #75 was observed with her legs positioned over the concave winged mattress, crying, and moving her lower body in an attempt to get over the mattress.</p> <p>In an interview on 5/29/13 at 2:05 PM, the MDS nurse stated her understanding was that the concave winged mattress was placed on resident #75 's bed to prevent falls. The MDS nurse could not recall if any alternatives to the concave winged mattress had been tried for resident #75 and she did not consider the mattress a restraint.</p> <p>In an interview on 5/29/13 at 3:20 PM, the director of nursing (DON), ADON, and MDS nurse acknowledged that no other interventions to prevent falls from the bed were attempted for resident #75. The DON indicated that resident #75 would have been found on the floor mat had they not used the concave winged mattress. She indicated the concave winged mattress kept her in the bed.</p> <p>In an interview with NA #3 on 5/30/13 at 12:00PM, she stated she often witnessed resident #75 attempting to get out of the bed. She stated resident #75 would kick, scream and throw her legs over the side of the bed but she did not believe resident #75 could get out of the bed over the mattress on her own. She stated when she saw resident #75 getting unsettled while in the bed she got her up to the reclining chair.</p>	F 221		

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F 221	Continued From page 4 In an interview with the administrator on 5/30/13 at 12:30 PM, she indicated her expectation would be that that the least restrictive device be tried for resident #75 before using a restraint.	F 221			
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.	F 272	The facility removed the concave winged mattress from Resident # 75's bed on June 3, 2013. The MDS Nurse has assessed Resident # 75 for the necessity of a less restrictive device.  The facility began an 100% audit assessing the other residents for the use of restraints and concave winged mattresses. The audit included checking for medical symptoms, coding on the MDS and a correct care plan with revisions made as necessary by the MDS nurses.  An in-service was completed on June 5, 2013 by the Administrator with the two MDS nurses on the comprehensive assessment of a resident's needs and using the resident assessment (MDS) required by the state. It included that the assessment must accurately reflect the resident's status and must reflect any restraint use. A care plan is to be completed for any Physical Restraint use	06/27/13	

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F 272	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to assess for the least restrictive device before utilizing concave winged mattress for 1 of 2 sampled residents (resident #75) with restraints. Findings include:  Resident #75 was admitted to the facility on 4/18/13 with diagnoses of insomnia, anxiety, cerebrovascular accident, dementia with behavioral disturbance, hallucinations, alcohol abuse, history of falls and impaired vision. The admission Minimum Data Set (MDS) dated 4/22/13 indicated resident #75 had severe cognitive impairment, was non-ambulatory and required extensive assistance with all activities of daily living (ADL's). The resident was coded for one fall without injury and it was not coded for any restraints. The facility did not assess for any negative consequences of the restraint, the underlying need for the restraint, any other least restrictive devices, or determine what medical symptom the mattress was treating because the facility thought the mattress was an enabler.  A review of the care plan dated 4/22/13 indicated resident #75 was at risk for falls with interventions to include a mat on floor beside the bed, low bed, frequent monitoring and a winged mattress.	F 272	An audit tool to include Resident #75 was begun on June 3, 2013 by the QI Nurse to monitor the use of Physical Restraints, concave winged mattresses, medical symptoms for the restraint, correct coding of the MDS and a care plan for the resident.  The DON and the ADON will review the results of the audit tool weekly X4 weeks and monthly X 2 months. Upon identification any concern with proper assessment for the use of physical restraint devices and/or the application of the least restrictive device will be immediately followed up on by the DON and/or the ADON.  The results of the audit tool will be shared monthly with the Executive QI Committee X 2 months. Additional action will occur as deemed necessary for potential areas of concern, and to determine the need for and/or frequency of continued monitoring.	06/27/13

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F 272	<p>Continued From page 6</p> <p>A review of the manufactures product information indicated the defined perimeter mattress (concave winged mattress) was elevated to a level of 16 inches and to be utilized for the difficult patient who required the greatest level of protection.</p> <p>A review of the medical record revealed that resident #75 was evaluated by therapy on 4/18/13 but no services were indicated since level of function as at baseline. A fall risk assessment was completed 4/18/13 indicating resident #75 was a high risk for falls.</p> <p>A review of the medical record did not reveal any teaching, any physician orders for the mattress, no consents for the mattress and no physical therapy screen for the need for the concave winged mattress.</p> <p>During an observation on 5/28/13 at 11:00 AM, during the initial tour, resident #75 was observed asleep in her bed. A concave winged mattress was observed elevated to each side of the upper/lower sides of the bed. The mattress was made of firm foam with an area in the middle of the right ride of the mattress cut out to allow for care to be rendered.</p> <p>During an observation on 5/29/13 at 11:20 AM, resident # 75 was observed in the bed screaming out and kicking her feet and pulling at the right side of the concave winged mattress in an attempt to get out of the bed.</p> <p>In an interview with assistant director of nursing (ADON) on 5/29/13 at 12:05 PM, she indicated the winged mattress was put on her bed after her</p>	F 272			

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F 272	Continued From page 7 fall from the reclining chair on 4/18/13. The ADON stated resident #75 was often combative and tried to get out of the bed. The ADON recalled reading reports that resident #75 tried to roll from the bed, especially at night. She recalled resident #75 had a lot of falls from previous facility but she had only one fall to date since her admission on 4/18/13.  During an observation on 5/29/13 at 1:45 PM, resident #75 was observed with her legs positioned over the concave winged mattress, crying, and moving her lower body in an attempt to get over the mattress.  In an interview on 5/29/13 at 2:05 PM, the MDS nurse stated if the concave winged mattress kept resident #75 from getting up from the bed, it should have been coded and care planned as a restraint on her MDS dated 4/22/13.  In an interview on 5/29/13 at 3:20 PM, the director of nursing (DON), ADON, and MDS nurse confirmed there was no assessment for the least restrictive device but they did not think the mattress was a restraint since resident #75 was able to move about in the bed.  In an interview with the administrator on 5/30/13 at 12:30 PM, she indicated her expectation would be that that resident #75 would be assessed for the least restrictive device before using a restraint.	F 272			
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED  The assessment must accurately reflect the resident's status.	F 278			



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F 278	Continued From page 8  A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.  A registered nurse must sign and certify that the assessment is completed.  Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.  Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.  Clinical disagreement does not constitute a material and false statement.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to accurately code the Minimum Data Set (MDS) to reflect the use of a physical restraint for 1 of 2 sampled residents (resident #75) reviewed for restraints. Findings include:  Resident #75 was admitted to the facility on 4/18/13 with diagnoses of insomnia, anxiety,	F 278	The facility removed the concave winged mattress from Resident # 75's bed on June 3, 2013. The MDS Nurse has assessed Resident # 75 for the necessity of a less restrictive device.  The facility completed a 100% audit for residents with falls for the past 180 days ensuring that a Physical Restraint had not been utilized without an assessment, the correct coding on the MDS and a restraint care plan with revisions made as necessary by the MDS nurses.  An in-service was completed by the Administrator on June 5, 2013 with the two MDS nurses on the MDS process, the assessment accurately reflecting the resident's status including the use of a Physical Restraint and a care plan for the restraint.  An audit tool to include Resident # 75 was begun on June 3, 2013 by QI Nurse to monitor the use of restraints, the correct coding on the MDS and care planning for the restraint.	06/27/13	

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F 278	<p>Continued From page 9</p> <p>cerebrovascular accident, dementia with behavioral disturbance, hallucinations, alcohol abuse, history of falls and impaired vision. The admission MDS dated 4/22/13 indicated resident #75 had severe cognitive impairment, was non-ambulatory and required extensive assistance with all activities of daily living (ADL's). The resident was coded for one fall without injury and it was not coded for any restraints. There was no Care Area Assessment completed regarding the use of restraints.</p> <p>A review of the care plan dated 4/22/13 indicated resident #75 was at risk for falls with interventions to include a mat on floor beside the bed, low bed, frequent monitoring and a winged mattress. There was no care plan for the use of restraints.</p> <p>During an observation on 5/28/13 at 11:00 AM, during the initial tour, resident #75 was observed asleep in her bed. A concave winged mattress was observed elevated to each side of the upper/lower sides of the bed. The mattress was made of firm foam with an area in the middle of the right side of the mattress cut out to allow for care to be rendered.</p> <p>During an observation on 5/29/13 at 11:20 AM, resident # 75 was observed in the bed screaming out and kicking her feet and pulling at the right side of the concave winged mattress in an attempt to get out of the bed.</p> <p>In an interview with nursing assistant #1 (NA) at 11:45 AM on 5/29/13, she indicated that resident #75 attempted to get up out of the bed all the time but she could not because of the concave winged mattress.</p>	F 278	<p>The DON and the ADON will review the results of the audit tool weekly X4 weeks and monthly X 2 months. Upon identification any concern with the addressing of physical restraint device on the care plan will be immediately followed up on by the DON and/or the ADON.</p> <p>The results of the audit tool will be discussed monthly with the Executive QI Committee X 2 months. Additional action will occur as deemed necessary for potential areas of concern, and to determine the need for and/or the frequency of continued monitoring.</p>	06/27/13	

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NAME OF PROVIDER OR SUPPLIER  HARNETT WOODS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS RD DUNN, NC 28334		
(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 278	<p>Continued From page 10</p> <p>During an observation on 5/29/13 at 1:45 PM, resident #75 was observed with her legs positioned over the concave winged mattress, crying, and moving her lower body in an attempt to get over the mattress.</p> <p>In an interview on 5/29/13 at 2:05 PM, the MDS nurse stated if the concave winged mattress kept resident #75 from getting up from the bed, it should have been coded and care planned as a restraint on her MDS dated 4/22/13.</p> <p>In an interview on 5/29/13 at 3:20 PM, the director of nursing (DON), ADON, and MDS nurse confirmed that the MDS should have been coded for a restraint and care planned as a restraint.</p> <p>In an interview with the administrator on 5/30/13 at 12:30 PM, she indicated her expectation would be that that resident #75's MDS accurately reflect the use of the restraint.</p>	F 278			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345478	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  07/10/2013
NAME OF PROVIDER OR SUPPLIER  HARNETT WOODS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS RD DUNN, NC 28334	
(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)

**RECEIVED**  
 JUL 24 2013  
 CONSTRUCTION SECTION

K 000 INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This facility is Type V protected construction utilizing North Carolina Special locking arrangements, and is equipped with a complete automatic sprinkler system.

K 029 CFR#: 42 CFR 483.70 (a)  
 NFPA 101 LIFE SAFETY CODE STANDARD  
 SS=E

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

This STANDARD is not met as evidenced by:  
 Based on the observations and staff interview during the tour on 7/10/2013 the following item was observed as noncompliant, specific findings include: The facility had a buildup of dust and lint in the combustion chamber of the gas fired dryers in the laundry.

K 056 CFR#: 42 CFR 483.70 (a)  
 NFPA 101 LIFE SAFETY CODE STANDARD

PREFACE  
 Harnett Woods acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extend that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident. The plan of correction is submitted as written allegation of compliance.

Harnett Woods response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Harnett Woods reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through the informal dispute resolution, formal appeal procedure and/or any other documentation or administrative legal proceeding.

K 029 An in-service was completed on July 15, 2013 by the Administrator with the Maintenance Man on the proper and timely cleaning of the

08/01/2013

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

*Ida Trogdon*

*Administrator*

(X5) DATE  
 724-13

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.

*MS*

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345470	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/10/2013
NAME OF PROVIDER OR SUPPLIER  HARNETT WOODS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 604 LUCAS RD DUNN, NC 28334	
(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 056 SS=E	Continued From page 1  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on the observations and staff interview during the tour on 7/10/2013 the following item was observed as noncompliant, specific findings include: The facility did not have proper sprinkler coverage in the storage room on the 400 hallway.  CFR#: 42 CFR 483.70 (a)	K 056	combustion chamber of the gas fired dryers in laundry. 08/01/13  A weekly audit tool was begun by Maintenance on July 15, 2013 to clean and monitor the combustion chambers of the gas fired dryers in the laundry.  A QI audit tool was begun on July 15, 2013 by the Administrator to review the weekly checks by Maintenance. The results of the weekly audit tool will be reviewed weekly X 4 weeks and monthly X 2 months.  K056 Sunland Fire and Sprinkler Protection came on July 19, 2013 and installed a sprinkler head for propx coverage in the storage room on the 400 Hallway. 08/01/2013