


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

PRINTED: 01/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345240	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  JAN 22 2014 B. WING _____	(X3) DATE SURVEY COMPLETED  01/02/2014
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NAME OF PROVIDER OR SUPPLIER  WARREN HILLS A PERSONAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 864 US HWY 158 BUSINESS WEST WARRENTON, NC 27589
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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
K 000	INITIAL COMMENTS	K 000	Warren Hills Nursing Center acknowledges and submitted as a written allegation of compliance. proposes this plan of corrections to the extent that the summary of finding is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Corrections is submitted as a written allegation of compliance.	
K 011 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2	K 011	Warren Hills Nursing Center's response to this 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. Furthermore, Warren Hills reserves the right to refute any deficiency on this statement of deficiencies through Informal Dispute Resolution, Formal Appeal and or Administrative or Legal Procedures.	
K 029 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 01/02/2014 the fire door near room 403 and 305 failed to latch when closed. 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 011	All doors, to include the fire door near room 403 and 300, shall close and latch properly. All fire doors throughout the facility were checked by maintenance to ensure that they close and latch properly. Staff shall be in-serviced on filling out maintenance request if they notice any doors throughout the facility, to include fire doors, not closing/latching properly so maintenance can readjust/repair it. The facility maintenance supervisor and/or designees, to include staff of the facility shall randomly throughout the day test doors in the facility for closing/latching properly. A QA monitor sheet shall be used by maintenance supervisor and/or designee to monitor all doors to include fire doors,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE AcM.	(X6) DATE 1-16-14
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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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K 029	Continued From page 1	K 011	throughout the facility for closing/latching properly weekly X 4 weeks, then monthly X 1 year. The QA monitor sheet shall be reviewed/revise as necessary to maintain compliance by the facility Administrator and Plant Manager monthly.	
K 076 SS=D	<p>This STANDARD is not met as evidenced by: A. Based on observation on 01/02/2014 the doors to the soiled linen and clean linen sides of the laundry failed to close and latch. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 01/02/2014 there were full and empty O2 cylinders mixed in the O2 storage just outside the exit door at the laundry.</p>	K 029	<p>The doors to the soiled linen and clean linen sides of the laundry shall close and latch. These doors have been adjusted by maintenance and do close and latch properly.</p> <p>All doors throughout the facility were checked by maintenance to ensure that they close and latch properly.</p> <p>Staff shall be in-serviced on filling out maintenance request on any doors that do not close or latch properly. The facility maintenance Supervisor and/or designees to include all staff of the facility shall randomly throughout the day test doors in facility for closing/latching properly.</p> <p>A QA monitor sheet shall be used by maintenance supervisor and/or designee to monitor doors throughout facility, to include the soiled and clean linen side of laundry doors on 500 hall, for closing and latching properly.</p> <p>A QA monitor sheet shall be reviewed/revise as necessary to maintain compliance by the facility Administrator and Plant Manager monthly.</p>	

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K 076 SS=D	<p>This STANDARD is not met as evidenced by: A. Based on observation on 01/02/2014 the doors to the soiled linen and clean linen sides of the laundry failed to close and latch. 42 CFR 483.70-(a)</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 01/02/2014 there were full and empty O2 cylinders mixed in the O2 storage just outside the exit door at the laundry.</p>	K 076	<p>The full and empty oxygen cylinders shall be separated in the Oxygen storage area just outside the exit door at the laundry.</p> <p>All other areas in facility where empty and full oxygen cylinders are stored, shall be separated also. The staff shall be in-serviced on placing empty and full oxygen cylinder separately in storage area and why.</p> <p>The facility Plant Supervisor and/or designee to include nursing staff shall monitor daily X 3 weeks, then weekly for the full or empty cylinders at all locations in the building are kept separated.</p> <p>The facility maintenance Supervisor and/or designee, to include nursing, of the facility, shall randomly throughout the day, check storage area (500 hall, lab, &amp; 600 hall) to maintain that full and empty oxygen cylinders are kept separated. All empty oxygen cylinders are to go out at end of 500 hall.</p> <p>A QA monitor sheet shall be used by Maintenance Supervisor and/or designee to include nurses, daily X 3 months then weekly to maintain oxygen cylinders are stored properly/separated.</p> <p>A QA monitor sheet shall be reviewed/ revised as necessary to maintain compliance, by the facility Administrator and Plant Manager monthly.</p>	