

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345049</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>10/16/2014</b>
--	---------------------------------	--	---

NAME OF PROVIDER OR SUPPLIER  <b>RALEIGH REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>616 WADE AVENUE RALEIGH, NC</b>
--	---

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------------	-----------------------------------

<b>F 252</b>	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to remove stains from a floor in a timely manner for 1 of 6 residents (Resident #9) rooms observed.</p> <p>The findings included:</p> <p>On 10/14/14 at 10:20 am, a tour of the facility was conducted and Resident #9's room was visited. Resident #9 was asleep in bed; however at the foot of the bed, there was a long trail of light brown splatters on the floor, forming a line to her bathroom door. The stains were dry. The room did not have an odor. The distance was estimated to travel at least 7 feet.</p> <p>A second visit was made to her room on 10/14/14 at 12:45 pm. The stains remained on the floor. The bathroom was examined and the area appeared to be clean, with no odors and a clean toilet bowl.</p> <p>The Housekeeper Supervisor was interviewed on 10/15/14 at 9:29 am. He stated that he conducted room audits daily and yesterday afternoon, he became aware that the floor in Resident #9 's room needed to be mopped and had his housekeeper clean it.</p> <p>On 10/16/14 at 11:40 am, the floor in Resident #9's room was observed clean.</p>
--------------	---

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

The above isolated deficiencies pose no actual harm to the residents