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

PRINTED: 04/07/2015 FORM APPROVED OMB NO. 0938-0391

STREET ADDRESS, CITY, STATE, ZIP CODE	AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION  NG		E SURVEY MPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE			345194	B. WING		03/18/2015		
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 170  A83.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL  The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.  This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, the facility failed to deliver mail on Saturday to residents in the facility.  The findings included:  During an interview on 3/18/15 at 10:35 AM the Activity Director stated that she delivered mail to residents in the facility during the week. She revealed to her knowledge no one delivered mail to residents on Saturday.  During an interview on 3/18/15 at 3:08 PM  BREFIX TAG  F 170  F 170  F 170  F 170  DISCLAIMER  RESPONSE PREFACE: GlenFlora acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of Residents. The plan of correction is submitted as a written allegation of compliance. GlenFloraGs response to this statement					5701 FAYETTEVILLE ROAD			
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during the week, but she did not receive mail on weekends. According to Resident #18 's Annual Minimum Data Set (MDS) dated 2/27/15, her cognition was intact.  During an interview on 3/18/15 at 3:15 PM, the Administrator revealed that at one time mail was not delivered to the facility on Saturday. He explained that no one in the facility delivered mail to residents on Saturday so mail  not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, GlenFlora reserves the right to refute any deficiency on this statement of deficiencies through informal dispute resolution, formal appeal, and/or other administrative or legal procedures.  F-170 Plan of Correction					RESPONSE PREFACE: GlenFlora acknowledges receistatement of deficiencies and pathis plan of correction to the exthe summary of findings is fact correct and in order to maintain compliance with applicable rule provisions of quality of care of The plan of correction is submit written allegation of compliance GlenFloraGs response to this sof deficiencies and plan of correction to denote agreement with the of deficiencies nor does it consadmission that any deficiency in Further, GlenFlora reserves the refute any deficiency on this standard deficiencies through informal defic	oroposes tent that ually nes and Residents. Itted as a e. etatement ection does statement of ispute or other res.		
	ADODATOD			MATURE	<u> </u>		(X6) DATE	

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

**Electronically Signed** 

04/02/2015

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345194	B. WING			03/1	8/2015	
NAME OF PROVIDER OR SUPPLIER  GLENFLORA				STREET ADDRESS, CITY, STATE, ZIP CODE  5701 FAYETTEVILLE ROAD  LUMBERTON, NC 28360				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 170		age 1 being delivered to residents was something that could be	F 1	station on 3/19/2015. On 3/2 facility administrator informed weekend secretary and activi of the expectation around residelivery on Saturdays. On 3/31/2015 GlenFloraGs leteam decided to add a section weekend activity log enabling secretary or his/her designee resident mail delivery (Attach On 4/1/2015 nursing staff wein-serviced on the expectation mail delivery on Saturday (Attach The weekend activity log will by the Activities Director and quarterly during GlenFloraGs Assurance Committee meeting negative trends will be reported facility administrator.	d the ities dire sident meadershi on to the to confirment I). The tachment be revied reported Qualityngs. An	ector nail ip firm ident nt II). ewed d on		