

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

PRINTED: 12/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2015
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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 456 SS=D	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to maintain water temperatures within range and repair shower equipment for 3 of 6 shower stalls. The findings included: The facility policy titled " Domestic Hot Water Temperature " dated 1/12/15, read in part: "#3 check water temperature in shower room/whirlpool daily, #9 ensure that the hot water accessible to patients is maintained at all times within the range of 100-116 degrees with an ideal (medical facilities of North Carolina) standard of 110 degrees and #11 any equipment malfunctions will be corrected/repared immediately. During an interview on 11/23/15 at 10:30AM, Resident #2, who was identified by the facility as alert and oriented, stated that he used the second shower stall in Mauve #1 shower room. He reported the shower head had been broken for at least 4 weeks and the water was cold and coming out very slow. Resident #2 further stated that he had reported this to the administrator, director of nursing and the maintenance director and it took weeks for them the change the shower head, but the water pressure remained low and the water very cold. Resident #2 added that " I feel like everyone was trying to ignore the fact that the shower head was broken and the water was cold. No one should have to take cold showers. It is the facility responsibility to make sure the water is</p>	F 456	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by December 18, 2015.</p> <p>F456</p> <ul style="list-style-type: none"> For the residents found to be affected by the deficiency, as well as those with the potential to be affected by the deficiency, we are making an adjustment to the shower heads that potentially was allowing cooler water than necessary work its way into the showers. Going forward, each shower, tub, and shower room sink will be checked daily to ensure their temperatures are within the correct rage (between 100 and 116 degrees Fahrenheit, with a target temperature of 110 degrees). Any whose 	12/18/15	

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

TITLE

(X6) DATE

Electronically Signed

12/18/2015

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2015
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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 456	<p>Continued From page 1</p> <p>warm enough for the residents. It should not take weeks for things to get fixed. "</p> <p>During a tour of the facility shower rooms on 11/23/15 at 9:46AM, Mauve #1 shower room had two shower stalls. In shower stall #2, the hot water temperature was 95 degrees and the water pressure was very low. This was the shower stall identified by Resident #2 that was not working properly.</p> <p>During observation on 11/23/15 at 9:55AM, Mauve #2 shower room had two shower stalls, in stall #1, the hot water temperature was 94 degrees and the water pressure was very low with a slow stream. The shower head on shower stall #1 was leaking from the hose.</p> <p>During an observation on 11/23/15 at 10:00AM, in teal shower room, stall #1, the hot water temperature was 95 degrees and in stall #2, the inside ringer of the shower head was missing which resulted in low water pressure.</p> <p>During an interview on 11/23/15 at 10:05AM, the Maintenance Director indicated that the water temperatures were only done for the sinks and the whirlpool and not the shower stalls. He further stated that he had not been checking the water temperatures or water pressure in the stalls unless staff or residents reported the problem. He added that he was aware of the broken shower head in Mauve #1 shower room stall #2 due to Resident #2 reported the problem a week ago. The shower head was replaced, but the water temperature in the stalls was not checked during that time. The maintenance director stated the water temperature should be between 100-116 degrees.</p> <p>During an interview on 11/23/15 at 11:00AM, the Director of Nursing (DON) indicated that Resident #2 had reported the shower head was broken and the water was cold. The expectation was for</p>	F 456	<p>temperatures fall outside that range will be shut off from use until the issue with that particular shower/tub/sink is resolved. Besides being reported each weekly during the department head morning meeting, we will track and trend the findings through the QA process. Direct responsibility for these checks will go to the maintenance director. He will designate someone to do the checks on days he is not here and ensure that they take place. Ultimate responsibility for the checks, fixes, and monitoring will be for the administrator.</p> <ul style="list-style-type: none"> • These checks have already been taking place daily. 		

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

PRINTED: 12/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/24/2015
NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(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 456	Continued From page 2 maintenance to repair and replace any broken shower room equipment and check the water temperatures of the shower rooms. The DON indicated that she was unaware the shower stall water temperatures were not being done. During an interview on 11/23/15 at 11:30AM, the Administrator indicated the expectation was the maintenance director should be checking all the shower stall water temperatures and make the necessary repairs on a routine basis. He indicated he was unaware the water temperatures in the shower stalls were not being done. Review of the historical meter readings log sheets from January 2015 through November 2015, revealed the shower stalls and water pressures were not being checked on a routine basis. Review of the grievance logs from 10/27/15 through 11/19/15, revealed Resident #2 had reported concerns with the shower head being broken and the water temperature was cold and the water pressure was very low.	F 456		