

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
(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 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview the facility failed to provide an effective housekeeping and maintenance service by failing to clean stained and dirty floor tiles, failing to repair a cracked sink and stained faucet handles for 1 of 2 halls (Room 101) and failed to maintain 3 of 3 shower rooms in working condition. The findings included.</p> <p>1. During an observation on 12/5/16 at 12:07 PM the floor tiles in the bathroom in room 101 was observed with a dark brown stain about 1/2 inch wide around the toilet base. There were light tan stains and medium brown stains splattered on the entire bathroom floor tiles. The sink was observed with a 6 inch long crack starting on the right side of the sink descending down to the basin. The faucet handles and the base of the faucet were observed with rust colored stain.</p> <p>Resident #5 was admitted to the facility on 8/11/15 with diagnoses of hypertension, diabetes mellitus, anemia, adult failure to thrive and neuropathy. A review of the medical record revealed Resident # 5 was admitted to room 101 on November 9/8/2015. According to her most recent quarterly minimum data set (MDS) dated 11/2/16 and her annual MDS of 8/24/16 revealed she was cognitively intact.</p> <p>During an interview on 12/6/16 at 9:15 AM</p>	F 253	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F253 HOUSEKEEPING & MAINTENANCE SERVICES Corrective Action:</p> <p>1. On 12/7/16 the Administrator instructed Maintenance Director to replace the cracked sink and sink fixture in room 101. The Floor Technician then stripped and waxed the bathroom floor. A floor contractor has been contracted to replace the tiles in the bathroom starting on 1/9/16.</p> <p>2. Doug's Tile Company was contracted on 12/20/16 to replace tiles in shower rooms starting on 1/2/16.</p> <p>Identification of other residents who may be involved with this practice:</p>	1/5/17	

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

TITLE

(X6) DATE

Electronically Signed

12/22/2016

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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F 253	<p>Continued From page 1</p> <p>Resident #5 stated, " I think they (the facility) think me and my roommate are going to pass away any time and we will never see them (the bathroom floor tiles) cleaned and redone. " The Resident stated that when she came to look at the room (Room 101) she had pointed out that the floor tiles were stained and she was informed that the facility would replace the tiles. The resident stated she had been in room 101 since November 2015. The resident further stated she had gone to the resident council meeting a while back and had mentioned the floor and also that she wanted a new sink and new faucet because the sink was cracked and the faucet handles were stained.</p> <p>On 12/06/16 at 9:28 AM the floor tiles in the bathroom in room 101 was observed with a dark brown stain about 1/2 inch wide around the toilet base. There were light tan stains and medium brown stains splattered on the entire bathroom floor tiles. The sink was observed with a 6 inch long crack starting on the right side of the sink descending down to the basin. The faucet handles and the base of the faucet were observed with rust colored stain.</p> <p>During an interview on 12/06/16 9:39 AM the housekeeping staff stated the floor tiles in the bathroom were stained and the sink had been cracked for a while. She stated she had not told anyone because staff were aware of the condition of the floor. She stated that housekeeping could come and strip the floors.</p> <p>During an interview on 12/7/16 at 9:04 AM the Administrator stated she was aware that the floor in the bathroom for Room 101 was stained and the tiles needed to be replaced. She stated she</p>	F 253	<p>All residents have the potential to be affected by the alleged practice. All resident rooms and bathrooms were inspected on 12/8/16 to ensure that there were no cracked sinks or faucets, and no stained, missing or broken tiles. An audit was done on 12/8/16 and any areas of discoloration, broken tiles or cracked sinks or faucets will be replaced by Maintenance Director by 1/5/16.</p> <p>Systemic Changes: On 12/7/16 the Administrator educated the Maintenance Director and floor technician on assessing resident rooms and shower areas to ensure that the resident floors, sinks and faucets are in good working conditions when rounding and throughout day to day operations of facility. Administrator educated on process of repairing tiles, sinks and faucets in a timely manner to maintain resident areas in good working conditions. Monitoring: Maintenance Director will do weekly rounds to ensure that shower rooms, resident bathrooms, sinks and faucets are in good working condition. Maintenance Director will audit 5 rooms/hall q week x 4 weeks and then audit 5 rooms/hall q month x 3 months. This QA tool will be monitored by the Administrator. To ensure compliance this reports will be presented to the weekly QA Committee by Administrator or designee to assure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly</p>		

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F 253	<p>Continued From page 2</p> <p>made daily rounds of Room 101 to identify housekeeping concerns and was aware of the stained tiles. She stated she did not have any documentation of specific concerns and was not aware of the crack in the sink or the faucet handles being stained.</p> <p>On 12/7/16 at 9:10 AM the Maintenance Director/Housekeeping Director stated he was not aware that the tiles in room 101 were stained or that the sink was cracked and the faucet handles were stained. He stated he could strip and clean the floor and replace the sink and handles.</p> <p>2. During an observation on 12/6/16 at 4:28PM of Bath 1 on hall 100 read an out of order sign. The tile at the base of the shower was missing. Tile missing on the corner of tub at floor level.</p> <p>During an observations on 12/6/16 at 4:31pm of Bath 2 on Hall 100 there was missing tile on the outside of shower wall. There was a hole in wall observed approximately 3 " x 4 " next to the shower. The corner tile was missing on wall right (2 " x3 ")and left (3 " x6 ") nearest the entrance door.</p> <p>During observations on 12/7/16 at 6:20AM of the hall 200 shower room the following was observed: Broken tiles were observed to the right of the shower wall on the outside of the shower wall that was approximately 12 " in length. Black mold seen there. On the wall corner next to toilet the tile was missing. At the shower entrance to the shower the threshold was unattached approximately 2 foot in length. There was what appeared to be red mold next to the wall.</p> <p>Observation of shower rooms on 12/8/16 at 11:50am showed they were in the same condition</p>	F 253	<p>QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse.</p> <p>Date of Compliance: __1/5/16__</p>		

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F 253	Continued From page 3 as previous observations. During an interview with Nursing Assistant #1 on 12/6/16 at 4:10pm she stated the towel on the floor over the threshold in the 200 hall shower room helped because the water runs out of the shower and also the flooring is messed up. During an interview with the Maintenance Director on 12/7/16 at 6:25PM he stated he already had estimates for all three shower rooms to be re-hauled. Interview with Administrator on 12/8/16 at 11:55am she stated corporate had approved repairs but she was still getting quotes. She stated the previous maintenance man had started repairs on the 100 hall but the concrete he applied had separated and the shower rooms were not in use currently. She stated the shower rooms had not been used since approximately October 2016.	F 253			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to ensure the safety of residents by failing to immediately report unsafe water temperatures to the Administrator. The facility also failed to contact a professional to	F 323	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State	1/5/17	

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F 323	<p>Continued From page 4</p> <p>determine the cause of unsafe water temperatures on 1 of 2 halls (200 Hall) for three of four weeks in November, 2016 and for one week in December, 2016.</p> <p>The findings include: Review of a facility policy dated 7/1/02 and titled, " Hot Water Temperatures " read in part, " Hot water is tested weekly throughout the facility and Laundry. Water temperatures are dated, logged, area and initialed by person taking temperatures. Using a hand thermometer, turn on hot water faucet and hold thermometer under water for 30 seconds, read and record temperature and turn off faucet. If the temperatures are found to be not within range, thermostat is adjusted and temperature re-checked until found to be back within range.</p> <p>1. Patient areas 100-800 Halls - - Temp 100-116. "</p> <p>There was no information in the facility policy to calibrate the thermometer prior to taking the water temperatures. There was no information on the procedure if the water temperatures exceeded 120 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician, using a calibrated thermometer on 11/15/16, revealed the shower room on the 200 hall read 136 degrees Fahrenheit. A shared bathroom for room 201-202 read, 132 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician on 11/22/16 in the resident's shared bathroom 201-202, read, 134 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician on 11/25/16 in the resident's shared bathroom 201-202, read, 126 degrees Fahrenheit. The shower room on the 200</p>	F 323	<p>Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES Corrective Action: On 12/5/16 the Maintenance Director notified the Administrator of out of range water temperatures on the 200 hall and a professional plumber was contacted immediately. (Cross referred to F323 and 490) On 12/6/16, Ricky Pierce Plumbing serviced the facility and replaced the hot water heater.</p> <p>Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. The water temperatures were assessed in all resident rooms on 12/5/16 and 12/6/16 by the Maintenance Director and found to be within normal temperatures. Administrator and Maintenance Director checked all resident shower rooms on 12/5/16 and 12/6/16. On 12/5/16 two of the four shower rooms were found to out of normal ranges and these shower rooms were placed out of resident use. The hot water heater was repaired on 12/6/16 by Ricky Pierce Plumbing. On 12/7/16 all resident rooms and shower room water temps were tested by</p>		

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F 323	Continued From page 5 hall read 129 degrees Fahrenheit. A review of temperature log documentation taken by the facility Floor Technician on 12/1/16 in the shower room on the 200 hall read, 135 degrees Fahrenheit. Resident's room, 209, read, 123 degrees Fahrenheit. Resident's shared bathroom 201-202, read 134 degrees Fahrenheit. There was no documentation to reveal the hot water heater had any maintenance done in 2016. On 12/5/16 at 3:30 PM, the water temperature in room 202 was too hot to keep hand under hot water faucet while the hot water was running. The Maintenance Director was notified immediately and was informed by Surveyor that the hot water was too hot to keep hand under running water. The surveyor observed the Maintenance Director calibrating the thermometer to 32 degrees F in ice water. An observation on 12/5/16 at 4:11 PM revealed the hot water temperature in room 202 was 120 degrees F. An observation on 12/5/16 at 4:12 PM revealed the hot water temperature was checked in the bathroom sink in the shower room on the 200 hall. The hot water temperature was 120 degrees F. An observation on 12/5/16 at 4:13 PM, revealed the hot water temperature in the shower room on the 200 hall was 120 degrees F. The Maintenance Director rechecked all temperatures while the surveyor observed. Rechecked temperature in room 202 on 12/5/16 at 4:14 PM, temperature was 118 degrees F. Rechecked temperature in bathroom shower sink, temperature was 118 degrees F. During an interview on 12/5/16 at 4:56 PM, the Maintenance Director stated he had been working at the facility for about two months and he started logging water temperatures in November, 2016.	F 323	Maintenance Director and noted to be in normal within ranges of 110-116 degrees Fahrenheit. (Cross reference Tag F323 to Tag F490) Systemic Changes: On 12/7/16 the Administrator in serviced Maintenance Director and floor technician on the following: " Hot water should be tested weekly and entered into TELS(software documentation) " Always follow the manufacturer guidelines for calibration to ensure accurate readings " To test water: Use a hand thermometer, turn on hot water faucet and hold thermometer under water for 30 seconds, read and record temperature and turn off faucet " If water registers above 116 then adjust the temperature until the correct measurements are obtained. " Document your corrective actions and re-measurement. " If you are not able to adjust the temperature to less than 116 then notify staff not to use the affected area and notify the administration. Corrective action should be initiated immediately. " Notify the administrator of all readings that are above 116. " Nursing staff was in serviced on 12/5/16 and 12/6/16 by DON on how to check temperatures on forearm before bathing residents. On 12/6/16 Consulting staff and Administrator reviewed processes of contacting professional services and		

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F 323	<p>Continued From page 6</p> <p>He stated the floor technician was assigned to monitor water temperatures. The Maintenance Director revealed the floor technician notified him when the water temperatures exceeded 120 degrees F. The Maintenance Director stated he did not call the Plumber and he did not inform the Administrator about the high hot water temperatures. He stated he went to the hot water heater and "tweaked the thermostat." He stated he reviewed the temperature logs weekly and when the temperatures remained above 120 degrees F he continued to tweak the thermostat to adjust the water temperature. The Maintenance Director stated he had not been trained on how to maintain the hot water system at the facility. He revealed he had some experience prior to coming to the facility. During an interview on 12/05/2016 at 5:14 PM, Nursing Assistant (NA) #2 revealed some residents complained about the water temperatures but she adjusted the water temperature. She stated the water temperature had not been hot enough that she couldn't keep her hands under it. She revealed she always adjusted the water temperature.</p> <p>During an interview on 12/7/16 at 7:00 AM, Nursing Assistant (NA) #3 stated the water in the 200 hall shower and in a resident's bathroom on the 200 hall got really hot. She revealed she always felt the water with her elbow to make sure the water was not too hot. NA#3 revealed that she reported the hot water temperature to the Maintenance Director and he adjusted the water temperature. There were no residents burned by hot water and no staff complained about hot water temperatures.</p> <p>During an interview on 12/05/2016 at 5:36 PM the</p>	F 323	<p>follow up as needed for identified concerns of resident equipment. (Cross reference Tag F 323 and Tag F 490)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Monitoring: To ensure compliance, Administrator or Maintenance Director will monitor this issue using the QA survey tool. Facility will monitor compliance of monitoring of water temperatures. This will be done on weekly basis for 4 weeks then monthly for 3 months by the Maintenance Director. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse.</p> <p>Date of Compliance: ___1/5/16___</p>		

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

PRINTED: 01/12/2017
FORM APPROVED
OMB NO. 0938-0391

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F 323	<p>Continued From page 7</p> <p>facility Floor Technician stated he checked water temperatures weekly and he logged the temperatures. The Floor Technician explained that he calibrated the thermometer when he got high temperatures to validate the hot water concern. When the water temperature was 134 degrees F, he told the Maintenance Director. The Floor Technician revealed the 200 Hall had a problem with the water temperatures fluctuating since the high temperature in November 2016. He stated he did not adjust water temperatures, but reported it to Maintenance Director and he adjusted the thermostat on the water heater. He said water temperatures should range from 108-116, no higher than 116.</p> <p>During an interview on 12/6/16 at 10:10 AM the Plumber stated he had been contacted on that morning (12/6/16) about the hot water temperatures being too hot. He revealed he had not been notified by the facility concerning the hot water temperatures prior to 12/6/16. The Plumber stated the problem was a bad circulation pump and he replaced it.</p> <p>During an interview on 12/6/16 at 11:36 AM the Maintenance Facility Consultant revealed he was from the corporate office and that he was not aware the hot water heater had temperatures that reached 136 degrees F. He stated the problem was when there was a demand for water the circulating pump should have evenly distributed the water throughout the resident's rooms and the shower. He stated the Plumber identified a malfunctioning circulating pump and replaced it. The Maintenance Facility Consultant stated the temperatures should be set from 110 to 116 degrees F and no higher. He explained when the temperature reached 136 degrees the hot water</p>	F 323			

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F 323	Continued From page 8 heater should have been turned off and someone called to fix it. He stated that all water temperatures down the 200 hall were safe. The Maintenance Facility Consultant stated water temperatures should be checked for each room every day to make sure the hot water was at a safe temperature. He stated when the pump runs it runs all the time to keep the water the same temperature everywhere. During an interview on 12/6/16 at 4:44 PM, the Administrator stated 12/5/16 was the first time she had heard the hot water was running too hot. She revealed the Maintenance Director had not notified her about the high hot water temperatures. During interviews with alert and oriented residents, no residents complained about hot water temperatures.	F 323			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection	F 441		1/5/17	

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F 441	<p>Continued From page 9</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to post an isolation sign for contact precaution on the door for 1 of 1 sampled residents (Resident #26) on contact precaution because of Clostridium difficile infection (C-Diff.). The findings included:</p> <p>The facility policy on Contact Precautions dated 5-2014 (revised) was reviewed. The policy read as Contact Precautions- " in addition to Standard Precautions use Contact Precautions, or the equivalent, for specified residents known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the residents '</p>	F 441	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F441 INFECTION CONTROL, PREVENT SPREAD, LINENS Corrective Action: On 12/6/16, MDS/SDC Coordinator immediately placed a contact isolation</p>		

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F 441	<p>Continued From page 10 environment. "</p> <p>e. Examples of disease requiring Contact Precautions. 1. Gastrointestinal infections, incontinent resident/diarrhea/C. difficile-duration of infection. "</p> <p>Resident #26 was originally admitted to the facility on 8/8/16 and readmitted on 11/22/16 with diagnoses of UTI (urinary tract infection) and enterocolitis due to Clostridium difficile.</p> <p>A review of the hospital discharge summary telephone order dated 11/22/16, revealed the resident was to receive Flagyl 500 mg take 1 PO (by mouth) x (times) 7 days due to loose stools.</p> <p>On 12/5/16 at 10:46 AM and 12/6/16 at 8:14 AM an observation of Resident ' s #26 room was conducted. There was an isolation cart observed outside the room but there was no sign to indicate what type of isolation the resident was on.</p> <p>On 12/7/16 at 8:41 AM Nurse #1 stated that Resident #26 had been in and out from the hospital recently and in the confusion her contact precaution sign had been forgotten.</p> <p>On 12/7/16 at 9:04 AM the housekeeper stated that housekeeping was responsible for putting out the isolation cart and contact precaution signs for residents on isolation. She stated she thought that there was a sign on the isolation cart for Resident #26.</p> <p>In an interview on 12/7/16 at 9:10 AM the Director of Nursing (DON) stated that after Resident #26 was readmitted to the facility on 11/22/16 the hospital called to report that the resident had loose stools for 2 days. The DON stated the Doctor was notified and he gave the order for a</p>	F 441	<p>sign on the door of resident #26 communicating contact precautions related to Clostridium difficile infection. Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. Director of Nursing observed and assessed all other residents on 12/6/16. No other residents requiring contact precautions related to Clostridium difficile during this time.</p> <p>Systemic Changes: Director of Nursing and /or Designee to in service all Nursing staff, Central Supply and Med Techs and Med Aides (RN, LPN and Med Techs: full time, part time, and PRN) about infection control, preventing spread of infection and processes (including posting appropriate signs) to be taken in the facility on isolation procedures and resident safety. This will be completed by 1/4/16. Any nursing staff member (full time, part time, and PRN) who did not receive in-service training will not be allowed to work until training is completed. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>Monitoring: To ensure compliance, Director of nursing or designee will monitor this issue using the QA survey tool. Facility will monitor</p>		

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
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F 441	Continued From page 11 urine culture and started Resident #26 on Flagyl (an antibiotic). She stated that the residents ' urine culture results came back positive for Clostridium difficile and contact precautions were started at that time. The DON stated that she would expect the isolation cart and sign to be outside the residents ' room. On 12/7/16 at 4:27 Pm the DON revealed that the Center for Disease Control guidelines allow a resident to be free of loose stools for 48 hours however she preferred to wait 72 hours before residents were released from contact isolation. The DON stated that Resident #26 was about to clear the 72 hour wait time when she had an episode of loose stool and was put back on contact precautions. On 12/8/16 at 3:29 PM the Administrator stated that there needed to be a sign on the door regardless if the isolation cart was in place outside the resident ' s door.	F 441	compliance by assessing for residents on isolation by monitoring admission orders, physician orders, and labs and diagnostics. This will be done to ensure that all precautions are maintained during isolation procedures for the safety of residents, staff and visitors. This will be done on a weekly basis for 4 weeks then monthly for 3 months by the Support Nurse, DON, or designee. Reports will be presented to the QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Date of Compliance: 1/5/16		
F 490 SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record reviews, observations and staff interviews, the facility failed to provide oversight	F 490	The statements made on this Plan of Correction are not an admission to and do	1/5/17	

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F 490	<p>Continued From page 12</p> <p>of the Maintenance Director who failed to notify the Administrator of hot water temperatures exceeding safe temperature ranges of 100-116 degrees Fahrenheit on one of two halls (200 hall) for three of four weeks in November, 2016 and for one week in December, 2016.</p> <p>The findings include: Review of a facility policy dated 7/1/02 and titled, " Hot Water Temperatures " read in part, " Hot water is tested weekly throughout the facility and Laundry. Water temperatures are dated, logged, area and initialed by person taking temperatures. Using a hand thermometer, turn on hot water faucet and hold thermometer under water for 30 seconds, read and record temperature and turn off faucet. If the temperatures are found to be not within range, thermostat is adjusted and temperature re-checked until found to be back within range.</p> <p>1. Patient areas 100-800 Halls - - Temp 100-116. "</p> <p>There was no information in the facility policy to calibrate the thermometer prior to taking the water temperatures. There was no information on the procedure if the water temperatures exceeded 120 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician, using a calibrated thermometer on 11/15/16, revealed the shower room on the 200 hall read 136 degrees Fahrenheit. A shared bathroom for room 201-202 read, 132 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician on 11/22/16 in the resident's shared bathroom 201-202, read, 134 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician on 11/25/16 in the</p>	F 490	<p>not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F490 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING Corrective Action: On 12/5/16 the Maintenance Director notified the Administrator of out of range water temperatures on the 200 hall and a professional plumber was contacted immediately. (Cross referred to F323 and 490) On 12/6/16, Ricky Pierce Plumbing serviced the facility and replaced the hot water heater.</p> <p>Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. The water temperatures were assessed in all resident rooms on 12/5/16 and 12/6/16 by the Maintenance Director and found to be within normal temperatures. Administrator and Maintenance Director checked all resident shower rooms on 12/5/16 and 12/6/16. On 12/5/16 two of the four shower rooms were found to out of normal ranges and these shower rooms were placed out of resident use.</p>		

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F 490	<p>Continued From page 13</p> <p>resident's shared bathroom 201-202, read, 126 degrees Fahrenheit. The shower room on the 200 hall read 129 degrees Fahrenheit.</p> <p>A review of temperature log documentation taken by the facility Floor Technician on 12/1/16 in the shower room on the 200 hall read, 135 degrees Fahrenheit. Resident's room, 209, read, 123 degrees Fahrenheit. Resident's shared bathroom 201-202, read 134 degrees Fahrenheit.</p> <p>There was no documentation to reveal the hot water heater had any maintenance done in 2016. On 12/5/16 at 3:30 PM, the water temperature in room 202 was too hot to keep hand under hot water faucet while the hot water was running. The Maintenance Director was notified immediately and was informed by Surveyor that the hot water was too hot to keep hand under running water. The surveyor observed the Maintenance Director calibrating the thermometer to 32 degrees F in ice water.</p> <p>An observation on 12/5/16 at 4:11 PM revealed the hot water temperature in room 202 was 120 degrees F.</p> <p>An observation on 12/5/16 at 4:12 PM revealed the hot water temperature was checked in the bathroom sink in the shower room on the 200 hall. The hot water temperature was 120 degrees F.</p> <p>An observation on 12/5/16 at 4:13 PM, revealed the hot water temperature in the shower room on the 200 hall was 120 degrees F.</p> <p>The Maintenance Director rechecked all temperatures while the surveyor observed. Rechecked temperature in room 202 on 12/5/16 at 4:14 PM- temperature was 118 degrees F. Rechecked temperature in bathroom shower sink, temperature was 118 degrees F.</p> <p>During an interview on 12/5/16 at 4:56 PM, the Maintenance Director stated he had been working</p>	F 490	<p>The hot water heater was repaired on 12/6/16 by Ricky Pierce Plumbing. On 12/7/16 all resident rooms and shower room water temps were tested by Maintenance Director and noted to be in normal within ranges of 110-116 degrees Fahrenheit. (Cross reference Tag F323 to Tag F490)</p> <p>Systemic Changes: On 12/7/16 the Administrator in serviced Maintenance Director and floor technician on the following:</p> <ul style="list-style-type: none"> " Hot water should be tested weekly and entered into TELS(software documentation) " Always follow the manufacturer guidelines for calibration to ensure accurate readings " To test water: Use a hand thermometer, turn on hot water faucet and hold thermometer under water for 30 seconds, read and record temperature and turn off faucet " If water registers above 116 then adjust the temperature until the correct measurements are obtained. " Document your corrective actions and re-measurement. " If you are not able to adjust the temperature to less than 116 then notify staff not to use the affected area and notify the administration. Corrective action should be initiated immediately. " Notify the administrator of all readings that are above 116. " Nursing staff was in serviced on 12/5/16 and 12/6/16 by DON on how to check temperatures on forearm before 		

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F 490	<p>Continued From page 14</p> <p>at the facility for about two months and he started logging water temperatures in November, 2016. He stated the floor technician was assigned to monitor water temperatures. The Maintenance Director revealed the floor technician notified him when the water temperatures exceeded 120 degrees F. The Maintenance Director stated he did not call the Plumber and he did not inform the Administrator about the high hot water temperatures. He stated he went to the hot water heater and "tweaked the thermostat." The Maintenance Director stated he reviewed the temperature logs weekly and when the temperatures remained above 120 degrees F he continued to tweak the thermostat to adjust the water temperature. The Maintenance Director stated he had not been trained on how to maintain the hot water system at the facility. He revealed he had some experience prior to coming to the facility.</p> <p>During an interview on 12/05/2016 at 5:36 PM the facility Floor Technician stated he checked water temperatures weekly and logged the temperatures. The Floor Technician explained that he calibrated the thermometer when he got high temperatures to validate the hot water concern. When the water temperature was 134 degrees F, he told the Maintenance Director. He revealed the 200 Hall had a problem with the water temperatures fluctuating since the high temperature in November 2016. The Floor Technician stated he did not adjust water temperatures, but reported it to the Maintenance Director and he adjusted the thermostat on the water heater. He said water temperatures should range from 108-116, no higher than 116.</p> <p>During an interview on 12/6/16 at 10:10 AM the Plumber stated he had been contacted on that</p>	F 490	<p>bathing residents.</p> <p>" Regional Director of Operations educated NHA on process of reviewing Maintenance TELS reports and follow up on any abnormal out of range water temps for appropriate administrative oversight of preventive maintenance program on 12/9/16.</p> <p>On 12/6/16 Consulting staff and Administrator reviewed processes of contacting professional services and follow up as needed for identified concerns of resident equipment. (Cross reference Tag F 323 and Tag F 490) A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Monitoring: To ensure compliance, Administrator or Maintenance Director will monitor this issue using the QA survey tool. Facility will monitor compliance of monitoring of water temperatures. This will be done on weekly basis for 4 weeks then monthly for 3 months by the Maintenance Director. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure corrective action initiated as appropriate. Any immediate concerns will be brought to the Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by</p>		

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F 490	Continued From page 15 morning (12/6/16) about the hot water temperatures being too hot. He revealed he had not been notified by the facility concerning the hot water temperatures prior to 12/6/16. The Plumber stated the problem was a bad circulation pump and he replaced it. During an interview on 12/6/16 at 11:36 AM the Maintenance Facility Consultant revealed he was from the corporate office and that he was not aware the hot water heater had temperatures that reached 136 degrees F. He stated the problem was when there was a demand for water the circulating pump should have evenly distributed the water throughout the resident's rooms and the shower. He stated the Plumber identified a malfunctioning circulating pump and replaced it. The Maintenance Facility Consultant stated the temperatures should be set from 110 to 116 degrees and no higher. He explained when the temperature reached 136 degrees the hot water heater should have been turned off and someone called to fix it. He stated that all water temperatures down the 200 hall were safe. The Maintenance Facility Consultant stated water temperatures should be checked for each room every day to make sure the hot water was at a safe temperature. He stated when the pump runs it runs all the time to keep the water the same temperature everywhere. During an interview on 12/6/16 at 4:44 PM, the Administrator stated 12/5/16 was the first time she had heard the hot water was running too hot. She revealed the Maintenance Director had not notified her about the high hot water temperatures.	F 490	Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Date of Compliance: ___1/5/16___		
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET	F 520		1/5/17	

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F 520	<p>Continued From page 16 QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility's Quality Assessment and Assurance Committee (QAA) failed to ensure the health and safety of the residents to prevent possible accidents and failed to provide over site to staff responsible for monitoring water temperatures. This was for 2 recited deficiencies which were originally cited in March of 2016 on a recertification and complaint survey and on the current recertification and complaint survey. The</p>	F 520	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged</p>		

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F 520	<p>Continued From page 17</p> <p>deficiencies were in the areas of accidents and effective administration. The continued failure of the facility during two federal surveys of record show a pattern of the facilities inability to sustain an effective Quality Assurance Program.</p> <p>Findings included:</p> <p>This tag is cross referred to:</p> <p>1. F323- Based on record review, observations and staff interviews, the facility failed to ensure the safety of residents by failing to immediately report unsafe water temperatures to the Administrator. The facility also failed to contact a professional to determine the cause of the unsafe water temperatures on 1 of 2 halls (200 Hall) for three of four weeks in November, 2016 and for one week in December, 2016.</p> <p>During a recertification survey of 4/24/16 the facility was cited for failing to utilize the shoulder harness and lap belt to properly secure the resident into the wheelchair for 1 of 1 alert and oriented resident (Resident # 20) using the facility's transportation van which could have resulted in a high likelihood of serious bodily injury.</p> <p>2. F490- Based on record reviews, observations and staff interviews, the facility failed to provide oversight of the Maintenance Director who failed to notify the Administrator of hot water temperatures exceeding safe temperature ranges of 100-116 degrees Fahrenheit on one of two halls (200 hall) for three of four weeks in November, 2016 and for one week in December, 2016.</p> <p>During a recertification survey of 3/24/16 the</p>	F 520	<p>deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F520 QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS Corrective Action: On 12/5/16 the Maintenance Director notified the Administrator of out of range water temperatures on the 200 hall and a professional plumber was contacted immediately. (Cross referred to F323 and 490) On 12/6/16, Ricky Pierce Plumbing serviced the facility and replaced the hot water heater.</p> <p>Identification of other residents who may be involved with this practice: All residents have the potential to be affected by the alleged practice. The water temperatures were assessed in all resident rooms on 12/5/16 and 12/6/16 by the maintenance director and found to be within normal temperatures. All resident shower rooms were checked on 12/5/16 and 12/6/16 by Administrator and Maintenance Director. On 12/5/16 two of the four shower rooms were found to out of normal ranges and these shower rooms were placed out of resident use. The hot water heater was repaired on 12/6/16 by Ricky Pierce Plumbing. On 12/7/16 all resident rooms and shower room water temps were tested and noted to be in normal within ranges of 110-116 degrees Fahrenheit by Maintenance Director. (Cross reference Tag F323 to Tag F490)</p>		

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F 520	Continued From page 18 facility was cited for failing to provide oversight for the transportation coordinator since the April 2015 training and failed to have manufacturer's instructions on site for the use of the resident securement system, including the use of a lap belt and shoulder strap which could have resulted in a high likelihood of serious bodily injury During an interview on 12/8/16 at 10:49 AM the Administrator stated that concerns were brought to the Quality Assessment meetings and action plans were put into place. She stated the facility had gotten an estimate for the hot water heater due to the budget and complaints of cold water in the facility in September 2016 but had not purchased the hot water heater. The Maintenance Manager did not notify the QAA team concerning the hot water exceeding 120 degrees F. The Administrator stated she should have should made sure he understood the safe temperatures and the regulations to ensure the safety of the residents and was not aware that he did not know safe temperature ranges.	F 520	Systemic Changes: On 12/7/16 the Administrator in serviced Maintenance Director and floor technician on the following: " Hot water should be tested weekly and entered into TELS(software documentation) " Always follow the manufacturer guidelines for calibration to ensure accurate readings " To test water: Use a hand thermometer, turn on hot water faucet and hold thermometer under water for 30 seconds, read and record temperature and turn off faucet " If water registers above 116 then adjust the temperature until the correct measurements are obtained. " Document your corrective actions and re-measurement. " If you are not able to adjust the temperature to less than 116 then notify staff not to use the affected area and notify the administration. Corrective action should be initiated immediately. " Notify the administrator of all readings that are above 116. " Nursing staff was in serviced on 12/5/16 and 12/6/16 by DON to check temperatures on forearm before bathing residents. " Regional Director of Operations educated NHA on process of reviewing Maintenance TELS reports and follow up on any abnormal out of range water temps for appropriate administrative oversight of preventive maintenance program on 12/9/16.		

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F 520	Continued From page 19	F 520	<p>On 12/6/16 Consulting staff and Administrator reviewed processes of contacting professional services and follow up as needed for identified concerns of resident equipment. (Cross reference Tag F 323 and Tag F 490) A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Monitoring: To ensure compliance, Administrator or Director of Nursing will monitor this issue using the QA survey tool. Facility will monitor compliance of monitoring of water temperatures. This will be done on weekly basis for 4 weeks then monthly for 3 months by the Support Nurse, NHA, DON, or designee. Reports will be presented to the weekly QA Committee by the Administrator or designee to assure</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 101 CAROLINE AVENUE WELDON, NC 27890		
(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 520	Continued From page 20	F 520	corrective action initiated as appropriate. Any immediate concerns will be brought to the Director of Nursing or Administrator for appropriate action. Compliance will be monitored and ongoing auditing program reviewed at the Weekly Quality of Life Meeting. Weekly QA Committee meeting is attended by Administrator, Director of Nursing, MDS Coordinator, Unit Manager, Support Nurse, Therapy, HIM, Dietary Manager, Wound Nurse. Date of Compliance: ___1/5/16___		