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

PRINTED: 01/23/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) MI IDENTIFICATION NUMBER: A. BUIL		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	345491	B. WING	 	C 12/21/2016	
NAME OF PROVIDER OR SUPPLIER CROATAN RIDGE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 210 FOXHALL ROAD NEWPORT, NC 28570		
PREFIX (EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
(i)(2) Housekeeping necessary to maintal comfortable interior. This REQUIREMENT by: Based on observatifacility failed to main necessary to maintainterior by having some privacy curtains observation privacy curtain around have a red stain and During an interview 12/20/16 at 11:07 at the residents roomself the stain does down and laundered During an interview Supervisor (HS) on stated the housekeep privacy curtains. The are changed month During an observation the privacy curtain and observed to have a During an observation the privacy curtain and observed to have for stains. During an observation observed to have for stains. During an observation observed to have for stains. During an observation observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and observed to have some for the curtain near the privacy curtain and the privacy curtain and observed to have some for the curtain near the privacy curtain and the privacy curtain a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain housekeeping services necessary to maintain a sanitary and comfortable interior by having soiled privacy curtains in 6 of 25 privacy curtains observed. Findings includes: During an observation on 12/20/16 at 10:45, the privacy curtain around bed 112B was observed to have a red stain and a brown stain on it. During an interview with Housekeeper #1 on 12/20/16 at 11:07 a.m, Housekeeper #1 stated the residents rooms are cleaned once a day. Housekeeper #1 stated if a stain is observed on a privacy curtain, the privacy curtain is spot cleaned and if the stain does not come out, it will be taken down and laundered. During an interview with the Housekeeping Supervisor (HS) on 12/20/16 at 11:45 a.m, the HS stated the housekeepers do not spot clean privacy curtains. The HS stated privacy curtains are changed monthly. During an observation on 12/20/16 at 6:37 p.m, the privacy curtain around bed 502A was observed to have a red stain on it. During an observation on 12/20/16 at 6:43 p.m, the privacy curtain around bed 400A was observed to have four areas with small brown		The privacy curtains for rooms 112 502A, 400A, 303A, and 108A were removed and replaced on 12-21-20 Housekeeping Supervisor. 100% observation of all other privacy curtains were completed on 1-10-20 Administrator to ensure privacy curt were clean and in good repair. Any orders were completed on 1-10-20 Administrator for notification to housekeeping for any identified are concern. Housekeeping addressed areas of concerns from the audit by 1-11-2017. Housekeeping Services was in-serv 100% by the Administrator on 1/10/ and 1/11/2017 to check privacy curt daily during the daily room cleaning replace if visibly soiled. A monthly schedule was provided to the Administrator on 1/10/2017 from the Housekeeping Supervisor. All licen Nurses and Nursing Assistants were in-serviced by the Administrator and Staff Facilitator starting on 1/10/201 completed on 1/18/2017 to notify Housekeeping services of any soile privacy curtains noted when providi care to the residents by completing order slip. All newly hired licensed	cy 017 by tains v work 17 by as of I all viced 2017 tains I and to e ase e d/or I7 and ed ing a work	

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

01/13/2017

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.

Electronically Signed

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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	
		345491	B. WING _			C	
		343491	B. WING_			12/21/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
CROATAN BIDGE NURSING AND BEHARII ITATION CENTER				210 FOXHALL ROAD			
CROATAN RIDGE NURSING AND REHABILITATION CENTER				NEWPORT, NC 28570			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 253	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 2	((EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		on g red y	