STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345349	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/06/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODBURY WELLNESS CENTER INC	**2778 COUNTRY CLUB DRIVE** **HAMPSTEAD, NC 28443**

(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
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system. At time of survey the: Total Certified Bed Count =112 Census =106 The deficiencies determined during the survey are as follows:	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 01/06/2015 at approximately 9:00 AM onward, the following deficiencies were noted: repair opening's in rated ceiling in riser room at back of building to maintain the construction rating of building.	K 012	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/06/15 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility□s credible	1/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/16/2015

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	345349	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**01/06/2015**

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K 012	Continued From page 1	K 012	allegation of compliance Tag K012 " Openings in rated ceiling in riser room repaired by Maintenance Supervisor by 1/16/15 in order to maintain the construction rating of building. " Audit of all rated ceilings completed by Maintenance Supervisor/Designee by 1/20/15 to ensure in good repair to maintain the construction rating of building, with repairs made if indicated. " Maintenance POC Audit Tool Developed by Administrator to include audit of rated ceilings to maintain the construction rating of building. " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. Completion Date: 01/20/15	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from	K 029		1/20/15

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K 029	Continued From page 2 other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 01/06/2015 at approximately 9:00 AM onward, the following deficiencies were noted: 1. dry storage room door in kitchen was being held open with a 5 gal. container of oil. 2. storage room door on 200 hall was not self closing.	K 029	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/06/15 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility□s credible allegation of compliance Tag K029 #1 - R./T Propping open of Self Closing Dry Storage Room Door In Kitchen: " Upon observation, Dry Storage Room door was closed by Maintenance Supervisor/Dietary Manager by removing the container holding open the door. " All Dietary Staff inserviced by Dietary Manager by 1/20/15 on proper closure of all doors with self closing devices, to include not propping open of these doors. Any staff not inserviced by 1/20/15 will be inserviced on next scheduled shift by	

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K 029	Continued From page 3	K 029	Dietary Manager. " All other facility staff inserviced by SDC/Designee by 1/20/15 on proper closure of all doors with self closing devices., to include not propping open of these doors,. Any staff not inserviced by 1/20/15 will be inserviced on next scheduled shift by SDC/Designee.. " Maintenance POC Audit Tool Developed by Administrator to include audit of self closing doors to ensure not propped open. " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. R/T 200 Hall Storage Room Door: " Door Closer installed by Maintenance Supervisor/Designee by 1/15/15. " All other facility storage room doors audited by Maintenance Supervisor/Designee by 1/20/15 to ensure all have self closers installed, with installations if needed. " Maintenance POC Audit Tool Developed by Administrator to include audit of storage room doors for self closure " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and	

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K 029	Continued From page 4	K 029	monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. Completion Date: 01/20/15	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 01/06/2015 at approximately 9:00 AM onward, the following deficiencies were noted: the fire alarm system for the 500 and 600 hall's and office area at front of building did not work when system was tested. Facility initiated Fire Watch and Fire Marshal was notified.	K 052	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/06/15 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the	1/8/15

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K 052	Continued From page 5	K 052	deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility□s credible allegation of compliance Tag K052 " Fire Alarm vendor called on 1/06/15 upon observation of fire alarm malfunction at time of Survey. " Vendor reported to facility afternoon of 1/06/15 for system repair and inspection. System repairs completed by 5pm on 1/06/15. " Fire Marshall inspected system on 1/08/15 and found system to be working properly and ceased fire watch. " Maintenance POC Audit Tool Developed by Administrator to include audit of Fire Alarm System. " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and at least monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. Completion Date: 01/08/15	
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply	K 067		1/20/15

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K 067	Continued From page 6 with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 01/06/2015 at approximately 9:00 AM onward, the following deficiencies were noted: all fire/radiation dampers in return vents in facility were not maintained in good working condition(excess lent build up).	K 067	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/06/15 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility□s credible allegation of compliance Tag K067 " Fire/radiation dampers in return vents observed with lint at time of survey were cleaned by Maintenance Supervisor/Designee by 1/16/15. " All fire/radiation dampers in return vents in facility inspected and cleaned of excess lint and maintained, if applicable, by Maintenance Supervisor/Designee by 1/20/15. " Maintenance POC Audit Tool Developed by Administrator to include audit of fire/radiation dampers for excess	

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K 067	Continued From page 7	K 067	lint. " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. Completion Date: 01/20/15	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 01/06/2015 at approximately 9:00 AM onward, the following deficiencies were noted: exhaust fan #9(in attic) for 200 hall was not working at time of survey.	K 147	Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 01/06/15 survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility□s credible allegation of compliance	1/23/15

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K 147	Continued From page 8	K 147	Tag K147 " Attic Exhaust fan #9 was inspected and repaired by Maintenance Director on 1/15/15. " All attic exhaust fans will be inspected by Maintenance Director/Designee by 1/23/15 to ensure in working condition. Any repairs needed will be completed by that time, if applicable. " Maintenance POC Audit Tool Developed by Administrator to include audit of attic fans to ensure in working condition. " Maintenance POC Audit Tool to be completed weekly times 4 weeks, and monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Audit Tool to be reviewed in next scheduled Quality Management Meeting and again the following quarter to determine ongoing monitoring and frequency needed based on audit results. Completion Date: 01/23/15	