PRINTED: 01/29/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED					
345349			B. WING		01/06/2015			
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				
K 000	INITIAL COMMENTS This Life Safety Code	e(LSC) survey was	K 000					
	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							
K 012 SS=D	are as follows: NFPA 101 LIFE SAFE Building construction	rmined during the survey ETY CODE STANDARD type and height meets one .6.2, 19.1.6.3, 19.1.6.4,	K 012		1/20/15			
	42 CFR 483.70 (a) Based on observatior approximately 9:00 A deficiencies were not ceiling in riser room a	M onward, the following ed: repair opening's in rated		Preparation and submission of this plat of correction is in response to the CMS Form 2567 from the 01/06/15 survey. does not constitute an agreement or admission by Woodbury Wellness Cent of the truth of the facts alleged or of the correctness of the conclusions stated to the statement of deficiency. The facilit reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached document also functions as the facility seredibles)	ter e on y			
ABORATORY	 	SUPPLIER REPRESENTATIVE'S SIGNATURE	=	TITLE	(X6) DATE			

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

01/16/2015

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.

Electronically Signed

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' ') MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		345349	B. WING _			01/	06/2015	
	NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			27	TREET ADDRESS, CITY, STATE, ZIP CODE 778 COUNTRY CLUB DRIVE AMPSTEAD, 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				(X5) COMPLETION DATE	
K 012	Continued From page	: 1	КО)12	allegation of compliance			
					Tag K012 "Openings in rated ceiling in riser repaired by Maintenance Supervisor by 1/16/15 in order to maintain the construction rating of building. "Audit of all rated ceilings complete by Maintenance Supervisor/Designee by Maintenance Supervisor/Designee by Maintenance Supervisor/Designee by Maintenance Fock and it indicated. "Maintenance Pock Audit Tool Developed by Administrator to include audit of rated ceilings to maintain the construction rating of building. "Maintenance Pock 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 Pock Audit Tool to be reviewed in next scheduled Quality Management Meeting and agait the following quarter to determine ongomonitoring and frequency needed base on audit results.	d by e t n ning		
K 029 SS=D	One hour fire rated co	erry CODE STANDARD onstruction (with ¾ hour approved automatic fire in accordance with 8.4.1	Κ0)29	Completion Date: 01/20/15		1/20/15	
	and/or 19.3.5.4 prote the approved automa	cts hazardous areas. When tic fire extinguishing system eas are separated from						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
	345349 B. WING		01/	06/2015				
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC				27	TREET ADDRESS, CITY, STATE, ZIP CODE 778 COUNTRY CLUB DRIVE AMPSTEAD, NC 28443		90.2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
K 029	doors. Doors are sel	ke resisting partitions and f-closing and non-rated or re plates that do not exceed ottom of the door are	K	029				
	42 CFR 483.70 (a) Based on observation approximately 9:00 A deficiencies were not 1. dry storage room of held open with a 5 ga	M onward, the following red: door in kitchen was being			Preparation and submission of this plat of correction is in response to the CMS Form 2567 from the 01/06/15 survey. does not constitute an agreement or admission by Woodbury Wellness Centof the truth of the facts alleged or of the correctness of the conclusions stated to the statement of deficiency. The facilit reserves all rights to contest the deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached document also functions as the facility scredible allegation of compliance	ter e on y		
					Tag K029 #1 - R./T Propping open of Self Closing Dry Storage Room Door In Kitchen: " Upon observation, Dry Storage Rodoor was closed by Maintenance Supervisor/Dietary Manager by removithe container holding open the door. " All Dietary Staff inserviced by Diet Manager by 1/20/15 on proper closure all doors with self closing devices, to include not propping open of these doc Any staff not inserviced by 1/20/15 will inserviced on next scheduled shift by	oom ng ary of		

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		345349	B. WING		01/06/2015
	NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443	
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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 ope these doors,. Any staff not inserviced 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 r propped open. " Maintenance POC Audit Tool to completed weekly times 4 weeks, and monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review " Results of Maintenance POC Au Tool to be reviewed in next scheduled Quality Management Meeting and ag the following quarter to determine one monitoring and frequency needed base on audit results. R/T 200 Hall Storage Room Door: " Door Closer installed by Mainten Supervisor/Designee by 1/15/15. " All other facility storage room do audited by Maintenance Supervisor/Designee by 1/20/15 to et 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 completed weekly times 4 weeks, and	n of d by e not be d dit d ain going sed ance pors nsure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
345349			B. WING		01/06/2015	
	ROVIDER OR SUPPLIER RY WELLNESS CENTER	INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE		
				HAMPSTEAD, NC 28443		
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K 029 K 052 SS=E	A fire alarm system reinstalled, tested, and with NFPA 70 Nationa 72. The system has a and testing program of	equired for life safety is maintained in accordance al Electrical Code and NFPA in approved maintenance complying with applicable A 70 and 72. 9.6.1.4	K 02	monthly thereafter by Maintenance Supervisor/Designee and provided to Administrator for review "Results of Maintenance POC Aud Tool to be reviewed in next scheduled Quality Management Meeting and aga the following quarter to determine onge monitoring and frequency needed base on audit results. Completion Date: 01/20/15	in ping	
	This STANDARD is r 42 CFR 483.70 (a) Based on observation approximately 9:00 A deficiencies were not the 500 and 600 hall's building did not work	not met as evidenced by:		Preparation and submission of this plat of correction is in response to the CMS Form 2567 from the 01/06/15 survey. 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 of the statement of deficiency. The facilit reserves all rights to contest the	S It e e on	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		345349	B. WING			01/	06/2015
	ROVIDER OR SUPPLIER RY WELLNESS CENTER	INC		27	TREET ADDRESS, CITY, STATE, ZIP CODE 778 COUNTRY CLUB DRIVE AMPSTEAD, NC 28443		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 052	Continued From page	: 5	K	052	deficiencies, findings, conclusions and actions of the Agency. This Plan of Correction (and the attached document also functions as the facility □s credible allegation of compliance		
					" Fire Alarm vendor called on 1/06/1 upon observation of fire alarm malfunct at time of Survey. " Vendor reported to facility afternood 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 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 agait the following quarter to determine ongomonitoring and frequency needed base on audit results.	oion on of on. g e at ce t n oing	
K 067 SS=D		ETY CODE STANDARD and air conditioning comply	K	067	Completion Date: 01/08/15		1/20/15
ı			1				1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 6 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
345349			B. WING		01	1/06/2015	
NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 067	Continued From page with the provisions of in accordance with the specifications. 19.5.19.5.2.2	section 9.2 and are installed e manufacturer's	K 06	7			
	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).			Preparation and submission of this of correction is in response to the C Form 2567 from the 01/06/15 surve does not constitute an agreement of admission by Woodbury Wellness C of the truth of the facts alleged or of correctness of the conclusions state the statement of deficiency. The facts reserves all rights to contest the deficiencies, findings, conclusions a actions of the Agency. This Plan of Correction (and the attached documalso functions as the facility scred allegation of compliance Tag K067 "Fire/radiation dampers in return observed with lint at time of survey cleaned by Maintenance Supervisor/Designee by 1/16/15. "All fire/radiation dampers in retvents in facility inspected and clear excess lint and maintained, if applicit by Maintenance Supervisor/Designe 1/20/15. "Maintenance POC Audit Tool Developed by Administrator to include audit of fire/radiation dampers for excess for excessions."	EMS Ey. It or Center of the ed on cility and finents) lible or vents were urn ned of cable, ee by		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01			SURVEY PLETED	
		345349	B. WING _			01/	06/2015	
	NAME OF PROVIDER OR SUPPLIER WOODBURY WELLNESS CENTER INC				STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFII TAG	PREFIX (EACH CORRECTIVE ACTIV			(X5) COMPLETION DATE	
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 Audi Tool to be reviewed in next scheduled Quality Management Meeting and agai the following quarter to determine ongo monitoring and frequency needed base on audit results.	t n ping		
K 147 SS=D	Electrical wiring and e	equipment is in accordance nal Electrical Code. 9.1.2	K ·	147	Completion Date: 01/20/15		1/23/15	
	42 CFR 483.70 (a) Based on observatior approximately 9:00 A deficiencies were not	not met as evidenced by: as, on 01/06/2015 at M onward, the following ed: exhaust fan #9(in attic) orking at time of survey.			Preparation and submission of this pla of correction is in response to the CMS Form 2567 from the 01/06/15 survey. does not constitute an agreement or admission by Woodbury Wellness Cen of the truth of the facts alleged or of the correctness of the conclusions stated of 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 document also functions as the facility scredible allegation of compliance	ter e on y		

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		345349	B. WING _			01/06/2015
	ROVIDER OR SUPPLIER RY WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2778 COUNTRY CLUB DRIVE HAMPSTEAD, NC 28443	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BI HE APPROPRI <i>A</i>	
K 147	Continued From page	*8	K 1	Tag K147 " Attic Exhaust fan #9 wa and repaired by Maintenance 1/15/15. " All attic exhaust fans wi by Maintenance Director/De 1/23/15 to ensure in working Any repairs needed will be of that time, if applicable. " Maintenance POC Audi Developed by Administrator audit of attic fans to ensure condition. " Maintenance POC Audi completed weekly times 4 w monthly thereafter by Maint Supervisor/Designee and pr Administrator for review " Results of Maintenance Tool to be reviewed in next so Quality Management Meeting the following quarter to deterministring and frequency new on audit results. Completion Date: 01/24	ce Director of ill be inspected by groundition. Completed by it Tool to be in working it Tool to be veeks, and tenance rovided to be POC Audit scheduled and against against against and against against against against and against again	e it in ping