STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING _____ B. WING _____	10/27/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey) recertification investigation survey conducted on 10/27/2011.	F 000		

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

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.

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

PRINTED: 11/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 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: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: there were unsealed penetrations at 1-a nurse station in rated ceiling in staff storage room. 42 CFR 483.70(a)	K 012	This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that this Facility violated any federal or state regulation or failed to follow any applicable standard of care. K012 The unsealed penetrations at 1A Nurse's station in rated ceiling of the staff storage room have been repaired by the Maintenance Department. All rated ceilings have been inspected to ensure there are no penetrations or holes by the Maintenance Department.	11/30/11
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at	K 025	The Maintenance Department will monitor areas where outside contractors have completed work to make certain there are no holes in ceilings or other areas of facility. Maintenance Supervisor will inspect attic areas after the Maintenance Department completes work in the attic/ceiling. The Maintenance Department will ensure All rated ceilings are in good repair during monthly preventative maintenance (PM) rounds. The QA preventative maintenance checklist includes the inspection of all rated ceilings and is completed by the Maintenance Department monthly to monitor compliance. The QA checklist is maintained in the maintenance log book and reviewed monthly by the Maintenance Supervisor.	

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

Administrator 12/9/11

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 025	Continued From page 1 approximately 8:00 am onward, the following items were noncompliant, specific findings include: there were unsealed penetrations through smoke wall at administrator office and by room 115. .	K 025	K025 The unsealed penetrations in the smoke barrier walls located by the Administrator's office and by room 115 have been repaired by the Maintenance Department.	12/20/11
K 045 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: Dining room bedside administrator office leaves area in darkness to exit egress.	~~K 045~~	All smoke barrier walls have been inspected to ensure there are no holes and the facility is in compliance by the Maintenance Department. All outside contract work will be inspected by the Maintenance Department to make certain any penetration through smoke barrier walls is repaired immediately. All smoke barrier walls are inspected during monthly rounds by the Maintenance Department using the PM checklist. The QA Preventive Maintenance checklist includes the inspection of all smoke barrier walls. The QA checklist is maintained in the maintenance log book and is reviewed and monitored by the Maintenance supervisor.	
K 069 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings	~~K 069~~	K 045 Illumination in the dining room beside the Administrator's office has been repaired to provide light leading to the exit by the electric company with the assistance of the Maintenance Department. All areas of the facility have been assessed by the Maintenance Department and are in compliance with NFPA K 045 (illumination of means of egress) →	12/2/11 Con't

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	345980	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 069	Continued From page 2 include: ansul system was not located over deep fat fryer for coverage of system. 42 CFR 483.70(a)	K049 ~~K 069~~	The Maintenance Department is aware of continuous illumination requirements. All areas of facility requiring continuous illumination are in compliance. The Maintenance Department will monitor the continuous illumination with any failure in lighting corrected immediately. Lighting is checked weekly during preventative maintenance rounds and recorded on QA PM checklist. K069 The deep fat fryer in the kitchen has been moved approximately ten inches by the Maintenance Department and is located directly under the sprayer of the Ansul Hood System The deep fat fryer will be positioned directly under the sprayer of the Ansul system at all times as required by the NFPA 101 Life safety Code. The deep fat fryer is cleaned weekly by the dietary staff. The cleaning and correct position of the deep fat fryer is documented on the dietary checklist by the dietary staff. The kitchen supervisor reviews the checklist to ensure compliance weekly. Continued monitoring of the position of the Deep fat fryer under the Ansul system will be maintained by the kitchen supervisor and Dietary Manager. The Maintenance Department will inspect the position of the deep fat fryer during weekly PM rounds to ensure proper placement.	11/22/11
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: no signage was displayed on resident room 224 to identified that oxygen was in use. 42 CFR 483.70(a)	~~K 076~~ K069		

K 076 - Next pg.

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

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	345380	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 069	Continued From page 2 include: ansul system was not located over deep fat fryer for coverage of system. 42 CFR 483.70(a)	K 069		
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: no signage was displayed on resident room 224 to identified that oxygen was in use. 42 CFR 483.70(a)	K 076	K076 An "Oxygen In Use" sign has been placed beside the entrance door of room 224 by the Supply clerk. Oxygen In Use signs are placed at the entrance of each residents' room receiving oxygen by the Supply Clerk. When O2 is delivered to the resident's room the supply clerk also places signage indicting such and documents on the oxygen log that is kept in the supply office Central Supply Manager will monitor weekly during QA rounds to ensure all Oxygen In Use signage is appropriately placed at each residents room receiving O2. The oxygen checklist will be maintained in the central supply office.	11/22/11

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	345380	A. BUILDING 02 - BLDG 0202 B. WING	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND RC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: smoke barrier at 3A has opening of greater than 2 inches Openings must be seal to maintain rating of barrier. 42 CFR 483.70(a)	K 025	K025 The unsealed penetration in the smoke barrier wall located at unit 3A has been repaired by the Maintenance Department. All smoke barrier walls have been inspected to ensure there are no holes and the facility is in compliance by the Maintenance Department. All outside contract work will be inspected by the Maintenance Department to make certain any penetration through smoke barrier walls is repaired immediately. Maintenance Supervisor will inspect attic areas after the Maintenance Department completes work in the attic/ceiling. The QA Preventive Maintenance checklist includes the inspection of all smoke barrier walls. All smoke barrier walls are inspected during monthly rounds by the Maintenance Department using the PM checklist. The QA checklist is maintained in the maintenance log book and is reviewed and monitored by the Maintenance supervisor monthly.	12/20/11
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99	K 076	K076 An "Oxygen In Use" sign has been placed beside the entrance door of room 336 by the Supply clerk. Oxygen In Use signs are placed at the entrance of each residents' room receiving oxygen by the Supply Clerk.	11/22/11

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

R. B. [illegible] — Administrator — 12/9/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345380	A. BUILDING 02 - BLDG 0202 B. WING _____	11/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE REHAB AND HC CTR AT VILLAGE GR	1601 PURDUE DRIVE FAYETTEVILLE, NC 28304

(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 076	Continued From page 1 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview at approximately 8:00 am onward, the following items were noncompliant, specific findings include: no signage was displayed on resident room 336 to identified that oxygen was in use. 42 CFR 483.70(a)	K 076	When O2 is delivered to the resident's room the supply clerk also places signage indicting such and documents on the oxygen log that is kept in the supply office Central Supply Manager will monitor weekly during QA rounds to ensure all Oxygen In Use signage is appropriately placed at each residents room receiving O2. The oxygen checklist will be maintained in the central supply office.	

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

FORM APPROVED

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
345380	THE REHAB AND HC CTR AT VILLAGE GR

Type of Survey (select all that apply)

I								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 28953	10/24/2011	10/27/2011	0.50	0.00	22.00	0.00	3.00	0.50
2. 19186	10/24/2011	10/27/2011	0.50	0.00	26.00	0.00	3.00	0.50
3. 21483	10/24/2011	10/27/2011	1.00	0.00	20.50	0.00	1.00	0.50
4. 21561	10/24/2011	10/27/2011	0.50	0.00	21.75	0.00	3.00	0.50
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 2.50

Total RO Supervisory Review Hours..... 0.00

Total SA Clerical/Data Entry Hours.... 0.50

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

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

FORM APPROVED

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
345380	THE REHAB AND HC CTR AT VILLAGE GR

Type of Survey (select all that apply)

I	H			

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A				

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 27871	11/22/2011	11/22/2011	1.00	0.00	4.00	0.00	1.00	1.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.50

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.50

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

CONSTRUCTION SECTION TRANSMITTAL FORM

Division of Health Service Regulation

cc _____
cc _____
cc _____

To: Acute & HC ☐ | LTC Lic. & Certification ☒ | MH Lic. & Certification ☐ | ICF/MR ☐ | Jails & Detention ☐
Adult Care .. ☐ | DSS Child Care ..... ☐ | Certificate of Need ..... ☐ | Other: _____ ☐

Facility Name: *Rehab. and Healthcare Ctr. @ Village Green*

Facility Location: *1601 Purdue Drive, Fayetteville, NC 28304* County: *Cumberland*

Construction Section Project No. _____ FID No.: *943524* CON No.: _____

Type of Facility: (Check all applicable boxes)

HL	Acute Care Hospital (131E) ☐	HL	Rehab Hospital (131E) ☐	MHH	Psy Hospital (122C) ☐	ESRD	Dialysis Treat. ☐
HP	Hospice (Inpatient) ☐	HP	Hospice (Residential) ☐	AS	Ambulatory Surgery . ☐	AB	Abortion Clinic ☐
ICF/MR	Intermediate Care/MR ☐	J	Jails ☐	CC	Child Care ☐	OTHER	_____ ☐
MHL	Mental Health Prog. No. _____ ☐	NH	Nursing Home ☒	HA	Adult Care ☐	FC	Family Care ☐

Project Description: *Recertification survey*

345380 Archive Drawings: Yes ☐ No ☐ NA ☐

Facility Licensed Capacity: (specify) _____

All residents must be able to respond and evacuate the building without physical or verbal assistance: Yes ☐ No ☐ NA ☐

Construction Section – Licensure:

Existing Facility DHSR Licensure Survey By: _____ Survey Date: _____

Local Building Official's Approval By: _____ Approval Date: _____

Local Fire Official's Approval By: _____ Combined w/CO: YES ☐ Approval Date: _____

Local Sanitarian's Approval By: _____ Approval Date: _____

DHSR Inspection By: _____ Inspection Date: _____

DHSR Approval By: _____ By Documentation Only: YES ☐ Approval Date: _____

Remarks: _____

Signed: _____ Date: _____

Construction Section - Medicare/Medicaid Certification:

Has HCFA 855 Cleared? Yes ☐ No ☐ NA ☐

Certification Survey By: *Gordon Washburn* Date Conducted: *11/22/2011*

Attachments: Crucial Data ☒ Physical Environment ☐ Life Safety Code Survey ☒ HCFA-2567(s) ☒ Workload ☒ Request for Waiver ☐ FSES ☐

Follow-up Needed: Yes ☒ No ☐ Date: 12/20/2011 FSES: Yes ☐ No ☐ Waiver(s) Recommended: Yes ☐ No ☐

Follow-up Visit by: _____ Date Conducted: _____

Attachments: HCFA 2567(s) ☐ HCFA-2567B(s) ☐ Workload Report Form ☐

Remarks: _____ Approval Date: _____

Signed: *Gordon Washburn* / Gordon Washburn Date: 12/12/2011

Building Data Input Into Data Base:

Input By: _____ Date: _____ **Final Const. Section Approval Date:** Yes ☐ No ☐

Occupancy Type:	Group I-1 ..... ☐	Group I-2 ..... ☐	Group I-3 ..... ☐	Group R ..... ☐	Group B ..... ☐	Other: ... ☐
	Res. Bldg. Code ☐	Res. Care Hm. ☐	Small Res. Care ☐	Small Non-Am. ☐	Large Res. Care ☐	_____

Sprinklered: Yes ☒ No ☐ Sp. Type: ____ Wet ☒ Dry ☐ Generator: Yes ☒ No ☐ NCSBC Const. Type: *III-prot*

Stage 2 Sample Resident List

THE REHAB AND HC CTR AT VILLAGE GR: E3KX11 - 10/24/2011

Unit #	Room #	Resident	Name	Admission Date
200	225	144	AGUADO ECHEVARRIA, FELIPE - 11/02/1913	
300	321	62	BIZZELL, BETSY B - 10/28/1930	
200	229	25	BLACKMAN, MATTIE - 10/28/1924	
		97	BRADLEY, PAULINE L - 03/07/1924	04/29/2011
200	204	20	BYRD, NAOMI W - 09/21/1918	09/19/2011
200	215	22	CHILDRESS, DELLA M - 01/08/1929	
		23	COLVIN, HENRY M - 10/27/1935	
300	336	35	DAVIS, JOHN W - 07/17/1916	
100	111	182	DAVIS, MARY A - 09/03/1926	08/11/2011
300	344B	8	DUKE, ASA W - 06/29/1932	
300	345A	16	ELLIOTT, MARY W - 04/19/1911	05/30/2011
100	106	191	GRIFFIN, GROVER L - 09/11/1933	09/30/2011
300	341	108	GUIN, ARTHUR M - 09/28/1923	
300	330A	95	HAMILTON, FRANCES P - 08/14/1935	08/09/2011
200	214	78	HINSON, WILLIAM M - 03/01/1928	
200	216	139	HOBSON, BARBARA J - 02/22/1939	
200	218	27	HODUL, BLANCHE D - 08/14/1927	06/06/2011
		51	HOLTHE, INGELORE K - 06/06/1931	07/08/2011
100	117	60	LANCASTER, LA RUE E - 09/23/1920	04/20/2011
300	340B	3	MCNEIL, HARVEY - 07/30/1956	
200	221	80	MONROE, MARIE P - 11/26/1918	07/14/2011
200	227	200	NEWBERRY, MARGARET O - 11/07/1913	09/29/2011
200	212	43	PATTERSON, GLADYS J - 11/24/1924	05/26/2011
100	110	96	PERRY, WALTER P - 12/10/1925	10/04/2011
200	217	75	PHELAN, MARIE D - 06/02/1917	
200	230	45	REED, KRESZENZ - 08/08/1922	09/23/2011
200	213	44	SHIELDS, COLLEEN - 01/23/1921	08/04/2011
		137	SLATER, JOHN E - 08/14/1922	
300	335	93	WASHINGTON, NODDIE G - 05/15/1943	
100	101	54	WEBER, BETTY A - 12/22/1924	09/27/2011
300	342A	81	WICKER, OLA E - 05/26/1919	

Number of Residents in Stage 2 Sample: 31