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

PRINTED: 12/21/2011 FORM APPROVED OMB NO. 0938-0391

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		345380	B. WII	1G		10/2	27/2011
	ROVIDER OR SUPPLIER	VILLAGE GR		16	EET ADDRESS, CITY, STATE, ZIP CO 01 PURDUE DRIVE AYETTEVILLE, NC 28304	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 000	The facility is in co requirements of 42 Long Term Care Fa	mpliance with the CFR Part 483, Subpart B for acilities (General Health ion investigation survey	F	000			
ABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

12/09/2011 17:24 Village Green Rehab

PRINTED: 11/28/2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 345380 11/22/2011 NAME OF PROVIDER OR BUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE THE REHAB AND HC CTR AT VILLAGE GR **FAYETTEVILLE, NC 28304** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEPICIPACY This plan of correction is being submitted pursuant to the applicable federal and state NFPA 101 LIFE SAFETY CODE STANDARD K 012 K 012 regulations. Nothing contained herein shall SS⊨D be construed as an admission that this Building construction type and height meets one Facility violated any federal or state regulation of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, or falled to follow any applicable standard of care. 19.3.5.1 4012 K012 The unsealed penetrations at 1A Nurse's This STANDARD is not met as evidenced by: station in rated ceiling of the staff storage Surveyor: 27871 room have been repaired by the Maintenance Based on observations and staff interview at approximately 8:00 am onward, the following Department. items were noncompliant, specific findings Include: there were unsealed penetrations at 1-a All rated ceilings have been inspected to nurse station in rated celling in staff storage ensure there are no penetrations or holes room. by the Maintenance Department. 42, CFR 483,70(a) The Maintenance Department will monitor NFPA 101 LIFE SAFETY CODE STANDARD K 025 K 025 areas where outside contractors have SS=E completed work to make certain there are no Smoke barriers are constructed to provide at holes in ceilings or other areas of facility. least a one half hour fire resistance rating in Maintenance Supervisor will inspect attic accordance with 8,3. Smoke barriers may terminate at an atrium wall. Windows are areas after the Maintenance Department protected by fire-rated glazing or by wired glass completes work in the attic/celling. panels and steel frames. A minimum of two separate compartments are provided on each The Maintenance Department will ensure floor. Dampers are not required in duct All rated cellings are in good repair during penetrations of smoke barriers in fully ducted monthly preventative maintenance (PM) rounds. heating, ventilating, and air conditioning systems. The QA preventative maintenance checklist 19.3,7,3, 19.3,7.5, 19,1.6.3, 19.1.6.4 Includes the inspection of all rated ceilings and

Surveyor: 27871

This STANDARD is not met as evidenced by: Based on observations and staff interview at

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

Maintenance Supervisor.

Facility ID: 843624

log book and reviewed monthly by the

is completed by the Maintenance Department monthly to monitor compliance. The QA checklist is maintained in the maintenance

Any deficiency statement ending with an asterick (\*) denotes a deficiency which the inatitution 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 disclosuble 80 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/28/2011 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	JRVEY TED
		345380	B. WING_	· · · · · · · · · · · · · · · · · · ·	11/2:	2/2011
	PROVIDER OR SUPPLIER HAB AND HC CTR AT	'VILLAGE GR	1	REET ADDRESS, CITY, STATE, ZIP CODE 1601 PURDUE DRIVE FAYETTEVILLE, NC 28304		
(X4) ID PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(36) NOITBJEMOD BTAG
K 025 K 045 SS≂E	approximately 8:00 items were noncon include: there were through smoke wal room 115  42 CFR 483.70(a) NFPA 101 LIFE SA illumination of mea discharge, is arranglighting fixture (bulk darkness. (This do	age 1 am onward, the following opliant, specific findings unsealed penetrations I at administrator office and by AFETY CODE STANDARD as of egress, including exit ged so that failure of any single by will not leave the area in ses not refer to emergency are with section 7.8.)  19.2.8		K025 The unsealed penetrations in the sm berrier walls located by the Administration and by room 115 have been responsible to the Maintenance Department.  All smoke barrier wells have been into ensure there are no holes and the in compliance by the Maintenance D. All outside contract work will be inspetted Maintenance Department to make any penetration through smoke barrier paired immediately. All smoke barrier inspected during monthly rounds Maintenance Department using the F.	rator's epaired spected facility is epartment. sected by the contain or walls is the by the	i2/30/11
K 069 S\$⊐E	Surveyor: 27871 Based on observation approximately 8:00 Items were noncominclude: Dining roor leaves area in dark 42 CFR 483.70(a) NFPA 101 LIFE SA Cooking facilities at with 8.2.3. 19.3.2 This STANDARD I Surveyor: 27871 Based on observation approximately 8:00	s not met as syldenced by: lone and staff Interview at am onward, the following spllant, specific findings in bedside administrator office ness to exit agress.  FETY CODE STANDARD re protected in accordance 1.8, NFPA 98  s not met as evidenced by: one and staff interview at am onward, the following spliant, specific findings		The QA Preventive Maintenance che includes the inspection of all smoke wells. The QA checklist is maintained maintenance log book and is reviewed monitored by the Maintenance super K 045  Illumination in the dining room beside the Administrator's office been repaired to provide light leat the exit by the electric company assistance of the Maintenance Department.  All areas of the facility have been by the Maintenance Department acompliance with NFPA K 045 (illumination of means of egress)	barrier d in the ed and rvisor.  has ding to with the hassessed and are in	12/2/11 Con +

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION  10 01 - MAIN BUILDING 01	(X3) DATE COMP	J. UB38-U: SURVEY .ETEO
		345980		. O SALMAN BUILDING 01		
NAME OF	PROVIDER OR SUPPLIER		<del></del>			22/2011
	HAB AND HC CTR A		1	reet address, city, state, zip co 601 Purdue drive FAYETYEVILLE, NC 28304	DE	
(X4) ID PREFIX TAG	1 (CACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE
	Include: ansul syst fat fryer for coveral 42 CFR 483,70(a) NFPA 101 LIFE SA Medical gas storage protected in accord Standards for Heal (a) Oxygen storage 3,000 cu.ft. are encomparation.  (b) Locations for su	em was not located over deep ge of system.  AFETY CODE STANDARD  e and administration areas are lance with NFPA 99.	K01/29	the continuous illumination failure in lighting corrected Lighting is checked weekly preventative maintenance rorecorded on QA PM checkli	tirements. If continuous If ce, If will monito If with any If immediately. If during If unds and If has been	1/22/11
. E . ii . ii . r	Surveyor: 27871 Based on observetk approximately 8:00 ( tems were noncom) nclude: no signage	not met as evidenced by:  ons and staff interview at  am onward, the following  ollant, specific findings  was displayed on resident  d that oxygen was in use.		The deep fat fryer will be positionally under the sprayer of the system at all times as required by NFPA 101 Life safety Code.  The deep fat fryer is cleaned were dietary staff. The cleaning and coff the deep fat fryer is document dietary checklist by the dietary staff. The kitchen supervisor reviews the ensure compliance weekly.  Continued monitoring of the position of the posit	Ansul y the  orrect position ed on the aff. he checklist  lon of the stem will ervisor and ce	

K 076-Next pg.

#### 12/09/2011 17:25 Village Green Rehab DEPARTMENT OF HEALTH AND HUMAN SERVICES

(FAX)91048563B8

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PRINTED: 11/28/2011 FORM APPROVED

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FOR	M APPROVE
STATEMEN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDR	NOTOURTRUCO BJ91	(X3) DATE COMPL	0. 0938-039 SURVEY LEYEO
		345380	B. WINO	<u> </u>	-	<b></b>
NAME OF	PROVIDER OR SUPPLIER		вт	REET ADDRESS, CITY, STATE, ZIP CODE	11/2	22/2011
THE RE	HAB AND HC CTR AT	·	] 1	601 PURDUE DRIVE FAYETTEVILLE, NC 28304		
(X4) ID PREFIX TAG	I (ENCH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
	1at fryer for coverag 42 CFR 483.70(a)	m was not located over deep e of system.	K 069			
SS#F	MEPA 101 LIFE SAI  Medical gas storage protected in accorde Standards for Health  (a) Oxygen storage I 3,000 cu.ft. are encloseparation.  (b) Locations for sup 3,000 cu.ft, are vente 4,3.1.1.2, 19.3,2.4  This STANDARD is Surveyor: 27871 Based on observation approximately 8:00 and the storage were noncompledude: no signage were reduced.	Care Facilities.	oo b We su an In Cu We Ox at Th	K076 An "Oxygen in Use" sign has been preside the entrance door of room 22 Supply clerk.  Oxygen in Use signs are placed at the feach residents' room receiving oxyly the Supply Clerk.  Then O2 is delivered to the residents upply clerk also places signage indicated documents on the oxygen log that the supply office  The supply Manager will monitor pekly during QA rounds to ensure alloygen in Use signage is appropriate each residents room receiving O2. The oxygen checklist will be maintained a central supply office.	4 by the se entrance rgen s room the ting such t is kept	1/22/11
M CMS DKAYI	02-00) Providente Varrione Ok					

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

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

NAME OF PROVIDER OR BUPPLER  THE REHAB AND HC CTR AT VILLAGE GR  KA9 ID PRESENT PROVIDER OR BUPPLER  THE REHAB AND HC CTR AT VILLAGE GR  KA9 ID PRESENT PROVIDER OR BUPPLER  THE REHAB AND HC CTR AT VILLAGE GR  KA9 ID PRESENT PROVIDER OR BUPPLER  FACT DEFOCKEY MUST BE PRICEDED BY SULL PROVIDER OF PAYOFF THE REMOVATION OR LOCK DENTIFYING MICROSHAPPORT OR BUPPLER O	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	riple construction	(X3) DATE SURVEY COMPLETED	
THE REHAB AND HC CTR AT VILLAGE GR  SUMMANY STAYLESFOR OF RECORDED BY VILL REGULATORY OR LISC IDENTIFYING INFORMATION)  K 025  SPS-E  STAND AND 101 LIFE SAFETY CODE STANDARD Signal and steaf Interview at approximately 820 am onward, the following include: smoke barrier at 3A has opening of greater than 3,000 cu.ft, are enclosed by a one-hour separation.  K 076  K 076  SS-F  Medical gas storage and administration arease are protected in accordance with NFPA 99.  SECOND STANDARD IS road for supply systems 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 fine cutskide.  NFPA 101 LIFE SAFETY CODE STANDARD STANDARD  SS-F			10.111011101110111011101111	A. BUILDI	NG 02 - BLDG 0202		
THE REHAB AND HC CTR AT VILLAGE GR    CAG   ID   PREFIX   PROVIDER PLAN OF CORRECTION AND THE PROPERTY PAID IN THE SEMENTAL OF PROVIDER PLAN OF CORRECTION AND THE PROPERTY PAID IN THE SEMENTAL OF PROVIDER PLAN OF CORRECTION AND THE PROPERTY PAID IN THE SAFETY CODE STANDARD SS-E   SOURCE PROPERTY PAID IN THE SAFETY CODE STANDARD SS-E   SOURCE PROPERTY PAID IN THE SAFETY CODE STANDARD SS-E   SOURCE PROPERTY PAID IN THE SAFETY CODE STANDARD SS-E   SOURCE PROPERTY PAID IN THE SAFETY PAID			345380	B. WING		11/2	2/2011
FREENX TAG  REGULAYORY OR LSC DENTIFYING INFORMATION)  REGULAYORY OR LSC DENTIFYING INFORMATION  REGULAYORY OR LSC DENTIFYING INFORMATION)  REGULAYORY OR LSC DENTIFYING INFORMATION  REGULAYORY OR LSC DENTIFYING INFORMATION)  ROSS-E  STOKE BATHORY OR LSC DENTIFYING INFORMATION  ROSS-E  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers used to ensure there are no holes and the facility is in compilance by the Maintenance Department.  All smoke barrier walls have been inspected to ensure there are no holes and the facility is in compilance by the Maintenance Department.  All smoke barrier walls have been inspected to ensure there are no holes and the facility is in compilance by the Maintenance Department.  All smoke barrier walls have been inspected to ensure there are no holes and the facility is no control with Melinenance Department or make cortain any penetration finough smoke barrier walls is repaired Immediately. Maintenance Department completes work in the attific/celling.  This STANDARD is not met as evidenced by: Surveyor: 27871  Based on observetions and staff Interview at approximately 8:00 am onward, the following Items ware noncompilant, specific findings include: smoke barrier walls are inspected during monthly rounds by the Maintenance Checklist. The QA Preventive Maintenance Supervisor will inspect all careas after the Maintenance Department or make cortain any penetration finough smoke barrier walls are inspected by			VILLAGE GR	1	1601 PURDUE DRIVE		
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. Dempera sere not required in duct penetrations of smoke barriers in fully ducted heating, wenlifeting, and air conditioning systems. 19.3.7.3, 16.3.7.5, 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 literus were noticompliant, specific findings include: smoke barrier at 3A has opening of greater than 2 inches Openings must be seal to maintain rating of barrier.  K 076  K 0776  K 0776  K 078  C 10 Xygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour superation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are evented to the outside. NFPA 99  ABORATORY DIRECTORS PRIPROVIGERSULPPLIER REPRESENTATIVES SIGNATURE  The unsealed penetration in the smoke barrier wall located at unit 3A has been placed to ensure at locating in the Maintenance Department.  All smoke barrie walls have been inspected to ensure there are no holes and the fecility is in compilance by the Maintenance Department.  All smoke barrier walls have been inspected to ensure there are no holes and the fecility is in compilance by the Maintenance Department.  All smoke barrier walls have been inspected to ensure there are no holes and the fecility is in compilance by the Maintenance Department.  All outside contract work will be inspected by the Maintenance checklist includes the inspection of all smoke barrier walls is repaired mitten.  All outside contract work will be inspected by the Maintenance checklist includes the inspection of all smoke barrier walls. All smoke barrier walls have been inspected to ensure there are no holes and the fecili	PREFIX	(EACH DEFICIENCY	' MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	DATE COMPLETION (XR)
terminate at an afrium well. Wilndows 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 no trequired in duct penetrations of smoke barriers in fully ducted heating, ventiliating, 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 oniward, the following items were noncompilent, specific findings include: smoke barrier at 3A has opening of greater than 2; inches Openings must be seal to maintain rating of barrier.  K 076  K 077  NFPA 101 LIFE SAFETY CODE STANDARD  SS⇒F  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  ABORACORY DIRECTOR'S PIPROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE  to ensure these are no noles 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 flrough smoke barrier walls is repaired immediately. Maintenance Supprivor will inspect attic areas after the Maintenance Department or make certain any penetration flrough smoke barrier walls is repaired immediately. Maintenance Clecklist includes the inspection of all smoke barrier walls. All outside contract work will be Inspected by the Maintenance Clecklist includes the inspection of all smoke barrier walls. All outside contract work will be Inspected by the Maintenance Clecklist includes the inspection of all smoke barrier walls. All smoke barrier using the PM checklist. The QA checklist is maintained in the maintenance Department using the PM checklist. The QA checklist is maintained and monitored by the Mainten		Smoke barriers are least a one half hou	constructed to provide at ir fire resistance rating in	K 025	The unsealed penetration in the sm barrier wall located at unit 3A has be repaired by the Maintenance Depart	een Iment,	12/20/11
Surveyor: 27871  Based on observations and staff interview at approximately 8:00 am onward, the following literias were noncompliant, specific findings include: smoke barrier at 3A has opening of greater than 2 inches Openings must be seal to meintain rating of barrier.  42 CFR 483.70(a)  K 078  SS=F  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  ABORATORY DIRECTOR'S ORPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  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.  K 076  An "Oxygen in Use" sign has been placed be seld to 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.  ABORATORY DIRECTOR'S ORPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (A) DATE		terminate at an atrit protected by fire-rat panels and steel fra separate compartm floor, Dampers are penetrations of smo heating, ventilating,	Im wall. Windows are led glazing or by wired glass limes. A minimum of two ents are provided on each not required in duct like barriers in fully ducted and air conditioning systems.		to ensure there are no holes and the in compliance by the Maintenance E. All outside contract work will be Insp the Maintenance Department to make any penetration through smoke barri repaired immediately. Maintenance will inspect attic areas after the Maintenance and the maintenance will inspect attic areas after the Maintenance.	e fecility is pepartment.  ected by secondary secondary walls is Supervisor tenance	
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  ABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  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.  TITLE  (Xe) DATE		Surveyor: 27871 Based on observation approximately 8:00 Items were noncominclude: smoke barring greater than 2 inches maintain rating of barring of barrin	ons and staff Interview at am onward, the following plient, specific findings ler at 3A has opening of so Openings must be seal to		includes the inspection of all smoke walls. All smoke barrier walls are insiduring monthly rounds by the Mainte Department using the PM checklist. QA checklist is maintained in the maintenance log book and is reviewed monitored by the Maintenance supermonthly.	barrier pected nance The	
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  ABORATORY DIRECTOR'S OPPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (xe) DATE	- 1	Medical gas etorage protected in accorde	and administration areas are ance with NFPA 99,	K 076	An "Oxygen in Use" sign has been p beside the entrance door of room 33		11/22/1
3,000 cu.ft, are vented to the outside. NFPA 99  ABORATORY DIRECTOR'S OPPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X0) DATE		3,000 cu.ft. are encl			of each residents' room receiving ox		
		3,000 cu.ft, are veni	ted to the outside, NFPA 99			<del>`</del>	CON 4
	ABORATORY	DIRECTOR'S OF PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE ·	AI , ,	10	(X6) DATE

Any deficiency statement ending with an asterick (\*) 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 80 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 PRINTED: 11/28/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 - BLDG 0202 B. WING 345380 11/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE THE REHAB AND HC CTR AT VILLAGE GR **1801 PURDUE DRIVE FAYETTEVILLE, NC 28304** (X4) ID PREFIX BUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X6) COMPLETION DATE (EACH CONRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG TAG Continued From page 1 K 076 4.3.1.1.2, 19.3.2.4 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 This STANDARD is not met as evidenced by: Central Supply Manager will monitor Surveyor: 27871 weekly during QA rounds to ensure all Based on observations and staff interview at Oxygen in Use signage is appropriately placed approximately 8:00 am onward, the following at each residents room receiving O2. Items were noncompliant, specific findings The oxygen checklist will be maintained in include: no signage was displayed on resident the central supply office. room 338 to identified that oxygen was in use. 42 CFR 483,70(a)

#### SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 345380	Provider/Supplie THE REHAB	r Name AND HC CTR AT VILLAGE C	GR	
Type of Survey (select all that apply)	<ul> <li>A Complaint Investigation</li> <li>B Dumping Investigation</li> <li>C Federal Monitoring</li> <li>D Follow-up Visit</li> <li>M Other</li> </ul>	<ul> <li>E Initial Certification</li> <li>F Inspection of Care</li> <li>G Validation</li> <li>H Life Safety Code</li> </ul>	I Recertification J Sanctions/Hearing K State License L CHOW	
Extent of Survey (select all that apply)	A Routine/Standard Survey (all B Extended Survey (HHA or Lo C Partial Extended Survey (HHA D Other Survey	ng Term Care Facility)		

### SURVEY TEAM AND WORKLOAD DATA

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

Survey	ror 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 La	eader 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.							Whiteston		
7.									
8.									
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Total SA Supervisory Review Hours..... 2.50

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

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

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

#### SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number Provider/Supplier Name 345380 THE REHAB AND HC CTR AT VILLAGE GR							
Type of Survey (select all that apply)	A B C D	Complaint Investigation Dumping Investigation Pederal Monitoring Follow-up Visit Other	E F G H	Initial Certification Inspection of Care Validation Life Safety Code	I J K L	Recertification Sanctions/Hearing State License CHOW	
A B Exte		Routine/Standard Survey (all p Extended Survey (HHA or Lon Partial Extended Survey (HHA Other Survey	ig Term				

#### 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
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10tal 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

0.50

FORM CMS-670 (12-91)

102000

EventID: E3KX21

Facility ID: 943524

Page

0.00

#### CONSTRUCTION SECTION TRANSMITTAL FORM cc Division of Health Service Regulation cc CC ICF/MR | Jails & Detention LTC Lie, & Certification MH Lic. & Certification To: Acute & HC DSS Child Care ...... Certificate of Need ...... Other: \_\_\_ Adult Care .. Rehab, and Healthcare Ctr. @ Village Green Facility Name: 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) ESRD MHH Psy Hospital (122C) Dialysis Treat. ..... m, Acute Care Hospital (131E) ..... HL Rehab Hospital (131E)... Ambulatory Surgery . AB Abortion Clinic ...... HP HP Hospice (Residential) ...... AS Hospice (Inpatient) ..... CCOTHER ICF/MR Intermediate Care/MR ..... J Jails ...... Child Care ..... Mental Health Prog. No. NH Nursing Home ...... HA Aduli Care ..... FC Family Care ..... MHL Project Description: Recertification survey Archive Drawings: Yes No NA Facility Licensed Capacity: (specify) \_\_\_ Yes 🗌 No 🗌 NA 🗍 All residents must be able to respond and evacuate the building without physical or verbal assistance: **Construction Section – Licensure:** Existing Facility DHSR Licensure Survey By: Survey Date: Local Building Official's Approval By: Approval Date: Combined w/CO: YES Approval Date: Local Fire Official's Approval By: Local Sanitarian's Approval By: Approval Date: \_\_\_ Inspection Date: \_\_\_\_ DHSR Inspection By: By Documentation Only: YES Approval Date: DHSR Approval By: Date: Construction Section - Medicare/Medicaid Certification: Has HCFA 855 Cleared? Yes No No NA \_\_\_\_\_ Date Conducted: 11/22/2011 Certification Survey By: Gordon Washburn Attachments: Crucial Data Physical Environment Life Safety Code Survey HCFA-2567(s) Workload Request for Waiver FSHS Date: 12/20/2011 Follow-up Needed: Yes No FSES: Yes 🗌 No 🗍 Waiver(s) Recommended: Yes \( \subseteq \text{No } \subseteq \) Date Conducted: Follow-up Visit by: \_\_ Attachments: HCFA 2567(s) HCFA-2567B(s) Workload Report Form Remarks: Date: 12/12/2011 Signed: Gordon Washburn **Building Data Input Into Data Base:** Final Const, Section Approval Date: Yes [ No [ Input By: \_\_\_\_\_ Date: Group I-1 ..... Group I-2 ...... Group I-3 ...... Group R ...... Group B ..... Other: ... Occupancy Res. Bldg. Code Res. Care Hm. Small Res. Care Small Non-Am, Large Res. Care Type: Sprinklered: Yes No Sp. Type: Wet Dry Generator: Yes No No NCSBC Const, Type: III-prot

# Stage 2 Sample Resident List

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

<u>Unit#</u>	Room#	<u>Resident</u>	<u>Name</u>	<u>Admission</u> <u>Date</u>
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